

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

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0150 Period: From 07/01/2020 To 06/30/2021 Worksheet S Parts I-III Date/Time Prepared: 12/2/2021 2:42 pm

PART I - COST REPORT STATUS

Provider use only 1. ☒ Electronically prepared cost report Date:12/2/2021 Time: 2:42 pm
 2. ☐ Manually prepared cost report
 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report
 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.
 Contractor use only 5. ☒ Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. ☒ Initial Report for this Provider CCN 12. ☐ If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. ☒ Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) LAURENCE S. APPEL
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

12/02/2021 02:42:08 PM
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
	1.00	2.00	3.00	4.00	5.00		
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-4,594,665	-1,897,616	0	0	1.00
2.00	Subprovider - IPF	0	26,732	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	-4,567,933	-1,897,616	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:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 12/2/2021 2:42 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street:1740 W TAYLOR ST			PO Box:				1.00	
2.00	City: CHICAGO			State: IL		Zip Code:60612		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			BOARD OF TRUSTEES OF THE UNIVERSITY	E140150	16974	1	07/01/1966	N
4.00	Subprovider - IPF			BOT FOR THE UOFI - PSYCH	H14S150	16974	4	07/01/1984	N
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								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis			UIH	142316	16974		01/01/2004	
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021	
21.00	Type of Control (see instructions)						10		
							1.00	2.00	
							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	Y		
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	N	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					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.					1	N		

Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 12/2/2021 2:42 pm
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MCRIF32 - 16.12.172.7

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 12/2/2021 2:42 pm	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	N		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	2	60.01
				Y/N	IME	Direct GME	
				1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					0.00	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	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	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
62.01	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
<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:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 12/2/2021 2:42 pm	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		4.01	272.42	0.014506	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	0.08	15.66	0.005083
		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
		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
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)		1.63	358.77	0.004523	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	23.57	0.000000
67.01		INTERNAL MEDICINE	1400	0.08	77.45	0.001032
67.02		INTERNAL MEDICINE	1408	0.00	1.06	0.000000
67.03		INT MED / PEDIATRICS	1450	0.00	12.77	0.000000
67.04		PEDIATRICS	2000	0.00	36.03	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 12/2/2021 2:42 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	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)	Y		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	yes or N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	full or N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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		V	XIX	
		1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.			108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				Respiratory
				4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
				1.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	111.00
				1.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	112.00
				1.00
				2.00
				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	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y	116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y	117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2	118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	10,478,703	95,000	10,478,703
				1.00
				2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		01/01/1980	126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		01/29/1998	128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		01/01/1980	130.00

MCRIF32 - 16.12.172.7

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 12/2/2021 2:42 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		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021	
		Worksheet S-2 Part II Date/Time Prepared: 12/2/2021 2:42 pm			
		Y/N		Date	
		1.00		2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N	C		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2021	Y	11/01/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 12/2/2021 2:42 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N	20.00
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
			1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CYNTHIA	SCHMIEGELT	41.00
42.00	Enter the employer/company name of the cost report preparer	UNIVERSITY OF ILLINOIS HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3124138414	CSCHMIEG@UIC.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
12/2/2021 2:42 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.	DIRECTOR OF HOSPITAL 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:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
12/2/2021 2:42 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	307	112,055	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)		307	112,055	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	42	15,330	0.00	0	8.00
8.01 PEDS ICU	31.01	14	5,110	0.00	0	8.01
8.02 NEONATAL ICU	31.02	52	18,980	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	19	6,935	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		434	158,410	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	50	18,250		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		484				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)		8	2,920			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:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,925	3,533	68,416			1.00
2.00	HMO and other (see instructions)	6,109	37,214				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,925	3,533	68,416			7.00
8.00	INTENSIVE CARE UNIT	4,419	625	14,339			8.00
8.01	PEDS ICU	0	46	555			8.01
8.02	NEONATAL ICU	0	2,175	7,696			8.02
9.00	CORONARY CARE UNIT	1,733	350	6,349			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		585	2,584			13.00
14.00	Total (see instructions)	20,077	7,314	99,939	482.20	4,615.71	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,569	916	12,558	4.39	100.56	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
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)				486.59	4,716.27	27.00
28.00	Observation Bed Days		179	5,822			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	1,012	1,466			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
12/2/2021 2:42 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	2,812	893	17,637	1.00
2.00 HMO and other (see instructions)			0	7,491		2.00
3.00 HMO IPF Subprovider				513		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
8.01 Peds ICU						8.01
8.02 NEONATAL ICU						8.02
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	2,812	893	17,637	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	86	56	899	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
12/2/2021 2:42 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	380,637,568	10,047,308	390,684,876	9,152,280.10	42.69
2.00	Non-physician anesthetist Part A		236,778	0	236,778	2,600.00	91.07
3.00	Non-physician anesthetist Part B		2,744,579	0	2,744,579	31,491.00	87.15
4.00	Physician-Part A - Administrative		1,587,112	0	1,587,112	14,741.00	107.67
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		7,006,051	0	7,006,051	110,036.00	63.67
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	24,077,806	10,890,686	34,968,492	1,138,763.00	30.71
7.01	Contracted interns and residents (in an approved programs)		275,194	0	275,194	6,240.00	44.10
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)		17,355,966	-213,544	17,142,422	422,433.00	40.58
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		28,909,386	0	28,909,386	427,542.45	67.62
12.00	Contract labor: Top level management and other management and administrative services		183,801	0	183,801	1,928.00	95.33
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		1,648,463	0	1,648,463	8,619.00	191.26
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		20,082,132	0	20,082,132	130,273.00	154.15
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)		265,940,872	0	265,940,872		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		13,064,717	0	13,064,717		
20.00	Non-physician anesthetist Part A		161,051	0	161,051		
21.00	Non-physician anesthetist Part B		1,876,385	0	1,876,385		
22.00	Physician Part A - Administrative		1,060,489	0	1,060,489		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		4,999,806	0	4,999,806		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		28,622,261	0	28,622,261		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		1,389,947	0	1,389,947		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
12/2/2021 2:42 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)		16,932,808	0	16,932,808			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,367,818	1,083	2,368,901	43,331.24	54.67	26.00
27.00	Administrative & General	5.00	68,280,456	-10,103,937	58,176,519	1,247,992.17	46.62	27.00
28.00	Administrative & General under contract (see inst.)		3,382,584	0	3,382,584	24,994.20	135.33	28.00
29.00	Maintenance & Repairs	6.00	916,012	-19,919	896,093	17,229.29	52.01	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	-1,412	600,664	599,252	8,488.50	70.60	32.00
33.00	Housekeeping under contract (see instructions)		6,874,611	0	6,874,611	252,892.10	27.18	33.00
34.00	Dietary	10.00	3,846,934	-125,246	3,721,688	153,331.81	24.27	34.00
35.00	Dietary under contract (see instructions)		440,038	0	440,038	11,706.50	37.59	35.00
36.00	Cafeteria	11.00	43,499	0	43,499	3,223.60	13.49	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	8,978,939	-1,681,751	7,297,188	166,973.88	43.70	38.00
39.00	Central Services and Supply	14.00	3,109,575	19,783	3,129,358	109,561.10	28.56	39.00
40.00	Pharmacy	15.00	3,765,769	-714,194	3,051,575	109,088.61	27.97	40.00
41.00	Medical Records & Medical Records Library	16.00	3,256,136	10,937	3,267,073	100,280.74	32.58	41.00
42.00	Social Service	17.00	7,716,302	-244,236	7,472,066	236,673.31	31.57	42.00
43.00	Other General Service	18.00	4,308,309	109,499	4,417,808	75,457.60	58.55	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
12/2/2021 2:42 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)	356,994,393	-843,378	356,151,015	8,152,742.90	43.68	1.00
2.00	Excluded area salaries (see instructions)	17,355,966	-213,544	17,142,422	422,433.00	40.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	339,638,427	-629,834	339,008,593	7,730,309.90	43.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	30,741,650	0	30,741,650	438,089.45	70.17	4.00
5.00	Subtotal wage-related costs (see inst.)	268,391,308	0	268,391,308	0.00	79.17	5.00
6.00	Total (sum of lines 3 thru 5)	638,771,385	-629,834	638,141,551	8,168,399.35	78.12	6.00
7.00	Total overhead cost (see instructions)	117,285,570	-12,147,317	105,138,253	2,561,224.65	41.05	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
12/2/2021 2:42 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	245,726,642	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)	58,618,102	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	581,507	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,744,326	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	565,470	17.00
18.00	Medicare Taxes - Employers Portion Only	4,614,754	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	3,874,780	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	315,725,581	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:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
12/2/2021 2:42 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	28,909,386	315,725,581	1.00
2.00	Hospital	28,909,386	315,725,581	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN:14-0150

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

Worksheet S-5

Date/Time Prepared:
12/2/2021 2:42 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	115	0	0	0	3	14	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	5.00	7.00	2.00	
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				4.00		4.00	4.00	
5.00	Number of days in year dialysis furnished	310	0					5.00	
6.00	Number of stations	24	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.90	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)								10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)					0	0	10.03	
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list					33		11.00	
12.00	Number of patients transplanted during the cost reporting period					14		12.00	
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00	
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00	
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00	
16.00	Number of EPO units furnished relating to the home dialysis department							16.00	
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00	
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00	
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00	
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00	
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable					X		21.00	
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ARANESP	77,258	0	34,878	0	22.00		
22.01		EPOGEN	22,207	0	2,641	0	22.01		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN:14-0150

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

Worksheet S-5

Date/Time Prepared:
12/2/2021 2:42 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 12/2/2021 2:42 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)			0.370486	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			299,847,951	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			158,672,684	5.00
6.00	Medicaid charges			929,644,284	6.00
7.00	Medicaid cost (line 1 times line 6)			344,420,192	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			669,223	9.00
10.00	Stand-alone CHIP charges			13,485,871	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			4,996,326	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			4,327,103	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)			7,034,576	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			104,804,038	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			15,117,325	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)			18,082,749	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			14,131,391	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)			812,409,852	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)	60,453,123	6,345,774	66,798,897	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	22,397,036	6,345,774	28,742,810	21.00
22.00	Payments received from patients for amounts previously written off as charity care	282,299	6,723	289,022	22.00
23.00	Cost of charity care (line 21 minus line 22)	22,114,737	6,339,051	28,453,788	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)			14,006,746	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			379,287	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			583,519	27.01
28.00	Non-Medicare bad debt expense (see instructions)			13,423,227	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,177,350	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			33,631,138	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			46,040,990	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet A Date/Time Prepared: 12/2/2021 2:42 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	10,569,685	10,569,685	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	22,595,627	22,595,627	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,367,818	1,860,844	4,228,662	368,636,473	372,865,135	4.00	
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE	51,888,280	575,763,106	627,651,386	-420,763,559	206,887,827	5.01	
5.02	00591	HOSPITAL ADMIN & GENERAL	8,808,541	2,765,156	11,573,697	-20,378	11,553,319	5.02	
5.03	00592	AMBULATORY ADMIN & GENERAL	7,583,635	16,438,113	24,021,748	-1,998,806	22,022,942	5.03	
6.00	00600	MAINTENANCE & REPAIRS	916,012	26,233,853	27,149,865	287,877	27,437,742	6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	-1,412	6,849,659	6,848,247	478,196	7,326,443	9.00	
10.00	01000	DIETARY	3,846,934	3,257,053	7,103,987	-212,628	6,891,359	10.00	
11.00	01100	CAFETERIA	43,499	607	44,106	-607	43,499	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	8,978,939	1,427,239	10,406,178	-2,134,197	8,271,981	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	3,109,575	8,899,150	12,008,725	-2,196,902	9,811,823	14.00	
15.00	01500	PHARMACY	3,765,769	51,115,253	54,881,022	-34,994,178	19,886,844	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	3,256,136	1,074,586	4,330,722	-35,061	4,295,661	16.00	
17.00	01700	SOCIAL SERVICE	6,889,374	1,424,220	8,313,594	-351,181	7,962,413	17.00	
17.01	01701	PALLATIVE CARE	826,928	32,854	859,782	-15,102	844,680	17.01	
18.00	01850	UTILMGMT / DSCH PLANNING	4,308,309	1,082,004	5,390,313	48,867	5,439,180	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	24,077,806	707,146	24,784,952	10,351,043	35,135,995	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	718,289	1,450,066	2,168,355	-108,728	2,059,627	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	1,904,637	1,904,637	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	54,218,808	8,054,873	62,273,681	3,804,614	66,078,295	30.00	
31.00	03100	INTENSIVE CARE UNIT	16,215,638	3,526,621	19,742,259	-826,157	18,916,102	31.00	
31.01	02080	PEDS ICU	2,355,069	427,908	2,782,977	-154,270	2,628,707	31.01	
31.02	02060	NEONATAL ICU	9,616,269	997,069	10,613,338	-53,910	10,559,428	31.02	
32.00	03200	CORONARY CARE UNIT	9,140,767	3,221,679	12,362,446	-1,239,492	11,122,954	32.00	
40.00	04000	SUBPROVIDER - IPF	9,220,647	887,043	10,107,690	165,115	10,272,805	40.00	
43.00	04300	NURSERY	0	0	0	1,241,251	1,241,251	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,321,649	55,050,505	71,372,154	-44,937,524	26,434,630	50.00	
51.00	05100	RECOVERY ROOM	4,293,362	881,259	5,174,621	-12,988	5,161,633	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,527,532	2,401,800	17,929,332	-7,479,799	10,449,533	52.00	
53.00	05300	ANESTHESIOLOGY	1,674,046	2,933,077	4,607,123	-293,733	4,313,390	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,741,573	1,621,858	10,363,431	-3,397,889	6,965,542	54.00	
54.01	03630	RADIO ULTRASOUND	788,367	221,165	1,009,532	327,928	1,337,460	54.01	
54.02	03650	RADIO ANGIOGRAPHY	1,851,679	5,490,024	7,341,703	-4,264,648	3,077,055	54.02	
54.03	05401	RADIO WEST HARRISON	355,652	629,102	984,754	48,259	1,033,013	54.03	
54.04	05402	RADIO MILE SQUARE	304,410	141,626	446,036	200,718	646,754	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,612,758	4,233,553	5,846,311	-333,159	5,513,152	55.00	
56.00	05600	RADIOISOTOPE	389,403	566,439	955,842	36,838	992,680	56.00	
57.00	05700	CT SCAN	1,504,195	837,669	2,341,864	583,387	2,925,251	57.00	
58.00	05800	MRI	1,901,752	755,034	2,656,786	97,398	2,754,184	58.00	
59.00	05900	CARDIAC CATHETERIZATION	884,714	3,014,415	3,899,129	-2,872,020	1,027,109	59.00	
60.00	06000	LABORATORY	12,980,521	19,519,050	32,499,571	-6,317,383	26,182,188	60.00	
60.01	03420	LAB TISSUE TYPING	337,267	1,493,631	1,830,898	-6,610	1,824,288	60.01	
60.02	06001	LAB OUTREACH	1,772,724	2,377,065	4,149,789	3,577,418	7,727,207	60.02	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,281	8,035,974	8,038,255	-2,313,577	5,724,678	63.00	
64.00	06400	INTRAVENOUS THERAPY	354,774	147,725	502,499	-121,449	381,050	64.00	
65.00	06500	RESPIRATORY THERAPY	3,851,092	1,157,001	5,008,093	-362,083	4,646,010	65.00	
66.00	06600	PHYSICAL THERAPY	2,451,414	246,910	2,698,324	-13,438	2,684,886	66.00	
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	94,704	128,511	223,215	11,241	234,456	66.01	
66.02	06602	PHYSICAL THERAPY MAXWELL ST	630,825	116,925	747,750	-10,084	737,666	66.02	
66.03	06603	PHYSICAL THERAPY-OCC	2,543,442	84,772	2,628,214	-16,447	2,611,767	66.03	
67.00	06700	OCCUPATIONAL THERAPY	2,138,958	71,797	2,210,755	-22,659	2,188,096	67.00	
67.01	06701	OCCUPATIONAL THERAPY-OCC	429,032	16,658	445,690	-12,489	433,201	67.01	
68.00	06800	SPEECH PATHOLOGY	823,918	98,168	922,086	-61,095	860,991	68.00	
69.00	06900	ELECTROCARDIOLOGY	249,839	21,672	271,511	-47	271,464	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	823,483	212,992	1,036,475	-159,193	877,282	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	81,454,181	81,454,181	71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	83,181,503	83,181,503	73.00	
74.00	07400	RENAL DIALYSIS	3,664,193	2,253,852	5,918,045	-245,464	5,672,581	74.00	
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00	
76.01	03340	GASTROENTEROLOGY	2,546,720	2,442,534	4,989,254	-1,887,943	3,101,311	76.01	
76.02	03951	BONE MARROW TRANSPLANT	851,682	524,749	1,376,431	-17,276	1,359,155	76.02	
76.03	03140	CARDIAC SERVICES	2,619,399	2,592,197	5,211,596	-2,285,859	2,925,737	76.03	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0150

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

Worksheet A

Date/Time Prepared:
12/2/2021 2:42 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	
76.04	03952	TELEMEDICINE PROGRAM	0	8,967,195	8,967,195	-8,102,777	864,418	76.04
76.05	03953	SLEEP LAB WEST HARRISON	513,576	728,844	1,242,420	-972	1,241,448	76.05
76.06	03954	SICKLE CELL	1,227,933	118,843	1,346,776	-78,370	1,268,406	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	435	3,215	3,650	19,994	23,644	76.07
76.08	03956	UIH UROLOGY CLINIC	251,616	190,042	441,658	-83,054	358,604	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76,456	1,529	77,985	96	78,081	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	24,521,811	38,746,315	63,268,126	-32,106,385	31,161,741	90.00
91.00	09100	EMERGENCY	11,402,161	2,716,322	14,118,483	-569,462	13,549,021	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	2,614,535	901,097	3,515,632	-563,095	2,952,537	93.01
93.02	04952	OCC PSYCH	1,172,420	83,529	1,255,949	-43,012	1,212,937	93.02
93.03	04951	OCC ADOLESCENTS	2,682,411	884,651	3,567,062	-1,172,716	2,394,346	93.03
93.04	04953	LION'S EYE INST.	324,625	3,721,921	4,046,546	-3,493,837	552,709	93.04
93.05	04955	COVID CLINIC(S)	245,280	1,748,562	1,993,842	793,055	2,786,897	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,416,917	8,326,909	12,743,826	-1,503,297	11,240,529	105.00
107.00	10700	LIVER ACQUISITION	462,376	3,195,029	3,657,405	-49,769	3,607,636	107.00
109.00	10900	PANCREAS ACQUISITION	14,841	1,673,016	1,687,857	68,643	1,756,500	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	39,991	39,991	-346,823	-306,832	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	377,396,383	909,862,821	1,287,259,204	-179,537	1,287,079,667	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60	60	0	60	190.00
191.00	19100	RESEARCH	797,245	248,822	1,046,067	-12,059	1,034,008	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,112,843	1,932,996	4,045,839	-612	4,045,227	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	313,969	662,608	976,577	110,169	1,086,746	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	17,128	88,520	105,648	82,039	187,687	192.02
194.00	07950	OUTPATIENT PHARMACY	0	27,405,262	27,405,262	0	27,405,262	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	380,637,568	940,201,089	1,320,838,657	0	1,320,838,657	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0150

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

Worksheet A

Date/Time Prepared:
12/2/2021 2:42 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	0	10,569,685	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	-5,142,250	17,453,377	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	18,865,869	391,731,004	4.00
5.01	00500 MEDICAL CENTER ALL OTHER ADMIN & GE	-78,501,301	128,386,526	5.01
5.02	00591 HOSPITAL ADMIN & GENERAL	-225,325	11,327,994	5.02
5.03	00592 AMBULATORY ADMIN & GENERAL	-100,787	21,922,155	5.03
6.00	00600 MAINTENANCE & REPAIRS	75,389	27,513,131	6.00
7.00	00700 OPERATION OF PLANT	0	0	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900 HOUSEKEEPING	138,888	7,465,331	9.00
10.00	01000 DIETARY	-1,181,946	5,709,413	10.00
11.00	01100 CAFETERIA	0	43,499	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	112,547	8,384,528	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	297,019	10,108,842	14.00
15.00	01500 PHARMACY	-9,538,656	10,348,188	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-42,492	4,253,169	16.00
17.00	01700 SOCIAL SERVICE	37,931	8,000,344	17.00
17.01	01701 PALLATIVE CARE	-447,687	396,993	17.01
18.00	01850 UTILMGMT / DSCH PLANNING	-912,157	4,527,023	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	489,541	35,625,536	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	20,073,495	22,133,122	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	301,484	2,206,121	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-3,090,575	62,987,720	30.00
31.00	03100 INTENSIVE CARE UNIT	-61,242	18,854,860	31.00
31.01	02080 PEDS ICU	0	2,628,707	31.01
31.02	02060 NEONATAL ICU	23,397	10,582,825	31.02
32.00	03200 CORONARY CARE UNIT	8,000	11,130,954	32.00
40.00	04000 SUBPROVIDER - IPF	0	10,272,805	40.00
43.00	04300 NURSERY	0	1,241,251	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-238,857	26,195,773	50.00
51.00	05100 RECOVERY ROOM	0	5,161,633	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-1,031,656	9,417,877	52.00
53.00	05300 ANESTHESIOLOGY	-2,732,097	1,581,293	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	82,046	7,047,588	54.00
54.01	03630 RADIO ULTRASOUND	0	1,337,460	54.01
54.02	03650 RADIO ANGIOGRAPHY	-194,675	2,882,380	54.02
54.03	05401 RADIO WEST HARRISON	-2,148	1,030,865	54.03
54.04	05402 RADIO MILE SQUARE	0	646,754	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	-274,965	5,238,187	55.00
56.00	05600 RADIOISOTOPE	0	992,680	56.00
57.00	05700 CT SCAN	0	2,925,251	57.00
58.00	05800 MRI	2,734	2,756,918	58.00
59.00	05900 CARDIAC CATHETERIZATION	-2,250	1,024,859	59.00
60.00	06000 LABORATORY	455,334	26,637,522	60.00
60.01	03420 LAB TISSUE TYPING	25,634	1,849,922	60.01
60.02	06001 LAB OUTREACH	-409,129	7,318,078	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,510	5,730,188	63.00
64.00	06400 INTRAVENOUS THERAPY	0	381,050	64.00
65.00	06500 RESPIRATORY THERAPY	5,283	4,651,293	65.00
66.00	06600 PHYSICAL THERAPY	2,230	2,687,116	66.00
66.01	06601 PHYSICAL THERAPY-ROOSEVELT RD	0	234,456	66.01
66.02	06602 PHYSICAL THERAPY MAXWELL ST	-95	737,571	66.02
66.03	06603 PHYSICAL THERAPY-OCC	0	2,611,767	66.03
67.00	06700 OCCUPATIONAL THERAPY	-11,250	2,176,846	67.00
67.01	06701 OCCUPATIONAL THERAPY-OCC	0	433,201	67.01
68.00	06800 SPEECH PATHOLOGY	-8,926	852,065	68.00
69.00	06900 ELECTROCARDIOLOGY	0	271,464	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	877,282	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	81,454,181	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-424,569	82,756,934	73.00
74.00	07400 RENAL DIALYSIS	49,092	5,721,673	74.00
76.00	03950 OTHER ANCILLARY SVC	0	0	76.00
76.01	03340 GASTROENTEROLOGY	8,827	3,110,138	76.01
76.02	03951 BONE MARROW TRANSPLANT	-93,296	1,265,859	76.02
76.03	03140 CARDIAC SERVICES	0	2,925,737	76.03
76.04	03952 TELEMEDCINE PROGRAM	492,455	1,356,873	76.04
76.05	03953 SLEEP LAB WEST HARRISON	-13,539	1,227,909	76.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0150

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

Worksheet A

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
76.06	03954 SICKLE CELL	-237,279	1,031,127	76.06
76.07	03955 HEART CENTER-ROOSEVELT RD	0	23,644	76.07
76.08	03956 UIH UROLOGY CLINIC	750	359,354	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	78,081	76.98
76.99	07699 LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-332,776	30,828,965	90.00
91.00	09100 EMERGENCY	-2,280	13,546,741	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04954 OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
93.01	04950 EYE EAR INFIRMARY	14,878	2,967,415	93.01
93.02	04952 OCC PSYCH	-129,569	1,083,368	93.02
93.03	04951 OCC ADOLESCENTS	-69,564	2,324,782	93.03
93.04	04953 LION'S EYE INST.	0	552,709	93.04
93.05	04955 COVID CLINIC(S)	0	2,786,897	93.05
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	6,912	11,247,441	105.00
107.00	10700 LIVER ACQUISITION	11,284	3,618,920	107.00
109.00	10900 PANCREAS ACQUISITION	983	1,757,483	109.00
112.00	08601 OTHER ORGAN ACQUISITION (SPECIFY)	-624	-307,456	112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-63,866,450	1,223,213,217	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-60	0	190.00
191.00	19100 RESEARCH	-122,385	911,623	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-822,616	3,222,611	192.00
192.01	19201 PILSEN-OFFSITE CLINIC	-60,863	1,025,883	192.01
192.02	19202 MULTI-SPECIALTY AMB CLINIC	0	187,687	192.02
194.00	07950 OUTPATIENT PHARMACY	30,595	27,435,857	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-64,841,779	1,255,996,878	200.00

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - WOMENS HEALTH					
1.00 ADULTS & PEDIATRICS	30.00	4,500,945	948,328		1.00
2.00 NURSERY	43.00	1,025,238	216,013		2.00
0		5,526,183	1,164,341		
B - CHARGEABLE MED SPLS					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	78,218,954		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
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
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
41.00	0.00	0	0		41.00
42.00	0.00	0	0		42.00
43.00	0.00	0	0		43.00
44.00	0.00	0	0		44.00
45.00	0.00	0	0		45.00
46.00	0.00	0	0		46.00
47.00	0.00	0	0		47.00
48.00	0.00	0	0		48.00
49.00	0.00	0	0		49.00
50.00	0.00	0	0		50.00
51.00	0.00	0	0		51.00
52.00	0.00	0	0		52.00
53.00	0.00	0	0		53.00
54.00	0.00	0	0		54.00
55.00	0.00	0	0		55.00
56.00	0.00	0	0		56.00
57.00	0.00	0	0		57.00
58.00	0.00	0	0		58.00
59.00	0.00	0	0		59.00
60.00	0.00	0	0		60.00
61.00	0.00	0	0		61.00
62.00	0.00	0	0		62.00
63.00	0.00	0	0		63.00
64.00	0.00	0	0		64.00
65.00	0.00	0	0		65.00
66.00	0.00	0	0		66.00
0		0	78,218,954		

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
C - CHARGEABLE DRUGS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	83,181,503		1.00
2.00 RENAL DIALYSIS	74.00	0	97,466		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
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
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
34.00	0.00	0	0		34.00
35.00	0.00	0	0		35.00
36.00	0.00	0	0		36.00
37.00	0.00	0	0		37.00
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
40.00	0.00	0	0		40.00
41.00	0.00	0	0		41.00
42.00	0.00	0	0		42.00
43.00	0.00	0	0		43.00
44.00	0.00	0	0		44.00
45.00	0.00	0	0		45.00
46.00	0.00	0	0		46.00
47.00	0.00	0	0		47.00
0		0	83,278,969		
D - PHARMACY ALLIED HEALTH					
1.00 PARAMED ED PRGM-(SPECIFY)	23.00	552,000	0		1.00
2.00 PARAMED ED PRGM-(SPECIFY)	23.00	0	1,352,637		2.00
0		552,000	1,352,637		
E - RADIOLOGY ADMIN & NURSING					
1.00 RECOVERY ROOM	51.00	77,112	13,130		1.00
2.00 RADIO ULTRASOUND	54.01	346,302	58,965		2.00
3.00 RADIO ANGIOGRAPHY	54.02	314,990	53,633		3.00
4.00 RADIO WEST HARRISON	54.03	136,464	23,236		4.00
5.00 RADIO MILE SQUARE	54.04	181,797	30,955		5.00
6.00 RADIOISOTOPE	56.00	117,303	19,973		6.00
7.00 CT SCAN	57.00	896,833	152,704		7.00
8.00 MRI	58.00	400,047	68,116		8.00
9.00 CARDIAC SERVICES	76.03	208,435	35,490		9.00
0		2,679,283	456,202		
F - DEPRECIATION-BLDG					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	10,569,685		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	17,453,376		2.00
3.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	4,866,089		3.00
4.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	45,763		4.00
5.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	230,399		5.00
0		0	33,165,312		

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
12/2/2021 2:42 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
G - BENEFIT EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	375,158,381	1.00
2.00	HOUSEKEEPING	9.00	0	21	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
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
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

		Increases			
		Cost Center	Line #	Salary	Other
		2.00	3.00	4.00	5.00
	0			0	375,158,402
	H - ORGAN ACQ SPLIT PRE, POST AND ADMIN				
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE		5.01	915,664	0
2.00	CLINIC		90.00	1,626,557	0
3.00	KIDNEY ACQUISITION		105.00	784,952	0
4.00	LIVER ACQUISITION		107.00	257,334	0
5.00	PANCREAS ACQUISITION		109.00	82,663	0
6.00	OTHER ORGAN ACQUISITION (SPECIFY)		112.00	87,980	0
7.00	HOSPITAL ADMIN & GENERAL		5.02	100,407	0
8.00			0.00	0	0
9.00			0.00	0	0
10.00			0.00	0	0
11.00			0.00	0	0
12.00			0.00	0	0
13.00			0.00	0	0
	0			3,855,557	0
	I - GLUCOSE MGMT				
1.00	ADULTS & PEDIATRICS		30.00	168,169	4,502
2.00	INTENSIVE CARE UNIT		31.00	35,246	943
3.00	PEDS ICU		31.01	1,364	37
4.00	CORONARY CARE UNIT		32.00	15,606	418
5.00	SUBPROVIDER - IPF		40.00	30,868	826
	0			251,253	6,726
	J - TELEMEDICINE PERSONNEL				
1.00	TELEMEDICINE PROGRAM		76.04	91,300	0
	0			91,300	0
	K - OUTREACH LAB				
1.00	LAB OUTREACH		60.02	1,309,473	2,276,193
2.00			0.00	0	0
	0			1,309,473	2,276,193
	L - MOU COSTS NOT IN LINE 5.01				
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE		5.01	0	827,022
2.00			0.00	0	0
3.00			0.00	0	0
4.00			0.00	0	0
	0			0	827,022
	M - TRANSPLANT DIRECTORS				
1.00	KIDNEY ACQUISITION		105.00	4,054	0
2.00	PANCREAS ACQUISITION		109.00	411	0
	0			4,465	0
	N - RESIDENT BILLING BENEFITS				
1.00	I&R SERVICES-SALARY & FRINGES APPRV		21.00	10,047,308	0
	0			10,047,308	0
	O - RAPID RESPONSE TEAM				
1.00	ADULTS & PEDIATRICS		30.00	489,557	52,764
2.00	INTENSIVE CARE UNIT		31.00	100,959	10,881
3.00	CORONARY CARE UNIT		32.00	39,999	4,311
	0			630,515	67,956
	P - PHARMACIST ORGAN ACQ SPLIT PRE, POS				
1.00	CLINIC		90.00	167,407	0
2.00	KIDNEY ACQUISITION		105.00	13,850	0
	0			181,257	0
	Q - AMBULATORY HEART CENTER				
1.00	HEART CENTER-ROOSEVELT RD		76.07	20,000	0
	0			20,000	0
	R - AMBULATORY OPHTHALMOLOGY				
1.00	LION'S EYE INST.		93.04	200,092	0
	0			200,092	0
	S - CRNA SALARIES				
1.00	ANESTHESIOLOGY		53.00	2,041,087	0
	TOTALS			2,041,087	0
	T - RADIATION ONCOLOGY RESIDENTS				
1.00	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0	275,194
	0			0	275,194
	U - CLINICAL LABOR IN A&G				
1.00	HOUSEKEEPING		9.00	600,664	0
2.00	SOCIAL SERVICE		17.00	88,630	0
3.00	ADULTS & PEDIATRICS		30.00	339,758	0
4.00	INTENSIVE CARE UNIT		31.00	45,646	0

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	NEONATAL ICU	31.02	12,580	0	5.00
6.00	SUBPROVIDER - IPF	40.00	918	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	4,969	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	14,750	0	8.00
9.00	RADIO ULTRASOUND	54.01	8,551	0	9.00
10.00	LABORATORY	60.00	11,190	0	10.00
11.00	TELEMEDICINE PROGRAM	76.04	18,893	0	11.00
12.00	CLINIC	90.00	2,390,865	0	12.00
	TOTALS		3,537,414	0	
V - TUITION-U OF I					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,845,867	1.00
2.00	RADIO ANGIOGRAPHY	54.02	0	4,500	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
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
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
			0	3,850,367	
W - DIAGNOSTIC SERVICES NURSING					
1.00	RECOVERY ROOM	51.00	150,840	9,354	1.00
2.00	RADIO ANGIOGRAPHY	54.02	73,063	4,531	2.00
3.00	RADIO ANGIOGRAPHY	54.02	73,063	4,531	3.00
4.00	RADIO WEST HARRISON	54.03	23,569	1,462	4.00
5.00	MRI	58.00	47,138	2,923	5.00
6.00	GASTROENTEROLOGY	76.01	80,134	4,969	6.00
7.00	CARDIAC SERVICES	76.03	23,569	1,462	7.00
			471,376	29,232	
Y - COVID EMER RESPONSE MGMT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,083	0	1.00
2.00	HOSPITAL ADMIN & GENERAL	5.02	159,946	0	2.00
3.00	AMBULATORY ADMIN & GENERAL	5.03	104,574	2,015	3.00
4.00	MAINTENANCE & REPAIRS	6.00	3,514	398,680	4.00
5.00	HOUSEKEEPING	9.00	0	1,775	5.00
6.00	DIETARY	10.00	36,536	0	6.00
7.00	NURSING ADMINISTRATION	13.00	92,543	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	19,783	0	8.00
9.00	PHARMACY	15.00	19,063	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	10,937	0	10.00
11.00	SOCIAL SERVICE	17.00	121,496	0	11.00
12.00	UTILMGMT / DSCH PLANNING	18.00	109,499	0	12.00
13.00	I&R SERVICES-SALARY & FRINGES	21.00	846,870	0	13.00
	APPRV				
14.00	I&R SERVICES-OTHER PRGM COSTS	22.00	50,792	0	14.00
	APPRV				
15.00	ADULTS & PEDIATRICS	30.00	1,131,647	118,917	15.00
16.00	INTENSIVE CARE UNIT	31.00	310,725	215,781	16.00

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
17.00	PEDS ICU	31.01	33,842	0		17.00
18.00	NEONATAL ICU	31.02	110,761	0		18.00
19.00	CORONARY CARE UNIT	32.00	254,625	0		19.00
20.00	SUBPROVIDER - IPF	40.00	367,535	13,485		20.00
21.00	OPERATING ROOM	50.00	188,178	0		21.00
22.00	RECOVERY ROOM	51.00	95,524	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	277,135	46,216		23.00
24.00	ANESTHESIOLOGY	53.00	5,115	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	94,839	0		25.00
26.00	RADIO ULTRASOUND	54.01	3,026	0		26.00
27.00	RADIO ANGIOGRAPHY	54.02	29,517	0		27.00
28.00	RADIO WEST HARRISON	54.03	4,825	0		28.00
29.00	RADIO MILE SQUARE	54.04	323	0		29.00
30.00	RADIOLOGY-THERAPEUTIC	55.00	47,983	0		30.00
31.00	RADIOISOTOPE	56.00	3,552	0		31.00
32.00	CT SCAN	57.00	27,893	0		32.00
33.00	MRI	58.00	31,850	0		33.00
34.00	CARDIAC CATHETERIZATION	59.00	2,993	0		34.00
35.00	LABORATORY	60.00	108,213	0		35.00
36.00	LAB TISSUE TYPING	60.01	716	0		36.00
37.00	LAB OUTREACH	60.02	17,447	0		37.00
38.00	INTRAVENOUS THERAPY	64.00	9,761	0		38.00
39.00	RESPIRATORY THERAPY	65.00	86,226	0		39.00
40.00	PHYSICAL THERAPY	66.00	64,396	0		40.00
41.00	PHYSICAL THERAPY-ROOSEVELT RD	66.01	12,552	0		41.00
42.00	PHYSICAL THERAPY MAXWELL ST	66.02	2,866	0		42.00
43.00	PHYSICAL THERAPY-OCC	66.03	40,007	0		43.00
44.00	OCCUPATIONAL THERAPY	67.00	39,146	0		44.00
45.00	OCCUPATIONAL THERAPY-OCC	67.01	2,375	0		45.00
46.00	ELECTROCARDIOLOGY	69.00	5,589	0		46.00
47.00	ELECTROENCEPHALOGRAPHY	70.00	23,838	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,235,227		48.00
49.00	RENAL DIALYSIS	74.00	44,715	0		49.00
50.00	GASTROENTEROLOGY	76.01	24,705	0		50.00
51.00	CARDIAC SERVICES	76.03	23,281	0		51.00
52.00	TELEMEDICINE PROGRAM	76.04	0	54,785		52.00
53.00	SLEEP LAB WEST HARRISON	76.05	9,467	0		53.00
54.00	SICKLE CELL	76.06	24,194	0		54.00
55.00	UIH UROLOGY CLINIC	76.08	14,562	0		55.00
56.00	HYPERBARIC OXYGEN THERAPY	76.98	1,590	0		56.00
57.00	CLINIC	90.00	516,228	85,219		57.00
58.00	EMERGENCY	91.00	176,901	881,773		58.00
59.00	EYE EAR INFIRMARY	93.01	57,234	0		59.00
60.00	OCC PSYCH	93.02	3,195	0		60.00
61.00	OCC ADOLESCENTS	93.03	60,448	0		61.00
62.00	LION'S EYE INST.	93.04	5,681	0		62.00
63.00	COVID CLINIC(S)	93.05	150	924,480		63.00
64.00	KIDNEY ACQUISITION	105.00	21,528	0		64.00
65.00	LIVER ACQUISITION	107.00	3,522	0		65.00
66.00	PHYSICIANS' PRIVATE OFFICES	192.00	30,266	0		66.00
67.00	PILSEN-OFFSITE CLINIC	192.01	41,587	92,298		67.00
68.00	MULTI-SPECIALTY AMB CLINIC	192.02	83,935	0		68.00
0			6,154,845	6,070,651		
500.00	Grand Total: Increases		37,553,408	586,198,158		500.00

RECLASSIFICATIONS

Provider CCN:14-0150

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

Worksheet A-6

Date/Time Prepared:
12/2/2021 2:42 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - WOMENS HEALTH						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	5,526,183	1,164,341	0		1.00
2.00	0	0.00	0	0	0		2.00
	B - CHARGEABLE MED SPLS						
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	82,685	0		1.00
2.00	HOSPITAL ADMIN & GENERAL	5.02	0	3,353	0		2.00
3.00	AMBULATORY ADMIN & GENERAL	5.03	0	40,114	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	78,201	0		4.00
5.00	HOUSEKEEPING	9.00	0	124,264	0		5.00
6.00	DIETARY	10.00	0	19,980	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	29,278	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	381,135	0		8.00
9.00	PHARMACY	15.00	0	818,833	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	80	0		10.00
11.00	SOCIAL SERVICE	17.00	0	3,175	0		11.00
12.00	PALLATIVE CARE	17.01	0	44	0		12.00
13.00	I&R SERVICES-SALARY & FRINGES	21.00	0	33,754	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,408,392	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	1,042,423	0		15.00
16.00	PEDS ICU	31.01	0	139,474	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	1,276,412	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	73,225	0		18.00
19.00	OPERATING ROOM	50.00	0	44,737,977	0		19.00
20.00	RECOVERY ROOM	51.00	0	234,458	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	815,037	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	2,108,215	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	177,196	0		23.00
24.00	RADIO ULTRASOUND	54.01	0	48,575	0		24.00
25.00	RADIO ANGIOGRAPHY	54.02	0	4,574,155	0		25.00
26.00	RADIO WEST HARRISON	54.03	0	96,780	0		26.00
27.00	RADIO MILE SQUARE	54.04	0	7,895	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	75,622	0		28.00
29.00	RADIOISOTOPE	56.00	0	7,556	0		29.00
30.00	CT SCAN	57.00	0	345,673	0		30.00
31.00	MRI	58.00	0	189,160	0		31.00
32.00	CARDIAC CATHETERIZATION	59.00	0	2,791,509	0		32.00
33.00	LABORATORY	60.00	0	2,672,128	0		33.00
34.00	LAB TISSUE TYPING	60.01	0	71	0		34.00
35.00	LAB OUTREACH	60.02	0	654	0		35.00
36.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,313,544	0		36.00
37.00	INTRAVENOUS THERAPY	64.00	0	123,090	0		37.00
38.00	RESPIRATORY THERAPY	65.00	0	353,770	0		38.00
39.00	PHYSICAL THERAPY	66.00	0	18,774	0		39.00
40.00	PHYSICAL THERAPY MAXWELL ST	66.02	0	3,090	0		40.00
41.00	PHYSICAL THERAPY-OCC	66.03	0	10,873	0		41.00
42.00	OCCUPATIONAL THERAPY	67.00	0	5,764	0		42.00
43.00	OCCUPATIONAL THERAPY-OCC	67.01	0	8,435	0		43.00
44.00	SPEECH PATHOLOGY	68.00	0	49,122	0		44.00
45.00	ELECTROCARDIOLOGY	69.00	0	2,170	0		45.00
46.00	ELECTROENCEPHALOGRAPHY	70.00	0	170,769	0		46.00
47.00	RENAL DIALYSIS	74.00	0	198,785	0		47.00
48.00	GASTROENTEROLOGY	76.01	0	1,924,153	0		48.00
49.00	BONE MARROW TRANSPLANT	76.02	0	2,670	0		49.00
50.00	CARDIAC SERVICES	76.03	0	2,532,518	0		50.00
51.00	SLEEP LAB WEST HARRISON	76.05	0	3,281	0		51.00
52.00	SICKLE CELL	76.06	0	21,862	0		52.00
53.00	UIH UROLOGY CLINIC	76.08	0	76,122	0		53.00
54.00	HYPERBARIC OXYGEN THERAPY	76.98	0	462	0		54.00
55.00	CLINIC	90.00	0	2,278,626	0		55.00
56.00	EMERGENCY	91.00	0	1,294,916	0		56.00
57.00	EYE EAR INFIRMARY	93.01	0	122,682	0		57.00
58.00	OCC PSYCH	93.02	0	6,134	0		58.00
59.00	OCC ADOLESCENTS	93.03	0	689,595	0		59.00
60.00	LION'S EYE INST.	93.04	0	37,525	0		60.00
61.00	COVID CLINIC(S)	93.05	0	73,965	0		61.00
62.00	KIDNEY ACQUISITION	105.00	0	2,420	0		62.00
63.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	434,803	0		63.00
64.00	RESEARCH	191.00	0	608	0		64.00
65.00	PILSEN-OFFSITE CLINIC	192.01	0	19,270	0		65.00

Provider CCN:14-0150

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

Worksheet A-6

Date/Time Prepared:
12/2/2021 2:42 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
66.00	MULTI-SPECIALTY AMB CLINIC	192.02	0	1,673	0		66.00	
	0		0	78,218,954				
C - CHARGEABLE DRUGS								
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	367,151	0		1.00	
2.00	AMBULATORY ADMIN & GENERAL	5.03	0	26	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	2	0		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,779,990	0		4.00	
5.00	PHARMACY	15.00	0	32,043,570	0		5.00	
6.00	PALLATIVE CARE	17.01	0	2,846	0		6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	492,242	0		7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	258,165	0		8.00	
9.00	PEDS ICU	31.01	0	16,173	0		9.00	
10.00	NEONATAL ICU	31.02	0	17,644	0		10.00	
11.00	CORONARY CARE UNIT	32.00	0	129,249	0		11.00	
12.00	SUBPROVIDER - IPF	40.00	0	2,990	0		12.00	
13.00	OPERATING ROOM	50.00	0	107,993	0		13.00	
14.00	RECOVERY ROOM	51.00	0	42,356	0		14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	54,741	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	193,015	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,555	0		17.00	
18.00	RADIO ULTRASOUND	54.01	0	27,271	0		18.00	
19.00	RADIO ANGIOGRAPHY	54.02	0	222,411	0		19.00	
20.00	RADIO WEST HARRISON	54.03	0	39,538	0		20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,549	0		21.00	
22.00	RADIOISOTOPE	56.00	0	88,922	0		22.00	
23.00	CT SCAN	57.00	0	125,400	0		23.00	
24.00	MRI	58.00	0	234,024	0		24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	71,173	0		25.00	
26.00	LABORATORY	60.00	0	367	0		26.00	
27.00	INTRAVENOUS THERAPY	64.00	0	3,180	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	0	39,003	0		28.00	
29.00	PHYSICAL THERAPY	66.00	0	34	0		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	66	0		30.00	
31.00	RENAL DIALYSIS	74.00	0	131,295	0		31.00	
32.00	GASTROENTEROLOGY	76.01	0	30,419	0		32.00	
33.00	BONE MARROW TRANSPLANT	76.02	0	1,611	0		33.00	
34.00	CARDIAC SERVICES	76.03	0	4,745	0		34.00	
35.00	TELEMEDICINE PROGRAM	76.04	0	8,267,755	0		35.00	
36.00	SICKLE CELL	76.06	0	60,951	0		36.00	
37.00	UIH UROLOGY CLINIC	76.08	0	18,091	0		37.00	
38.00	CLINIC	90.00	0	33,794,630	0		38.00	
39.00	EMERGENCY	91.00	0	144,544	0		39.00	
40.00	EYE EAR INFIRMARY	93.01	0	261,561	0		40.00	
41.00	OCC PSYCH	93.02	0	24,073	0		41.00	
42.00	OCC ADOLESCENTS	93.03	0	487,816	0		42.00	
43.00	LION'S EYE INST.	93.04	0	3,656,890	0		43.00	
44.00	COVID CLINIC(S)	93.05	0	3,236	0		44.00	
45.00	KIDNEY ACQUISITION	105.00	0	847	0		45.00	
46.00	LIVER ACQUISITION	107.00	0	457	0		46.00	
47.00	RESEARCH	191.00	0	402	0		47.00	
	0		0	83,278,969				
D - PHARMACY ALLIED HEALTH								
1.00	PHARMACY	15.00	552,000	0	0		1.00	
2.00	PHARMACY	15.00	0	1,352,637	0		2.00	
	0		552,000	1,352,637				
E - RADIOLOGY ADMIN & NURSING								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	2,679,283	456,202	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
	0		2,679,283	456,202				
F - DEPRECIATION-BLDG								
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	33,165,312	9		1.00	
2.00		0.00	0	0	9		2.00	
3.00		0.00	0	0	11		3.00	
4.00		0.00	0	0	11		4.00	
5.00		0.00	0	0	14		5.00	

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
12/2/2021 2:42 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	0		0	33,165,312				
G - BENEFIT EXPENSE								
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	369,668,349	0		1.00	
2.00	HOSPITAL ADMIN & GENERAL	5.02	0	131,358	0		2.00	
3.00	AMBULATORY ADMIN & GENERAL	5.03	0	121,313	0		3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	12,681	0		4.00	
5.00	DIETARY	10.00	0	67,402	0		5.00	
6.00	CAFETERIA	11.00	0	607	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	166,850	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	55,560	0		8.00	
9.00	PHARMACY	15.00	0	64,944	0		9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	45,918	0		10.00	
11.00	SOCIAL SERVICE	17.00	0	103,170	0		11.00	
12.00	PALLATIVE CARE	17.01	0	11,747	0		12.00	
13.00	UTILMGMT / DSCH PLANNING	18.00	0	60,237	0		13.00	
14.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	781,083	0		14.00	
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	9,867	0		15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	842,978	0		16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	237,316	0		17.00	
18.00	PEDS ICU	31.01	0	33,866	0		18.00	
19.00	NEONATAL ICU	31.02	0	149,834	0		19.00	
20.00	CORONARY CARE UNIT	32.00	0	146,193	0		20.00	
21.00	SUBPROVIDER - IPF	40.00	0	167,405	0		21.00	
22.00	OPERATING ROOM	50.00	0	253,308	0		22.00	
23.00	RECOVERY ROOM	51.00	0	77,509	0		23.00	
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	242,165	0		24.00	
25.00	ANESTHESIOLOGY	53.00	0	23,290	0		25.00	
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	136,986	0		26.00	
27.00	RADIO ULTRASOUND	54.01	0	13,070	0		27.00	
28.00	RADIO ANGIOGRAPHY	54.02	0	25,910	0		28.00	
29.00	RADIO WEST HARRISON	54.03	0	4,979	0		29.00	
30.00	RADIO MILE SQUARE	54.04	0	4,462	0		30.00	
31.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,648	0		31.00	
32.00	RADIOISOTOPE	56.00	0	7,146	0		32.00	
33.00	CT SCAN	57.00	0	22,970	0		33.00	
34.00	MRI	58.00	0	29,492	0		34.00	
35.00	CARDIAC CATHETERIZATION	59.00	0	12,331	0		35.00	
36.00	LABORATORY	60.00	0	181,183	0		36.00	
37.00	LAB TISSUE TYPING	60.01	0	4,694	0		37.00	
38.00	LAB OUTREACH	60.02	0	25,041	0		38.00	
39.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33	0		39.00	
40.00	INTRAVENOUS THERAPY	64.00	0	4,940	0		40.00	
41.00	RESPIRATORY THERAPY	65.00	0	55,536	0		41.00	
42.00	PHYSICAL THERAPY	66.00	0	53,056	0		42.00	
43.00	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0	1,311	0		43.00	
44.00	PHYSICAL THERAPY MAXWELL ST	66.02	0	8,615	0		44.00	
45.00	PHYSICAL THERAPY-OCC	66.03	0	40,939	0		45.00	
46.00	OCCUPATIONAL THERAPY	67.00	0	53,731	0		46.00	
47.00	OCCUPATIONAL THERAPY-OCC	67.01	0	6,049	0		47.00	
48.00	SPEECH PATHOLOGY	68.00	0	11,973	0		48.00	
49.00	ELECTROCARDIOLOGY	69.00	0	3,466	0		49.00	
50.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,496	0		50.00	
51.00	RENAL DIALYSIS	74.00	0	57,565	0		51.00	
52.00	GASTROENTROLOGY	76.01	0	36,379	0		52.00	
53.00	BONE MARROW TRANSPLANT	76.02	0	12,995	0		53.00	
54.00	CARDIAC SERVICES	76.03	0	40,833	0		54.00	
55.00	SLEEP LAB WEST HARRISON	76.05	0	7,158	0		55.00	
56.00	SICKLE CELL	76.06	0	19,650	0		56.00	
57.00	HEART CENTER-ROOSEVELT RD	76.07	0	6	0		57.00	
58.00	UIH UROLOGY CLINIC	76.08	0	3,403	0		58.00	
59.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,032	0		59.00	
60.00	CLINIC	90.00	0	359,656	0		60.00	
61.00	EMERGENCY	91.00	0	187,057	0		61.00	
62.00	EYE EAR INFIRMARY	93.01	0	35,819	0		62.00	
63.00	OCC PSYCH	93.02	0	16,000	0		63.00	
64.00	OCC ADOLESCENTS	93.03	0	38,015	0		64.00	
65.00	LION'S EYE INST.	93.04	0	4,475	0		65.00	
66.00	COVID CLINIC(S)	93.05	0	4,374	0		66.00	
67.00	KIDNEY ACQUISITION	105.00	0	64,247	0		67.00	
68.00	LIVER ACQUISITION	107.00	0	6,559	0		68.00	

Provider CCN:14-0150

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

Worksheet A-6

Date/Time Prepared:
12/2/2021 2:42 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
69.00	PANCREAS ACQUISITION	109.00	0	211	0		69.00
70.00	RESEARCH	191.00	0	11,049	0		70.00
71.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,243	0		71.00
72.00	PILSEN-OFFSITE CLINIC	192.01	0	4,446	0		72.00
73.00	MULTI-SPECIALTY AMB CLINIC	192.02	0	223	0		73.00
0			0	375,158,402			
H - ORGAN ACQ SPLIT PRE, POST AND ADMIN							
1.00	DIETARY	10.00	161,782	0	0		1.00
2.00	SOCIAL SERVICE	17.00	454,362	0	0		2.00
3.00	I&R SERVICES-SALARY & FRINGES	21.00	3,492	0	0		3.00
	APPRV						
4.00	ADULTS & PEDIATRICS	30.00	196,871	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	25,064	0	0		5.00
6.00	LABORATORY	60.00	3	0	0		6.00
7.00	CLINIC	90.00	419,458	0	0		7.00
8.00	OCC ADOLESCENTS	93.03	17,578	0	0		8.00
9.00	KIDNEY ACQUISITION	105.00	2,177,003	0	0		9.00
10.00	LIVER ACQUISITION	107.00	285,317	0	0		10.00
11.00	PANCREAS ACQUISITION	109.00	14,220	0	0		11.00
12.00	KIDNEY ACQUISITION	105.00	82,115	0	0		12.00
13.00	LIVER ACQUISITION	107.00	18,292	0	0		13.00
0			3,855,557	0			
I - GLUCOSE MGMT							
1.00	NURSING ADMINISTRATION	13.00	251,253	6,726	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
0			251,253	6,726			
J - TELEMEDICINE PERSONNEL							
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	91,300	0	0		1.00
0			91,300	0			
K - OUTREACH LAB							
1.00	LABORATORY	60.00	1,308,922	2,274,183	0		1.00
2.00	LAB TISSUE TYPING	60.01	551	2,010	0		2.00
0			1,309,473	2,276,193			
L - MOU COSTS NOT IN LINE 5.01							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	321,550	0		1.00
2.00	HOSPITAL ADMIN & GENERAL	5.02	0	100,000	0		2.00
3.00	AMBULATORY ADMIN & GENERAL	5.03	0	355,472	0		3.00
4.00	COVID CLINIC(S)	93.05	0	50,000	0		4.00
0			0	827,022			
M - TRANSPLANT DIRECTORS							
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	4,465	0	0		1.00
2.00		0.00	0	0	0		2.00
0			4,465	0			
N - RESIDENT BILLING BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,047,308	0		1.00
0			0	10,047,308			
O - RAPID RESPONSE TEAM							
1.00	NURSING ADMINISTRATION	13.00	630,515	67,956	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
0			630,515	67,956			
P - PHARMACIST ORGAN ACQ SPLIT PRE, POS							
1.00	PHARMACY	15.00	181,257	0	0		1.00
2.00		0.00	0	0	0		2.00
0			181,257	0			
Q - AMBULATORY HEART CENTER							
1.00	CLINIC	90.00	20,000	0	0		1.00
0			20,000	0			
R - AMBULATORY OPHTHALMOLOGY							
1.00	EYE EAR INFIRMARY	93.01	200,092	0	0		1.00
0			200,092	0			
S - CRNA SALARIES							
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	2,041,087	0	0		1.00
	TOTALS		2,041,087	0			
T - RADIATION ONCOLOGY RESIDENTS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	275,194	0		1.00
0			0	275,194			

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
U - CLINICAL LABOR IN A&G							
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	1,488,351	0	0		1.00
2.00	HOSPITAL ADMIN & GENERAL	5.02	22,320	0	0		2.00
3.00	AMBULATORY ADMIN & GENERAL	5.03	1,582,160	0	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	23,433	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	421,150	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
TOTALS			3,537,414	0			
V - TUITION-U OF I							
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	3,372,049	0		1.00
2.00	HOSPITAL ADMIN & GENERAL	5.02	0	23,700	0		2.00
3.00	AMBULATORY ADMIN & GENERAL	5.03	0	6,310	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	152,404	0		4.00
5.00	SOCIAL SERVICE	17.00	0	600	0		5.00
6.00	PALLATIVE CARE	17.01	0	465	0		6.00
7.00	UTILMGMT / DSCH PLANNING	18.00	0	395	0		7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	149,653	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	9,490	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	8,434	0		10.00
11.00	NEONATAL ICU	31.02	0	9,773	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	2,597	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	4,897	0		13.00
14.00	OPERATING ROOM	50.00	0	26,424	0		14.00
15.00	RECOVERY ROOM	51.00	0	4,625	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,652	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	15,415	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,192	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,129	0		19.00
20.00	RADIOISOTOPE	56.00	0	366	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	5,970	0		21.00
22.00	PHYSICAL THERAPY MAXWELL ST	66.02	0	1,245	0		22.00
23.00	PHYSICAL THERAPY-OCC	66.03	0	4,642	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	2,310	0		24.00
25.00	OCCUPATIONAL THERAPY-OCC	67.01	0	380	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	700	0		26.00
27.00	GASTROENTEROLOGY	76.01	0	6,800	0		27.00
28.00	SICKLE CELL	76.06	0	101	0		28.00
29.00	CLINIC	90.00	0	20,291	0		29.00
30.00	EMERGENCY	91.00	0	1,619	0		30.00
31.00	EYE EAR INFIRMARY	93.01	0	175	0		31.00
32.00	OCC ADOLESCENTS	93.03	0	160	0		32.00
33.00	LION'S EYE INST.	93.04	0	720	0		33.00
34.00	KIDNEY ACQUISITION	105.00	0	1,049	0		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,635	0		35.00
0			0	3,850,367			
W - DIAGNOSTIC SERVICES NURSING							
1.00	NURSING ADMINISTRATION	13.00	471,376	29,232	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
0			471,376	29,232			
Y - COVID EMER RESPONSE MGMT							
1.00	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	6,154,845	6,070,651	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
			6,154,845	6,070,651			
500.00	Grand Total: Decreases		27,506,100	596,245,466			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	770,917	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	294,867,099	10,322,673	0	10,322,673	0	3.00	
4.00	Building Improvements	72,697,868	-53,170,524	0	-53,170,524	408,083	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	216,704,231	98,928,955	0	98,928,955	7,027,683	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	585,040,115	56,081,104	0	56,081,104	7,435,766	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	585,040,115	56,081,104	0	56,081,104	7,435,766	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	770,917	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	305,189,772	0				3.00	
4.00	Building Improvements	19,119,261	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	308,605,503	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	633,685,453	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	633,685,453	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
12/2/2021 2:42 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:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
12/2/2021 2:42 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	325,079,950	0	325,079,950	0.512999	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	308,605,503	0	308,605,503	0.487001	0	2.00
3.00	Total (sum of lines 1-2)	633,685,453	0	633,685,453	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	10,569,685	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,453,376	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,023,061	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	10,569,685	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-58,402	0	0	58,403	17,453,377	2.00
3.00	Total (sum of lines 1-2)	-58,402	0	0	58,403	28,023,062	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0150

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

Worksheet A-8

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-4,970,254	CAP REL COSTS-MVBLE EQUIP	2.00		11 2.00
3.00	Investment income - other (chapter 2)		0		0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00		0 7.00
8.00	Television and radio service (chapter 21)		0		0.00		0 8.00
9.00	Parking lot (chapter 21)		0		0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-9,390,949				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	-32,751,220				0 12.00
13.00	Laundry and linen service		0		0.00		0 13.00
14.00	Cafeteria-employees and guests		0		0.00		0 14.00
15.00	Rental of quarters to employees and others		0		0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00	Sale of drugs to other than patients		0		0.00		0 17.00
18.00	Sale of medical records and abstracts		0		0.00		0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00	Vending machines		0		0.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	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	NON HOSPITAL COSTS	A	-44,188	PHYSICIANS' PRIVATE OFFICES	192.00		0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0150

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

Worksheet A-8

Date/Time Prepared:
12/2/2021 2:42 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00	5.00
34.00	ORGAN ACQ NON ALLOW	A		-3,715	SOCIAL SERVICE	17.00	0 34.00
34.01	ORGAN ACQ NON ALLOW	A		-87	I&R SERVICES-SALARY & FRINGES	21.00	0 34.01
					APPRV		
34.02	ORGAN ACQ NON ALLOW	A		-458	LABORATORY	60.00	0 34.02
34.03	ORGAN ACQ NON ALLOW	A		-126,858	KIDNEY ACQUISITION	105.00	0 34.03
34.04	ORGAN ACQ NON ALLOW	A		-67	LIVER ACQUISITION	107.00	0 34.04
34.05	ORGAN ACQ NON ALLOW	A		-17	PANCREAS ACQUISITION	109.00	0 34.05
34.10	TRANSPLANT PHARMACIST	A		-38,766	PHARMACY	15.00	0 34.10
35.00	MOONLIGHTING PHYSICIANS	A		-281,400	MEDICAL CENTER ALL OTHER	5.01	0 35.00
					ADMIN & GE		
36.00	HEALTH SCIENCE MANAGED CARE	A		-479,204	MEDICAL CENTER ALL OTHER	5.01	0 36.00
					ADMIN & GE		
36.01	UI HEALTH PLUS	A		-2,670,284	MEDICAL CENTER ALL OTHER	5.01	0 36.01
					ADMIN & GE		
37.00	NON PHYSICIAN ANESTHETIST	A		-2,744,579	ANESTHESIOLOGY	53.00	0 37.00
38.00	NURSE PRACTIONER	A		-39,009	MEDICAL CENTER ALL OTHER	5.01	0 38.00
					ADMIN & GE		
38.01	NURSE PRACTIONER	A		-78,357	HOSPITAL ADMIN & GENERAL	5.02	0 38.01
38.02	NURSE PRACTIONER	A		-71,647	AMBULATORY ADMIN & GENERAL	5.03	0 38.02
38.03	NURSE PRACTIONER	A		-124,122	NURSING ADMINISTRATION	13.00	0 38.03
38.04	NURSE PRACTIONER	A		-451	SOCIAL SERVICE	17.00	0 38.04
38.05	NURSE PRACTIONER	A		-218,000	PALLATIVE CARE	17.01	0 38.05
38.06	NURSE PRACTIONER	A		-3,175,580	ADULTS & PEDIATRICS	30.00	0 38.06
38.07	NURSE PRACTIONER	A		-58,705	INTENSIVE CARE UNIT	31.00	0 38.07
38.08	NURSE PRACTIONER	A		-224,937	OPERATING ROOM	50.00	0 38.08
38.09	NURSE PRACTIONER	A		-1,082,482	DELIVERY ROOM & LABOR ROOM	52.00	0 38.09
38.10	NURSE PRACTIONER	A		-210,147	RADIO ANGIOGRAPHY	54.02	0 38.10
38.11	NURSE PRACTIONER	A		-2,250	CARDIAC CATHETERIZATION	59.00	0 38.11
38.12	NURSE PRACTIONER	A		-93,296	BONE MARROW TRANSPLANT	76.02	0 38.12
38.13	NURSE PRACTIONER	A		-237,279	SICKLE CELL	76.06	0 38.13
38.14	NURSE PRACTIONER	A		-211,069	CLINIC	90.00	0 38.14
38.15	NURSE PRACTIONER	A		-68,764	OCC ADOLESCENTS	93.03	0 38.15
38.16	NURSE PRACTIONER	A		-129,569	OCC PSYCH	93.02	0 38.16
38.17	NURSE PRACTIONER	A		-137,172	KIDNEY ACQUISITION	105.00	0 38.17
39.00	PHYSICIAN-PART B & NON-ALLOW	A		-843,215	MEDICAL CENTER ALL OTHER	5.01	0 39.00
					ADMIN & GE		
40.00	COM - MD SALARIES ADMIN	A		1,648,463	MEDICAL CENTER ALL OTHER	5.01	0 40.00
					ADMIN & GE		
40.01	COM - MD SALARIES TEACHING	A		20,082,132	I&R SERVICES-OTHER PRGM COSTS	22.00	0 40.01
					APPRV		
41.00	EMPLOYEE HEATH SVCS	A		-1,042,629	MEDICAL CENTER ALL OTHER	5.01	0 41.00
					ADMIN & GE		
42.00	MISC INCOME	B		-2,697,045	MEDICAL CENTER ALL OTHER	5.01	0 42.00
					ADMIN & GE		
42.01	MISC INCOME	B		-2,248	HOSPITAL ADMIN & GENERAL	5.02	0 42.01
42.02	MISC INOCME	B		-88,786	MAINTENANCE & REPAIRS	6.00	0 42.02
42.03	MISC INCOME	B		-1,181,946	DIETARY	10.00	0 42.03
42.04	MISC INCOME	B		-95	NURSING ADMINISTRATION	13.00	0 42.04
42.05	MISC INCOME	B		-19,151	MEDICAL RECORDS & LIBRARY	16.00	0 42.05
42.06	MISC INCOME	B		-912,157	UTILMGMT / DSCH PLANNING	18.00	0 42.06
42.07	MISC INCOME	B		-8,637	I&R SERVICES-OTHER PRGM COSTS	22.00	0 42.07
					APPRV		
42.08	MISC INCOME	B		-151,512	OPERATING ROOM	50.00	0 42.08
42.09	MISC INCOME	B		-469	DELIVERY ROOM & LABOR ROOM	52.00	0 42.09
42.10	MISC INCOME	B		-277,210	RADIOLOGY-THERAPEUTIC	55.00	0 42.10
42.11	MISC INCOME	B		-11,250	OCCUPATIONAL THERAPY	67.00	0 42.11
42.12	MISC INCOME	B		-18,013	SPEECH PATHOLOGY	68.00	0 42.12
42.13	MISC INCOME	B		-16,412	SLEEP LAB WEST HARRISON	76.05	0 42.13
42.14	MISC INCOME	B		750	UIH UROLOGY CLINIC	76.08	0 42.14
42.15	MISC INCOME	B		-90,676	CLINIC	90.00	0 42.15
42.16	MISC INCOME	B		-814	EMERGENCY	91.00	0 42.16
42.21	HOUSEKEEPING ADMIN MARK-UP	B		-52,484	AMBULATORY ADMIN & GENERAL	5.03	0 42.21
42.24	OTHER MISC COST OR INCOME	A		-961,392	MEDICAL CENTER ALL OTHER	5.01	0 42.24
					ADMIN & GE		
42.25	OTHER MISC COST OR INCOME	A		-42,778	AMBULATORY ADMIN & GENERAL	5.03	0 42.25
42.26	OTHER MISC COST OR INCOME	A		-223,083	PALLATIVE CARE	17.01	0 42.26
42.27	OTHER MISC COST OR INCOME	A		-9,129	LAB OUTREACH	60.02	0 42.27
42.28	OTHER MISC COST OR INCOME	A		-60,413	CLINIC	90.00	0 42.28

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0150

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

Worksheet A-8

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.	
				To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
42.29	OTHER MISC COST OR INCOME	A	-624	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	42.29
42.30	OTHER MISC COST OR INCOME	A	-60	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	42.30
42.31	OTHER MISC COST OR INCOME	A	-128,385	RESEARCH	191.00	0	42.31
42.32	OTHER MISC COST OR INCOME	A	-1,016,188	PHYSICIANS' PRIVATE OFFICES	192.00	0	42.32
42.33	OTHER MISC COST OR INCOME	A	-2,739	PILSEN-OFFSITE CLINIC	192.01	0	42.33
42.50	VALET PARKING	B	-424,719	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	42.50
43.00	NON-ALLOWABLE COST	A	-336,766	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.00
43.01	NON-ALLOWABLE COST	A	-4,316,381	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	43.01
43.02	NON-ALLOWABLE COST	A	-249,002	HOSPITAL ADMIN & GENERAL	5.02	0	43.02
43.03	NON-ALLOWABLE COST	A	-693	AMBULATORY ADMIN & GENERAL	5.03	0	43.03
43.04	NON-ALLOWABLE COST	A	-16,073	MAINTENANCE & REPAIRS	6.00	0	43.04
43.05	NON-ALLOWABLE COST	A	-9,391	NURSING ADMINISTRATION	13.00	0	43.05
43.06	NON-ALLOWABLE COST	A	-25,393	PHARMACY	15.00	0	43.06
43.07	NON-ALLOWABLE COST	A	-31,620	MEDICAL RECORDS & LIBRARY	16.00	0	43.07
43.08	NON-ALLOWABLE COST	A	-6,604	PALLIATIVE CARE	17.01	0	43.08
43.09	NON-ALLOWABLE COST	A	-1,612	ADULTS & PEDIATRICS	30.00	0	43.09
43.10	NON-ALLOWABLE COST	A	-2,537	INTENSIVE CARE UNIT	31.00	0	43.10
43.11	NON-ALLOWABLE COST	A	-1,002	DELIVERY ROOM & LABOR ROOM	52.00	0	43.11
43.12	NON-ALLOWABLE COST	A	-2,148	RADIO WEST HARRISON	54.03	0	43.12
43.13	NON-ALLOWABLE COST	A	-1,202	LABORATORY	60.00	0	43.13
43.14	NON-ALLOWABLE COST	A	-400,000	LAB OUTREACH	60.02	0	43.14
43.15	NON-ALLOWABLE COST	A	-95	PHYSICAL THERAPY MAXWELL ST	66.02	0	43.15
43.16	NON-ALLOWABLE COST	A	-2,127	RENAL DIALYSIS	74.00	0	43.16
43.17	NON-ALLOWABLE COST	A	-36,364	CLINIC	90.00	0	43.17
43.18	NON-ALLOWABLE COST	A	-1,466	EMERGENCY	91.00	0	43.18
43.19	NON-ALLOWABLE COST	A	-800	OCC ADOLESCENTS	93.03	0	43.19
43.20	NON-ALLOWABLE COST	A	-36,514	KIDNEY ACQUISITION	105.00	0	43.20
43.21	NON-ALLOWABLE COST	A	-1,539	LIVER ACQUISITION	107.00	0	43.21
43.22	NON-ALLOWABLE COST	A	-3,868	PHYSICIANS' PRIVATE OFFICES	192.00	0	43.22
43.23	NON-ALLOWABLE COST	A	-60,124	PILSEN-OFFSITE CLINIC	192.01	0	43.23
44.00	ROCKFORD WCHC	A	-171,996	CAP REL COSTS-MVBLE EQUIP	2.00	14	44.00
45.00	GAIN/LOSS ON DISPOSAL	A	-172,960	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	45.00
46.00	SANCTIONED EMPLOYEES	A	-71,061	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	46.00
46.01	SANCTIONED EMPLOYEES	A	-27,273	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.01
47.00	TIS DRUG COST GROSS UP	A	-95,500	DRUGS CHARGED TO PATIENTS	73.00	0	47.00
47.01	MAP&OP HOSP DRUG MARKUP	A	-329,069	DRUGS CHARGED TO PATIENTS	73.00	0	47.01
47.02	COM TRANSFER TIS	A	-3,535,000	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	47.02
47.03	CONTRACT PHARMACY - COP	A	-9,677,194	PHARMACY	15.00	0	47.03
48.00	POST YE EXPENSE	A	13,123	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48.00
48.01	POST YE EXPENSE	A	-462,572	MEDICAL CENTER ALL OTHER ADMIN & GE	5.01	0	48.01
48.02	POST YE EXPENSE	A	104,282	HOSPITAL ADMIN & GENERAL	5.02	0	48.02
48.03	POST YE EXPENSE	A	66,815	AMBULATORY ADMIN & GENERAL	5.03	0	48.03
48.04	POST YE EXPENSE	A	180,248	MAINTENANCE & REPAIRS	6.00	0	48.04
48.05	POST YE EXPENSE	A	138,888	HOUSEKEEPING	9.00	0	48.05
48.06	POST YE EXPENSE	A	246,155	NURSING ADMINISTRATION	13.00	0	48.06
48.07	POST YE EXPENSE	A	297,019	CENTRAL SERVICES & SUPPLY	14.00	0	48.07
48.08	POST YE EXPENSE	A	202,697	PHARMACY	15.00	0	48.08
48.09	POST YE EXPENSE	A	8,279	MEDICAL RECORDS & LIBRARY	16.00	0	48.09
48.10	POST YE EXPENSE	A	42,097	SOCIAL SERVICE	17.00	0	48.10
48.11	POST YE EXPENSE	A	86,617	ADULTS & PEDIATRICS	30.00	0	48.11
48.12	POST YE EXPENSE	A	23,397	NEONATAL ICU	31.02	0	48.12
48.13	POST YE EXPENSE	A	8,000	CORONARY CARE UNIT	32.00	0	48.13
48.14	POST YE EXPENSE	A	137,592	OPERATING ROOM	50.00	0	48.14
48.15	POST YE EXPENSE	A	52,297	DELIVERY ROOM & LABOR ROOM	52.00	0	48.15
48.16	POST YE EXPENSE	A	12,482	ANESTHESIOLOGY	53.00	0	48.16
48.17	POST YE EXPENSE	A	82,046	RADIOLOGY-DIAGNOSTIC	54.00	0	48.17
48.18	POST YE EXPENSE	A	15,472	RADIO ANGIOGRAPHY	54.02	0	48.18
48.19	POST YE EXPENSE	A	2,245	RADIOLOGY-THERAPEUTIC	55.00	0	48.19
48.20	POST YE EXPENSE	A	2,734	MRI	58.00	0	48.20
48.21	POST YE EXPENSE	A	456,994	LABORATORY	60.00	0	48.21
48.22	POST YE EXPENSE	A	25,634	LAB TISSUE TYPING	60.01	0	48.22

Provider CCN:14-0150
Period:
From 07/01/2020
To 06/30/2021
Worksheet A-8
Date/Time Prepared:
12/2/2021 2:42 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7	Ref.
	1.00	2.00	3.00	4.00	5.00	
48.23 POST YE EXPENSE	A	5,510	BLOOD STORING, PROCESSING & TRANS.	63.00	0	48.23
48.24 POST YE EXPENSE	A	5,283	RESPIRATORY THERAPY	65.00	0	48.24
48.25 POST YE EXPENSE	A	2,230	PHYSICAL THERAPY	66.00	0	48.25
48.26 POST YE EXPENSE	A	9,087	SPEECH PATHOLOGY	68.00	0	48.26
48.27 POST YE EXPENSE	A	51,219	RENAL DIALYSIS	74.00	0	48.27
48.28 POST YE EXPENSE	A	8,827	GASTROENTROLOGY	76.01	0	48.28
48.29 POST YE EXPENSE	A	2,873	SLEEP LAB WEST HARRISON	76.05	0	48.29
48.30 POST YE EXPENSE	A	65,746	CLINIC	90.00	0	48.30
48.31 POST YE EXPENSE	A	14,878	EYE EAR INFIRMARY	93.01	0	48.31
48.32 POST YE EXPENSE	A	307,456	KIDNEY ACQUISITION	105.00	0	48.32
48.33 POST YE EXPENSE	A	12,890	LIVER ACQUISITION	107.00	0	48.33
48.34 POST YE EXPENSE	A	1,000	PANCREAS ACQUISITION	109.00	0	48.34
48.35 POST YE EXPENSE	A	6,000	RESEARCH	191.00	0	48.35
48.36 POST YE EXPENSE	A	241,628	PHYSICIANS' PRIVATE OFFICES	192.00	0	48.36
48.37 POST YE EXPENSE	A	2,000	PILSEN-OFFSITE CLINIC	192.01	0	48.37
48.38 POST YE EXPENSE	A	30,595	OUTPATIENT PHARMACY	194.00	0	48.38
49.00 SACM PY REIMBURSEMENT	B	489,628	I&R SERVICES-SALARY & FRINGES	21.00	0	49.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-64,841,779	APPRV			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:14-0150

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

Worksheet A-8-1

Date/Time Prepared:
12/2/2021 2:42 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	TOTBO - UNIVERSITY BENEFIT	394,425,437	375,208,652	1.00
2.00	6.00	MAINTENANCE & REPAIRS	TOTBO - UTILITIES	5,623,226	5,623,226	2.00
3.00	5.01	MEDICAL CENTER ALL OTHER ADM	MALPRACTICE EXPENSE	6,029,558	6,029,558	3.00
3.01	5.01	MEDICAL CENTER ALL OTHER ADM	ADMINISTRATIVE ALLOWANCE	5,863,377	5,863,377	3.01
3.02	2.00	CAP REL COSTS-MVBLE EQUIP	EQUIPMENT DEPRECIATION	9,784,798	9,784,798	3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXT	BUILDING DEPRECIATION	10,569,685	10,569,685	3.03
3.04	2.00	CAP REL COSTS-MVBLE EQUIP	SOFTWARE DEPRECIATION	7,654,283	7,654,283	3.04
3.05	2.00	CAP REL COSTS-MVBLE EQUIP	LEASEHOLD DEPRECIATION	14,294	14,294	3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	BOND AMORTIZATION	230,398	230,398	3.06
3.07	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST EXPENSE	4,911,852	4,911,852	3.07
3.08	23.00	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENCY	1,654,121	1,352,637	3.08
3.09	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COM SUPPORT	613,835	0	3.09
3.10	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COP SUPPORT	578,060	699,440	3.10
3.11	73.00	DRUGS CHARGED TO PATIENTS	TELEMEDICINE COP DRUGCOST	8,267,755	8,267,755	3.11
3.12	5.01	MEDICAL CENTER ALL OTHER ADM	COM SUPPORT	7,189,333	55,773,683	3.12
3.13	4.00	EMPLOYEE BENEFITS DEPARTMENT	TUITION WAVIER FROM UOFI	3,303,794	3,303,794	3.13
3.14	9.00	HOUSEKEEPING	HOUSEKEEPING BENEFITS	-2,950,868	-2,950,868	3.14
3.15	5.01	MEDICAL CENTER ALL OTHER ADM	UIH SPACE ON UIC CAMPUS	1,560,643	5,738,237	3.15
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			465,323,581	498,074,801	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	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	A	STATE OF ILLINOIS	0.00	BOARD OF TRUSTEES FOR THE U OF I	0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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:14-0150

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

Worksheet A-8-1

Date/Time Prepared:
12/2/2021 2:42 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	19,216,785	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	0	9		3.02
3.03	0	9		3.03
3.04	0	9		3.04
3.05	0	9		3.05
3.06	0	14		3.06
3.07	0	11		3.07
3.08	301,484	0		3.08
3.09	613,835	0		3.09
3.10	-121,380	0		3.10
3.11	0	0		3.11
3.12	-48,584,350	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	-4,177,594	0		3.15
4.00	0	0		4.00
5.00	-32,751,220			5.00

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

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

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

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

6.00	UNIVERSITY		6.00
7.00			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:14-0150

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

Worksheet A-8-2

Date/Time Prepared:
12/2/2021 2:42 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	MEDICAL CENTER ALL OTHER ADMIN & GE	5,197,716	0	5,197,716	200,300	28,145	1.00
2.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	117,846	0	117,846	177,200	788	2.00
3.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	226,958	0	226,958	177,200	2,712	3.00
4.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	2,741,068	0	2,741,068	177,200	18,969	4.00
5.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,000	0	1,000	177,200	10	5.00
6.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	255,657	0	255,657	138,700	2,916	6.00
7.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	183,147	0	183,147	177,200	937	7.00
8.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	2,239,284	0	2,239,284	208,000	11,976	8.00
9.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	147,900	0	147,900	177,200	1,040	9.00
10.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	536,970	0	536,970	177,200	4,341	10.00
11.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	177,200	0	11.00
12.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	208,384	0	208,384	177,200	2,085	12.00
13.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	463,666	0	463,666	165,000	3,260	13.00
14.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	145,050	0	145,050	196,400	1,159	14.00
15.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	418,018	0	418,018	177,200	3,949	15.00
16.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	394,732	0	394,732	177,200	3,686	16.00
17.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	333,567	0	333,567	208,000	1,025	17.00
18.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	2,464,427	0	2,464,427	196,400	16,727	18.00
19.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	42,167	0	42,167	177,200	113	19.00
20.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	127,895	0	127,895	140,600	1,664	20.00
21.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	858,041	0	858,041	208,000	5,627	21.00
22.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,057,656	0	1,057,656	177,200	6,892	22.00
23.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,091,538	0	1,091,538	215,700	8,679	23.00
24.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	197,190	0	197,190	140,600	2,474	24.00
25.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	695,690	0	695,690	140,600	5,486	25.00
26.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	221,210	0	221,210	154,100	2,183	26.00
27.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,604,984	0	1,604,984	225,300	8,437	27.00
28.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	329,111	0	329,111	177,200	2,492	28.00
29.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,000	0	1,000	177,200	11	29.00
30.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	208,000	0	30.00
31.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,015,836	0	1,015,836	177,200	5,849	31.00
32.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	177,200	0	32.00
33.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	177,200	0	33.00
200.00			23,317,708	0	23,317,708		153,632	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0150

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

Worksheet A-8-2

Date/Time Prepared:
12/2/2021 2:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	2,710,309	135,515	0	0	0	1.00
2.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	67,132	3,357	0	0	0	2.00
3.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	231,042	11,552	0	0	0	3.00
4.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,616,013	80,801	0	0	0	4.00
5.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	852	43	0	0	0	5.00
6.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	194,447	9,722	0	0	0	6.00
7.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	79,825	3,991	0	0	0	7.00
8.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,197,600	59,880	0	0	0	8.00
9.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	88,600	4,430	0	0	0	9.00
10.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	369,820	18,491	0	0	0	10.00
11.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	0	0	11.00
12.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	177,626	8,881	0	0	0	12.00
13.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	258,606	12,930	0	0	0	13.00
14.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	109,436	5,472	0	0	0	14.00
15.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	336,424	16,821	0	0	0	15.00
16.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	314,019	15,701	0	0	0	16.00
17.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	102,500	5,125	0	0	0	17.00
18.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	1,579,415	78,971	0	0	0	18.00
19.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	9,627	481	0	0	0	19.00
20.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	112,480	5,624	0	0	0	20.00
21.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	562,700	28,135	0	0	0	21.00
22.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	587,145	29,357	0	0	0	22.00
23.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	900,029	45,001	0	0	0	23.00
24.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	167,233	8,362	0	0	0	24.00
25.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	370,833	18,542	0	0	0	25.00
26.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	161,731	8,087	0	0	0	26.00
27.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	913,873	45,694	0	0	0	27.00
28.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	212,299	10,615	0	0	0	28.00
29.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	937	47	0	0	0	29.00
30.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	0	0	30.00
31.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	498,290	24,915	0	0	0	31.00
32.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	0	0	32.00
33.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	0	0	33.00
200.00			13,930,843	696,543	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0150

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

Worksheet A-8-2

Date/Time Prepared:
12/2/2021 2:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	2,710,309	2,487,407	2,487,407		1.00
2.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	67,132	50,714	50,714		2.00
3.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	231,042	0	0		3.00
4.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	1,616,013	1,125,055	1,125,055		4.00
5.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	852	148	148		5.00
6.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	194,447	61,210	61,210		6.00
7.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	79,825	103,322	103,322		7.00
8.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	1,197,600	1,041,684	1,041,684		8.00
9.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	88,600	59,300	59,300		9.00
10.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	369,820	167,150	167,150		10.00
11.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	0		11.00
12.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	177,626	30,758	30,758		12.00
13.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	258,606	205,060	205,060		13.00
14.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	109,436	35,614	35,614		14.00
15.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	336,424	81,594	81,594		15.00
16.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	314,019	80,713	80,713		16.00
17.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	102,500	231,067	231,067		17.00
18.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	1,579,415	885,012	885,012		18.00
19.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	9,627	32,540	32,540		19.00
20.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	112,480	15,415	15,415		20.00
21.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	562,700	295,341	295,341		21.00
22.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	587,145	470,511	470,511		22.00
23.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	900,029	191,509	191,509		23.00
24.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	167,233	29,957	29,957		24.00
25.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	370,833	324,857	324,857		25.00
26.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	161,731	59,479	59,479		26.00
27.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	913,873	691,111	691,111		27.00
28.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	212,299	116,812	116,812		28.00
29.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	937	63	63		29.00
30.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	0		30.00
31.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	498,290	517,546	517,546		31.00
32.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	0		32.00
33.00	5.01	MEDICAL CENTER ALL OTHER ADMIN & GE	0	0	0	0		33.00
200.00			0	13,930,843	9,390,949	9,390,949		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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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	10,569,685	10,569,685			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	17,453,377	17,453,377			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	391,731,004	184,824	5,375	391,921,203	4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE	128,386,526	836,431	3,257,981	43,423,330	175,904,268
5.02	00591	HOSPITAL ADMIN & GENERAL	11,327,994	165,588	77,319	9,130,562	20,701,463
5.03	00592	AMBULATORY ADMIN & GENERAL	21,922,155	177,743	53,829	6,162,738	28,316,465
6.00	00600	MAINTENANCE & REPAIRS	27,513,131	197,052	84,908	904,412	28,699,503
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	7,465,331	133,098	12,120	604,815	8,215,364
10.00	01000	DIETARY	5,709,413	297,191	16,213	3,756,240	9,779,057
11.00	01100	CAFETERIA	43,499	0	0	43,903	87,402
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	8,384,528	67,502	919,109	7,364,935	16,736,074
14.00	01400	CENTRAL SERVICES & SUPPLY	10,108,842	263,411	121,554	3,158,411	13,652,218
15.00	01500	PHARMACY	10,348,188	141,279	1,020,772	3,079,906	14,590,145
16.00	01600	MEDICAL RECORDS & LIBRARY	4,253,169	128,626	21,352	3,297,405	7,700,552
17.00	01700	SOCIAL SERVICE	8,000,344	48,574	29,990	6,706,831	14,785,739
17.01	01701	PALLIATIVE CARE	396,993	0	0	834,605	1,231,598
18.00	01850	UTILMGMT / DSCH PLANNING	4,527,023	0	0	4,458,823	8,985,846
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	35,625,536	59,731	0	35,293,139	70,978,406
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22,133,122	22,022	0	776,221	22,931,365
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,206,121	0	0	557,125	2,763,246
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,987,720	1,265,298	361,359	61,215,207	125,829,584
31.00	03100	INTENSIVE CARE UNIT	18,854,860	183,006	262,359	16,863,333	36,163,558
31.01	02080	PEDS ICU	2,628,707	67,180	19,059	2,412,466	5,127,412
31.02	02060	NEONATAL ICU	10,582,825	121,589	307,061	9,830,033	20,841,508
32.00	03200	CORONARY CARE UNIT	11,130,954	109,684	142,833	9,538,740	20,922,211
40.00	04000	SUBPROVIDER - IPF	10,272,805	243,500	11,503	9,709,280	20,237,088
43.00	04300	NURSERY	1,241,251	24,118	0	1,034,756	2,300,125
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,195,773	432,034	3,633,325	16,663,104	46,924,236
51.00	05100	RECOVERY ROOM	5,161,633	10,366	11,649	4,659,701	9,843,349
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,417,877	235,348	211,161	10,378,925	20,243,311
53.00	05300	ANESTHESIOLOGY	1,581,293	69,159	516,784	3,754,787	5,922,023
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,047,588	267,912	922,822	6,203,882	14,442,204
54.01	03630	RADIO ULTRASOUND	1,337,460	46,521	282,133	1,156,888	2,823,002
54.02	03650	RADIO ANGIOGRAPHY	2,882,380	78,674	40,266	2,364,058	5,365,378
54.03	05401	RADIO WEST HARRISON	1,030,865	116,926	5,691	525,342	1,678,824
54.04	05402	RADIO MILE SQUARE	646,754	39,616	57,911	491,047	1,235,328
55.00	05500	RADIOLOGY-THERAPEUTIC	5,238,187	206,480	119,240	1,676,159	7,240,066
56.00	05600	RADIOISOTOPE	992,680	15,747	0	514,995	1,523,422
57.00	05700	CT SCAN	2,925,251	120,475	4,405	2,451,471	5,501,692
58.00	05800	MRI	2,756,918	53,735	98,252	2,402,890	5,311,795
59.00	05900	CARDIAC CATHETERIZATION	1,024,859	47,020	37,041	895,948	2,004,868
60.00	06000	LABORATORY	26,637,522	672,324	823,727	11,900,467	40,034,040
60.01	03420	LAB TISSUE TYPING	1,849,922	15,043	25,417	340,565	2,230,947
60.02	06001	LAB OUTREACH	7,318,078	64,584	0	3,128,421	10,511,083
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,730,188	22,007	0	2,302	5,754,497
64.00	06400	INTRAVENOUS THERAPY	381,050	0	5,858	367,919	754,827
65.00	06500	RESPIRATORY THERAPY	4,651,293	25,526	442,040	3,973,872	9,092,731
66.00	06600	PHYSICAL THERAPY	2,687,116	140,869	22,154	2,539,167	5,389,306
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	234,456	84,260	0	108,252	426,968
66.02	06602	PHYSICAL THERAPY MAXWELL ST	737,571	0	5,864	639,574	1,383,009
66.03	06603	PHYSICAL THERAPY-OCC	2,611,767	8,782	5,243	2,607,434	5,233,226
67.00	06700	OCCUPATIONAL THERAPY	2,176,846	115,636	0	2,198,326	4,490,808
67.01	06701	OCCUPATIONAL THERAPY-OCC	433,201	0	0	435,412	868,613
68.00	06800	SPEECH PATHOLOGY	852,065	9,295	0	831,567	1,692,927
69.00	06900	ELECTROCARDIOLOGY	271,464	11,348	15,173	257,799	555,784
70.00	07000	ELECTROENCEPHALOGRAPHY	877,282	11,070	232,623	855,188	1,976,163
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	81,454,181	0	0	0	81,454,181
73.00	07300	DRUGS CHARGED TO PATIENTS	82,756,934	0	0	0	82,756,934
74.00	07400	RENAL DIALYSIS	5,721,673	178,887	164,749	3,743,342	9,808,651
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0
76.01	03340	GASTROENTEROLOGY	3,110,138	85,521	956,310	2,676,176	6,828,145

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

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From 07/01/2020
To 06/30/2021Worksheet B
Part I
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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	
76.02	03951	BONE MARROW TRANSPLANT	1,265,859	0	155,596	859,589	2,281,044	76.02
76.03	03140	CARDIAC SERVICES	2,925,737	73,704	754,210	2,901,373	6,655,024	76.03
76.04	03952	TELEMEDICINE PROGRAM	1,356,873	16,465	0	111,216	1,484,554	76.04
76.05	03953	SLEEP LAB WEST HARRISON	1,227,909	0	4,532	527,899	1,760,340	76.05
76.06	03954	SICKLE CELL	1,031,127	0	6,692	1,263,752	2,301,571	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	23,644	19,207	3,856	20,625	67,332	76.07
76.08	03956	UIH UROLOGY CLINIC	359,354	30,980	0	268,649	658,983	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	78,081	0	0	78,771	156,852	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	30,828,965	1,350,223	881,531	29,050,635	62,111,354	90.00
91.00	09100	EMERGENCY	13,546,741	207,667	146,135	11,686,562	25,587,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	2,967,415	205,058	73,342	2,494,624	5,740,439	93.01
93.02	04952	OCC PSYCH	1,083,368	443,588	6,347	1,186,529	2,719,832	93.02
93.03	04951	OCC ADOLESCENTS	2,324,782	140,312	10,462	2,750,583	5,226,139	93.03
93.04	04953	LION'S EYE INST.	552,709	30,921	0	535,322	1,118,952	93.04
93.05	04955	COVID CLINIC(S)	2,786,897	0	0	247,709	3,034,606	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	11,247,441	30,716	0	3,009,870	14,288,027	105.00
107.00	10700	LIVER ACQUISITION	3,618,920	4,794	0	423,519	4,047,233	107.00
109.00	10900	PANCREAS ACQUISITION	1,757,483	586	0	84,472	1,842,541	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	-307,456	39,117	0	88,797	-179,542	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,223,213,217	10,515,950	17,407,237	388,492,692	1,219,684,831	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,169	0	0	12,169	190.00
191.00	19100	RESEARCH	911,623	41,566	0	804,647	1,757,836	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,222,611	0	2,611	2,163,006	5,388,228	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	1,025,883	0	13,516	358,857	1,398,256	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	187,687	0	30,013	102,001	319,701	192.02
194.00	07950	OUTPATIENT PHARMACY	27,435,857	0	0	0	27,435,857	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,255,996,878	10,569,685	17,453,377	391,921,203	1,255,996,878	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description		MEDICAL CENTER ALL OTHER ADMIN & GE	Subtotal	HOSPITAL ADMIN & GENERAL	Subtotal	AMBULATORY ADMIN & GENERAL	
		5.01	5A.01	5.02	5A.02	5.03	
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	MEDICAL CENTER ALL OTHER ADMIN & GE	175,904,268				5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	3,370,881	24,072,344			5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	4,610,855	32,927,320	706,061	33,633,381	5.03
6.00	00600	MAINTENANCE & REPAIRS	4,673,226	33,372,729	715,611	34,088,340	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,337,732	9,553,096	204,847	9,757,943	9.00
10.00	01000	DIETARY	1,592,353	11,371,410	243,837	11,615,247	10.00
11.00	01100	CAFETERIA	14,232	101,634	2,179	103,813	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,725,185	19,461,259	417,308	19,878,567	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,223,032	15,875,250	340,413	16,215,663	14.00
15.00	01500	PHARMACY	2,375,757	16,965,902	363,800	17,329,702	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,253,904	8,954,456	192,010	9,146,466	16.00
17.00	01700	SOCIAL SERVICE	2,407,606	17,193,345	368,677	17,562,022	17.00
17.01	01701	PALLATIVE CARE	200,545	1,432,143	30,709	1,462,852	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	1,463,192	10,449,038	224,059	10,673,097	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	11,557,627	82,536,033	1,769,820	84,305,853	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,733,983	26,665,348	571,785	27,237,133	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	449,948	3,213,194	68,901	3,282,095	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,489,521	146,319,105	3,137,344	149,456,449	30.00
31.00	03100	INTENSIVE CARE UNIT	5,888,621	42,052,179	901,725	42,953,904	31.00
31.01	02080	PEDS ICU	834,912	5,962,324	127,850	6,090,174	31.01
31.02	02060	NEONATAL ICU	3,393,685	24,235,193	519,675	24,754,868	31.02
32.00	03200	CORONARY CARE UNIT	3,406,826	24,329,037	521,688	24,850,725	32.00
40.00	04000	SUBPROVIDER - IPF	3,295,266	23,532,354	504,604	24,036,958	40.00
43.00	04300	NURSERY	374,536	2,674,661	57,353	2,732,014	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,640,814	54,565,050	1,170,038	55,735,088	50.00
51.00	05100	RECOVERY ROOM	1,602,822	11,446,171	245,440	11,691,611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,296,279	23,539,590	504,759	24,044,349	52.00
53.00	05300	ANESTHESIOLOGY	964,301	6,886,324	147,663	7,033,987	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,351,667	16,793,871	360,111	17,153,982	54.00
54.01	03630	RADIO ULTRASOUND	459,678	3,282,680	70,391	3,353,071	54.01
54.02	03650	RADIO ANGIOGRAPHY	873,661	6,239,039	133,784	6,372,823	54.02
54.03	05401	RADIO WEST HARRISON	273,368	1,952,192	41,861	1,994,053	54.03
54.04	05402	RADIO MILE SQUARE	201,152	1,436,480	30,802	1,467,282	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	1,178,922	8,418,988	180,528	8,599,516	55.00
56.00	05600	RADIOISOTOPE	248,063	1,771,485	37,986	1,809,471	56.00
57.00	05700	CT SCAN	895,842	6,397,444	137,180	6,534,624	57.00
58.00	05800	MRI	864,936	6,176,731	132,448	6,309,179	58.00
59.00	05900	CARDIAC CATHETERIZATION	326,459	2,331,327	49,991	2,381,318	59.00
60.00	06000	LABORATORY	6,518,863	46,552,903	998,234	47,551,137	60.00
60.01	03420	LAB TISSUE TYPING	363,272	2,594,219	55,628	2,649,847	60.01
60.02	06001	LAB OUTREACH	1,711,551	12,222,634	262,090	12,484,724	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	937,022	6,691,519	143,486	6,835,005	63.00
64.00	06400	INTRAVENOUS THERAPY	122,911	877,738	18,821	896,559	64.00
65.00	06500	RESPIRATORY THERAPY	1,480,597	10,573,328	226,724	10,800,052	65.00
66.00	06600	PHYSICAL THERAPY	877,557	6,266,863	134,380	6,401,243	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	69,524	496,492	0	496,492	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	225,200	1,608,209	0	1,608,209	66.02
66.03	06603	PHYSICAL THERAPY-OCC	852,142	6,085,368	0	6,085,368	66.03
67.00	06700	OCCUPATIONAL THERAPY	731,252	5,222,060	111,977	5,334,037	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	141,439	1,010,052	0	1,010,052	67.01
68.00	06800	SPEECH PATHOLOGY	275,664	1,968,591	42,212	2,010,803	68.00
69.00	06900	ELECTROCARDIOLOGY	90,500	646,284	13,858	660,142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	321,785	2,297,948	49,275	2,347,223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,263,429	94,717,610	2,031,030	96,748,640	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,475,560	96,232,494	2,063,513	98,296,007	73.00
74.00	07400	RENAL DIALYSIS	1,597,172	11,405,823	244,575	11,650,398	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	1,111,847	7,939,992	170,257	8,110,249	76.01
76.02	03951	BONE MARROW TRANSPLANT	371,429	2,652,473	56,877	2,709,350	76.02
76.03	03140	CARDIAC SERVICES	1,083,658	7,738,682	165,941	7,904,623	76.03
76.04	03952	TELEMEDICINE PROGRAM	241,734	1,726,288	0	1,726,288	76.04
76.05	03953	SLEEP LAB WEST HARRISON	286,641	2,046,981	43,893	2,090,874	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		MEDICAL CENTER ALL OTHER ADMIN & GE	Subtotal	HOSPITAL ADMIN & GENERAL	Subtotal	AMBULATORY ADMIN & GENERAL	
		5.01	5A.01	5.02	5A.02	5.03	
76.06	03954 SICKLE CELL	374,772	2,676,343	57,389	2,733,732	0	76.06
76.07	03955 HEART CENTER-ROOSEVELT RD	10,964	78,296	0	78,296	7,729	76.07
76.08	03956 UIH UROLOGY CLINIC	107,304	766,287	0	766,287	75,644	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	25,541	182,393	3,911	186,304	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	10,113,778	72,225,132	0	72,225,132	7,129,704	90.00
91.00	09100 EMERGENCY	4,166,425	29,753,530	638,005	30,391,535	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950 EYE EAR INFIRMARY	934,733	6,675,172	0	6,675,172	658,940	93.01
93.02	04952 OCC PSYCH	442,878	3,162,710	0	3,162,710	312,207	93.02
93.03	04951 OCC ADOLESCENTS	850,988	6,077,127	0	6,077,127	599,904	93.03
93.04	04953 LION'S EYE INST.	182,202	1,301,154	0	1,301,154	128,443	93.04
93.05	04955 COVID CLINIC(S)	494,134	3,528,740	75,667	3,604,407	355,809	93.05
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,326,562	16,614,589	356,267	16,970,856	0	105.00
107.00	10700 LIVER ACQUISITION	659,023	4,706,256	100,916	4,807,172	0	107.00
109.00	10900 PANCREAS ACQUISITION	300,026	2,142,567	45,943	2,188,510	0	109.00
112.00	08601 OTHER ORGAN ACQUISITION (SPECIFY)	0	-179,542	0	-179,542	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	169,991,468	1,213,772,031	23,344,107	1,213,043,794	29,600,802	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,982	14,151	303	14,454	0	190.00
191.00	19100 RESEARCH	286,234	2,044,070	43,831	2,087,901	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	877,381	6,265,609	0	6,265,609	618,510	192.00
192.01	19201 PILSEN-OFFSITE CLINIC	227,682	1,625,938	0	1,625,938	160,504	192.01
192.02	19202 MULTI-SPECIALTY AMB CLINIC	52,058	371,759	0	371,759	36,698	192.02
194.00	07950 OUTPATIENT PHARMACY	4,467,463	31,903,320	684,103	32,587,423	3,216,867	194.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	175,904,268	1,255,996,878	24,072,344	1,255,996,878	33,633,381	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	AMBULATORY ADMIN & GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS	34,088,340					6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0			8.00
9.00	00900	HOUSEKEEPING	503,672	0		10,261,615		9.00
10.00	01000	DIETARY	1,124,634	0	0	343,626	13,083,507	10.00
11.00	01100	CAFETERIA	0	0	0	0	5,368,793	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	255,442	0	0	78,049	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	996,802	0	0	304,567	0	14.00
15.00	01500	PHARMACY	534,631	0	0	163,354	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	486,750	0	0	148,724	0	16.00
17.00	01700	SOCIAL SERVICE	183,814	0	0	56,163	0	17.00
17.01	01701	PALLATIVE CARE	0	0	0	0	0	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	226,036	0	0	69,064	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	83,335	0	0	25,463	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,788,156	0	0	1,462,995	5,199,701	30.00
31.00	03100	INTENSIVE CARE UNIT	692,535	0	0	211,600	1,066,916	31.00
31.01	02080	PEDS ICU	254,222	0	0	77,676	90,994	31.01
31.02	02060	NEONATAL ICU	460,118	0	0	140,587	0	31.02
32.00	03200	CORONARY CARE UNIT	415,066	0	0	126,821	422,709	32.00
40.00	04000	SUBPROVIDER - IPF	921,456	0	0	281,546	934,394	40.00
43.00	04300	NURSERY	91,269	0	0	27,887	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,634,908	0	0	499,537	0	50.00
51.00	05100	RECOVERY ROOM	39,226	0	0	11,985	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	890,608	0	0	272,121	0	52.00
53.00	05300	ANESTHESIOLOGY	261,712	0	0	79,965	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,013,835	0	0	309,772	0	54.00
54.01	03630	RADIO ULTRASOUND	176,047	0	0	53,790	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	297,720	0	0	90,967	0	54.02
54.03	05401	RADIO WEST HARRISON	442,474	0	0	135,196	0	54.03
54.04	05402	RADIO MILE SQUARE	149,914	0	0	45,805	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	781,363	0	0	238,741	0	55.00
56.00	05600	RADIOISOTOPE	59,588	0	0	18,207	0	56.00
57.00	05700	CT SCAN	455,901	0	0	139,298	0	57.00
58.00	05800	MRI	203,344	0	0	62,131	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	177,933	0	0	54,366	0	59.00
60.00	06000	LABORATORY	2,544,214	0	0	777,371	0	60.00
60.01	03420	LAB TISSUE TYPING	56,925	0	0	17,393	0	60.01
60.02	06001	LAB OUTREACH	244,401	0	0	74,675	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	83,280	0	0	25,446	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	96,595	0	0	29,514	0	65.00
66.00	06600	PHYSICAL THERAPY	533,078	0	0	162,879	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	318,859	0	0	97,426	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	33,234	0	0	10,155	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	437,592	0	0	133,704	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	35,176	0	0	10,748	0	68.00
69.00	06900	ELECTROCARDIOLOGY	42,944	0	0	13,121	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,889	0	0	12,799	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	676,944	0	0	206,837	0	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	323,631	0	0	98,884	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	0	0	76.02
76.03	03140	CARDIAC SERVICES	278,911	0	0	85,220	0	76.03
76.04	03952	TELEMEDICINE PROGRAM	62,307	0	0	19,038	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	0	0	76.05
76.06	03954	SICKLE CELL	0	0	0	0	0	76.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
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To 06/30/2021Worksheet B
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12/2/2021 2:42 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
76.07	03955	HEART CENTER-ROOSEVELT RD	72,682	0	0	22,208	0	76.07
76.08	03956	UIH UROLOGY CLINIC	117,235	0	0	35,820	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,109,513	0	0	1,561,183	0	90.00
91.00	09100	EMERGENCY	785,857	0	0	240,114	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	775,981	0	0	237,097	0	93.01
93.02	04952	OCC PSYCH	1,678,629	0	0	512,896	0	93.02
93.03	04951	OCC ADOLESCENTS	530,969	0	0	162,235	0	93.03
93.04	04953	LION'S EYE INST.	117,013	0	0	35,753	0	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	0	0	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	116,236	0	0	35,515	0	105.00
107.00	10700	LIVER ACQUISITION	18,143	0	0	5,543	0	107.00
109.00	10900	PANCREAS ACQUISITION	2,219	0	0	678	0	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	148,028	0	0	45,229	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,884,996	0	0	10,199,484	13,083,507	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,051	0	0	14,071	0	190.00
191.00	19100	RESEARCH	157,293	0	0	48,060	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	0	0	0	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0	0	0	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	34,088,340	0	0	10,261,615	13,083,507	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00500	MEDICAL CENTER ALL OTHER ADMIN & GE					5.01
5.02	00501	HOSPITAL ADMIN & GENERAL					5.02
5.03	00502	AMBULATORY ADMIN & GENERAL					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	5,472,606				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	122,921	0	20,334,979		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,714	0	0	17,569,746	14.00
15.00	01500	PHARMACY	51,404	0	0	96,164	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,034	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	111,937	0	942	0	17.00
17.01	01701	PALLATIVE CARE	13,930	0	26,925	0	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	74,418	0	67,044	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	589,044	0	135	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,955	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	9,298	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,021,702	0	7,240,096	312,217	30.00
31.00	03100	INTENSIVE CARE UNIT	281,450	0	1,993,689	137,735	31.00
31.01	02080	PEDS ICU	40,264	0	226,308	18,539	31.01
31.02	02060	NEONATAL ICU	164,064	0	1,022,222	6,046	31.02
32.00	03200	CORONARY CARE UNIT	159,202	0	1,122,384	156,733	32.00
40.00	04000	SUBPROVIDER - IPF	162,048	0	955,177	9,157	40.00
43.00	04300	NURSERY	17,270	0	114,567	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	278,108	0	1,436,334	5,017,703	50.00
51.00	05100	RECOVERY ROOM	77,771	0	474,021	35,412	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	173,225	0	1,117,807	103,492	52.00
53.00	05300	ANESTHESIOLOGY	62,668	0	123,587	252,740	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,543	0	22,348	20,313	54.00
54.01	03630	RADIO ULTRASOUND	19,309	0	14,136	6,009	54.01
54.02	03650	RADIO ANGIOGRAPHY	39,456	0	60,986	517,872	54.02
54.03	05401	RADIO WEST HARRISON	8,768	0	7,404	10,927	54.03
54.04	05402	RADIO MILE SQUARE	8,196	0	2,423	917	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	27,975	0	54,389	8,572	55.00
56.00	05600	RADIOISOTOPE	8,595	0	3,770	938	56.00
57.00	05700	CT SCAN	40,915	0	82,122	40,803	57.00
58.00	05800	MRI	40,104	0	42,811	22,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,953	0	43,484	314,787	59.00
60.00	06000	LABORATORY	198,619	0	0	305,624	60.00
60.01	03420	LAB TISSUE TYPING	5,684	0	0	8	60.01
60.02	06001	LAB OUTREACH	52,214	0	0	118	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	38	0	0	257,345	63.00
64.00	06400	INTRAVENOUS THERAPY	6,141	0	31,637	14,024	64.00
65.00	06500	RESPIRATORY THERAPY	66,324	0	12,790	42,946	65.00
66.00	06600	PHYSICAL THERAPY	42,379	0	0	2,206	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	1,807	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	10,675	0	0	349	66.02
66.03	06603	PHYSICAL THERAPY-OCC	43,518	0	0	1,209	66.03
67.00	06700	OCCUPATIONAL THERAPY	36,690	0	0	641	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	7,267	0	0	938	67.01
68.00	06800	SPEECH PATHOLOGY	13,879	0	0	5,488	68.00
69.00	06900	ELECTROCARDIOLOGY	4,303	0	0	257	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,273	0	0	19,035	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,700,593	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	62,477	0	171,784	24,916	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	44,666	0	225,635	219,571	76.01
76.02	03951	BONE MARROW TRANSPLANT	14,347	0	43,888	326	76.02
76.03	03140	CARDIAC SERVICES	48,424	0	112,144	282,061	76.03
76.04	03952	TELEMEDCINE PROGRAM	1,856	0	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	8,811	0	13,463	381	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
76.06	03954	SICKLE CELL	21,092	0	140,416	2,717	7,710	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	344	0	0	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC	4,484	0	26,791	8,666	2,288	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,315	0	8,212	51	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	484,857	0	1,517,379	264,146	4,274,953	90.00
91.00	09100	EMERGENCY	195,049	0	1,201,814	170,766	18,285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	41,635	0	18,848	14,094	33,087	93.01
93.02	04952	OCC PSYCH	19,803	0	13,463	797	3,045	93.02
93.03	04951	OCC ADOLESCENTS	45,907	0	181,746	77,482	61,708	93.03
93.04	04953	LION'S EYE INST.	8,935	0	135	4,300	462,589	93.04
93.05	04955	COVID CLINIC(S)	4,134	0	17,636	8,227	409	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	50,235	0	181,881	269	107	105.00
107.00	10700	LIVER ACQUISITION	7,069	0	18,982	0	58	107.00
109.00	10900	PANCREAS ACQUISITION	1,410	0	6,058	0	0	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	1,482	0	4,039	48,365	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		5,415,384	0	20,203,852	17,567,252	16,727,508	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	13,430	0	13,463	123	51	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36,101	0	92,623	19	0	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	5,989	0	18,175	2,166	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	1,702	0	6,866	186	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	1,447,696	194.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers		0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)		5,472,606	0	20,334,979	17,569,746	18,175,255	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLIATIVE CARE	OTHER GENERAL SERVICE UTILMGMT / DSCH PLANNING	NONPHYSICIAN ANESTHETISTS	
			16.00	17.00	17.01	18.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	AMBULATORY ADMIN & GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,836,974					16.00
17.00	01700	SOCIAL SERVICE	0	17,914,878				17.00
17.01	01701	PALLIATIVE CARE	0	0	1,504,067			17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	0	0	10,814,559		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	776,262	7,447,526	914,712	6,576,966	0	30.00
31.00	03100	INTENSIVE CARE UNIT	262,108	205,044	191,710	1,378,436	0	31.00
31.01	02080	PEDS ICU	8,137	400,462	7,420	53,353	0	31.01
31.02	02060	NEONATAL ICU	146,658	430,304	102,894	739,832	0	31.02
32.00	03200	CORONARY CARE UNIT	130,888	192,048	84,885	610,342	0	32.00
40.00	04000	SUBPROVIDER - IPF	113,311	901,038	167,898	1,207,225	0	40.00
43.00	04300	NURSERY	11,040	0	34,548	248,405	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	711,332	100,115	0	0	0	50.00
51.00	05100	RECOVERY ROOM	65,868	115,518	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	133,019	300,346	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	318,113	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	140,146	0	0	0	0	54.00
54.01	03630	RADIO ULTRASOUND	60,221	0	0	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	223,394	0	0	0	0	54.02
54.03	05401	RADIO WEST HARRISON	46,578	0	0	0	0	54.03
54.04	05402	RADIO MILE SQUARE	15,358	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	83,426	160,281	0	0	0	55.00
56.00	05600	RADIOISOTOPE	23,907	0	0	0	0	56.00
57.00	05700	CT SCAN	428,716	0	0	0	0	57.00
58.00	05800	MRI	262,308	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	101,517	0	0	0	0	59.00
60.00	06000	LABORATORY	1,519,926	0	0	0	0	60.00
60.01	03420	LAB TISSUE TYPING	29,392	0	0	0	0	60.01
60.02	06001	LAB OUTREACH	501,462	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	164,249	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,569	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	203,846	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	34,262	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	462	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	11,569	0	0	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	35,286	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	28,126	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	6,941	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	11,681	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,504	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,762	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	603,017	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,166,673	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	125,199	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	118,060	0	0	0	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	6,162	55,352	0	0	0	76.02
76.03	03140	CARDIAC SERVICES	98,665	0	0	0	0	76.03
76.04	03952	TELEMEDCINE PROGRAM	5,452	0	0	0	0	76.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLIATIVE CARE	OTHER GENERAL SERVICE UTILMGMT / DSCH PLANNING	NONPHYSICIAN ANESTHETISTS	
			16.00	17.00	17.01	18.00	19.00	
76.05	03953	SLEEP LAB WEST HARRISON	13,616	0	0	0	0	76.05
76.06	03954	SICKLE CELL	5,953	0	0	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	1,465	0	0	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC	12,550	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	758	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	371,035	3,864,550	0	0	0	90.00
91.00	09100	EMERGENCY	335,656	314,305	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	82,824	750,865	0	0	0	93.01
93.02	04952	OCC PSYCH	15,193	0	0	0	0	93.02
93.03	04951	OCC ADOLESCENTS	59,701	0	0	0	0	93.03
93.04	04953	LION'S EYE INST.	24,665	0	0	0	0	93.04
93.05	04955	COVID CLINIC(S)	14	0	0	0	0	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	89,873	553,523	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	27,147	92,414	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	12,596	78,456	0	0	0	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	356	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,836,974	15,962,147	1,504,067	10,814,559	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,952,731	0	0	0	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	0	0	0	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0	0	0	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,836,974	17,914,878	1,504,067	10,814,559	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			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	MEDICAL CENTER ALL OTHER ADMIN & GE						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	AMBULATORY ADMIN & GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	PALLATIVE CARE						17.01
18.00	01850	UTILMGMT / DSCH PLANNING						18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	85,190,132					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		27,358,886				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			3,291,393			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,190,534	2,158,920	2,001,687	197,610,191	-10,349,454	30.00
31.00	03100	INTENSIVE CARE UNIT	1,303,624	728,968	419,525	51,859,901	-2,032,592	31.00
31.01	02080	PEDS ICU	737,577	22,631	16,238	8,046,041	-760,208	31.01
31.02	02060	NEONATAL ICU	2,444,296	407,881	225,167	31,047,169	-2,852,177	31.02
32.00	03200	CORONARY CARE UNIT	1,157,824	364,022	185,757	29,995,756	-1,521,846	32.00
40.00	04000	SUBPROVIDER - IPF	1,123,518	315,138	367,417	31,496,659	-1,438,656	40.00
43.00	04300	NURSERY	188,682	30,703	75,602	3,571,987	-219,385	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,106,536	1,978,339	0	78,511,661	-13,084,875	50.00
51.00	05100	RECOVERY ROOM	0	183,190	0	12,699,960	-183,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,526,613	369,949	0	28,938,454	-1,896,562	52.00
53.00	05300	ANESTHESIOLOGY	2,452,872	884,728	0	11,494,788	-3,337,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	389,770	0	19,157,068	-389,770	54.00
54.01	03630	RADIO ULTRASOUND	317,330	167,484	0	4,170,847	-484,814	54.01
54.02	03650	RADIO ANGIOGRAPHY	2,547,213	621,297	0	10,799,863	-3,168,510	54.02
54.03	05401	RADIO WEST HARRISON	0	129,543	0	2,779,944	-129,543	54.03
54.04	05402	RADIO MILE SQUARE	0	42,712	0	1,732,607	-42,712	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	3,138,990	232,023	0	13,325,725	-3,371,013	55.00
56.00	05600	RADIOISOTOPE	343,059	66,490	0	2,345,273	-409,549	56.00
57.00	05700	CT SCAN	1,483,730	1,192,335	0	10,414,307	-2,676,065	57.00
58.00	05800	MRI	1,449,424	729,525	0	9,150,690	-2,178,949	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,121,837	282,335	0	6,501,533	-3,404,172	59.00
60.00	06000	LABORATORY	10,283,194	4,227,730	0	67,407,861	-14,510,924	60.00
60.01	03420	LAB TISSUE TYPING	0	81,744	0	2,840,993	-81,744	60.01
60.02	06001	LAB OUTREACH	0	1,394,653	0	14,752,247	-1,394,653	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,075,507	456,804	0	9,897,674	-2,532,311	63.00
64.00	06400	INTRAVENOUS THERAPY	0	23,831	0	981,163	-23,831	64.00
65.00	06500	RESPIRATORY THERAPY	2,247,037	566,931	0	14,070,969	-2,813,968	65.00
66.00	06600	PHYSICAL THERAPY	471,706	95,288	0	7,743,045	-566,994	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	1,284	0	965,341	-1,284	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	32,175	0	1,821,731	-32,175	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	98,138	0	6,907,625	-98,138	66.03
67.00	06700	OCCUPATIONAL THERAPY	248,718	78,222	0	6,297,730	-326,940	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	19,304	0	1,144,209	-19,304	67.01
68.00	06800	SPEECH PATHOLOGY	240,141	32,486	0	2,360,402	-272,627	68.00
69.00	06900	ELECTROCARDIOLOGY	703,271	68,150	0	1,516,692	-771,421	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	49,399	0	2,502,388	-49,399	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,976,037	1,677,097	0	120,255,926	-4,653,134	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,593,714	3,244,722	0	136,526,673	-16,838,436	73.00
74.00	07400	RENAL DIALYSIS	1,449,424	348,200	0	14,728,508	-1,897,089	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	328,345	0	9,472,889	-328,345	76.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00		24.00	25.00	
76.02	03951	BONE MARROW TRANSPLANT	0	17,139	0	2,846,768	-17,139	76.02
76.03	03140	CARDIAC SERVICES	0	274,405	0	9,085,053	-274,405	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	15,164	0	3,046,370	-15,164	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	37,867	0	2,165,012	-37,867	76.05
76.06	03954	SICKLE CELL	0	16,556	0	2,928,176	-16,556	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	4,073	0	186,797	-4,073	76.07
76.08	03956	UIH UROLOGY CLINIC	0	34,905	0	1,084,670	-34,905	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,107	0	198,747	-2,107	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,392,837	1,031,913	0	100,227,202	-3,424,750	90.00
91.00	09100	EMERGENCY	2,495,754	933,518	0	37,082,653	-3,429,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	497,436	230,349	0	10,016,328	-727,785	93.01
93.02	04952	OCC PSYCH	643,236	42,255	0	6,404,234	-685,491	93.02
93.03	04951	OCC ADOLESCENTS	883,377	166,040	0	8,846,196	-1,049,417	93.03
93.04	04953	LION'S EYE INST.	0	68,597	0	2,151,584	-68,597	93.04
93.05	04955	COVID CLINIC(S)	0	40	0	3,990,676	-40	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	411,671	249,952	0	18,660,118	-661,623	105.00
107.00	10700	LIVER ACQUISITION	377,365	75,500	0	5,429,393	-452,865	107.00
109.00	10900	PANCREAS ACQUISITION	0	35,031	0	2,324,958	-35,031	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	85,765	989	0	154,711	-86,754	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	84,709,849	27,358,886	3,291,393	1,204,674,136	-112,168,200	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	74,576	0	190.00
191.00	19100	RESEARCH	0	0	0	2,320,321	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	480,283	0	0	9,445,876	-480,283	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	0	0	1,812,772	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0	0	417,211	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	37,251,986	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	85,190,132	27,358,886	3,291,393	1,255,996,878	-112,648,483	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part I Date/Time Prepared: 12/2/2021 2:42 pm
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Cost Center Description		Total	
		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 MEDICAL CENTER ALL OTHER ADMIN & GE		5.01
5.02	00591 HOSPITAL ADMIN & GENERAL		5.02
5.03	00592 AMBULATORY ADMIN & GENERAL		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
17.01	01701 PALLIATIVE CARE		17.01
18.00	01850 UTILMGMT / DSCH PLANNING		18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	187,260,737	30.00
31.00	03100 INTENSIVE CARE UNIT	49,827,309	31.00
31.01	02080 PEDS ICU	7,285,833	31.01
31.02	02060 NEONATAL ICU	28,194,992	31.02
32.00	03200 CORONARY CARE UNIT	28,473,910	32.00
40.00	04000 SUBPROVIDER - IPF	30,058,003	40.00
43.00	04300 NURSERY	3,352,602	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	65,426,786	50.00
51.00	05100 RECOVERY ROOM	12,516,770	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	27,041,892	52.00
53.00	05300 ANESTHESIOLOGY	8,157,188	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,767,298	54.00
54.01	03630 RADIO ULTRASOUND	3,686,033	54.01
54.02	03650 RADIO ANGIOGRAPHY	7,631,353	54.02
54.03	05401 RADIO WEST HARRISON	2,650,401	54.03
54.04	05402 RADIO MILE SQUARE	1,689,895	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	9,954,712	55.00
56.00	05600 RADIOISOTOPE	1,935,724	56.00
57.00	05700 CT SCAN	7,738,242	57.00
58.00	05800 MRI	6,971,741	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,097,361	59.00
60.00	06000 LABORATORY	52,896,937	60.00
60.01	03420 LAB TISSUE TYPING	2,759,249	60.01
60.02	06001 LAB OUTREACH	13,357,594	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,365,363	63.00
64.00	06400 INTRAVENOUS THERAPY	957,332	64.00
65.00	06500 RESPIRATORY THERAPY	11,257,001	65.00
66.00	06600 PHYSICAL THERAPY	7,176,051	66.00
66.01	06601 PHYSICAL THERAPY-ROOSEVELT RD	964,057	66.01
66.02	06602 PHYSICAL THERAPY MAXWELL ST	1,789,556	66.02
66.03	06603 PHYSICAL THERAPY-OCC	6,809,487	66.03
67.00	06700 OCCUPATIONAL THERAPY	5,970,790	67.00
67.01	06701 OCCUPATIONAL THERAPY-OCC	1,124,905	67.01
68.00	06800 SPEECH PATHOLOGY	2,087,775	68.00
69.00	06900 ELECTROCARDIOLOGY	745,271	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,452,989	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	115,602,792	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	119,688,237	73.00
74.00	07400 RENAL DIALYSIS	12,831,419	74.00
76.00	03950 OTHER ANCILLARY SVC	0	76.00
76.01	03340 GASTROENTEROLOGY	9,144,544	76.01
76.02	03951 BONE MARROW TRANSPLANT	2,829,629	76.02
76.03	03140 CARDIAC SERVICES	8,810,648	76.03
76.04	03952 TELEMEDCINE PROGRAM	3,031,206	76.04
76.05	03953 SLEEP LAB WEST HARRISON	2,127,145	76.05
76.06	03954 SICKLE CELL	2,911,620	76.06
76.07	03955 HEART CENTER-ROOSEVELT RD	182,724	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			Total	
			26.00	
76.08	03956	UIH UROLOGY CLINIC	1,049,765	76.08
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	196,640	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	96,802,452	90.00
91.00	09100	EMERGENCY	33,653,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	93.00
93.01	04950	EYE EAR INFIRMARY	9,288,543	93.01
93.02	04952	OCC PSYCH	5,718,743	93.02
93.03	04951	OCC ADOLESCENTS	7,796,779	93.03
93.04	04953	LION'S EYE INST.	2,082,987	93.04
93.05	04955	COVID CLINIC(S)	3,990,636	93.05
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	17,998,495	105.00
107.00	10700	LIVER ACQUISITION	4,976,528	107.00
109.00	10900	PANCREAS ACQUISITION	2,289,927	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	67,957	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,092,505,936	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,576	190.00
191.00	19100	RESEARCH	2,320,321	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,965,593	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	1,812,772	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	417,211	192.02
194.00	07950	OUTPATIENT PHARMACY	37,251,986	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,143,348,395	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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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	
	GENERAL SERVICE COST CENTERS	0	1.00	2.00	2A	4.00	
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	184,824	5,375	190,199	190,199	4.00
5.01	00590 MEDICAL CENTER ALL OTHER ADMIN & GE	0	836,431	3,257,981	4,094,412	21,082	5.01
5.02	00591 HOSPITAL ADMIN & GENERAL	0	165,588	77,319	242,907	4,433	5.02
5.03	00592 AMBULATORY ADMIN & GENERAL	0	177,743	53,829	231,572	2,992	5.03
6.00	00600 MAINTENANCE & REPAIRS	0	197,052	84,908	281,960	439	6.00
7.00	00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	133,098	12,120	145,218	294	9.00
10.00	01000 DIETARY	0	297,191	16,213	313,404	1,824	10.00
11.00	01100 CAFETERIA	0	0	0	0	21	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	67,502	919,109	986,611	3,576	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	263,411	121,554	384,965	1,533	14.00
15.00	01500 PHARMACY	0	141,279	1,020,772	1,162,051	1,495	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	128,626	21,352	149,978	1,601	16.00
17.00	01700 SOCIAL SERVICE	0	48,574	29,990	78,564	3,256	17.00
17.01	01701 PALLIATIVE CARE	0	0	0	0	405	17.01
18.00	01850 UTILMGMT / DSCH PLANNING	0	0	0	0	2,165	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	59,731	0	59,731	17,135	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	22,022	0	22,022	377	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	270	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	0	1,265,298	361,359	1,626,657	29,643	30.00
31.00	03100 INTENSIVE CARE UNIT	0	183,006	262,359	445,365	8,187	31.00
31.01	02080 PEDS ICU	0	67,180	19,059	86,239	1,171	31.01
31.02	02060 NEONATAL ICU	0	121,589	307,061	428,650	4,772	31.02
32.00	03200 CORONARY CARE UNIT	0	109,684	142,833	252,517	4,631	32.00
40.00	04000 SUBPROVIDER - IPF	0	243,500	11,503	255,003	4,714	40.00
43.00	04300 NURSERY	0	24,118	0	24,118	502	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	432,034	3,633,325	4,065,359	8,090	50.00
51.00	05100 RECOVERY ROOM	0	10,366	11,649	22,015	2,262	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	235,348	211,161	446,509	5,039	52.00
53.00	05300 ANESTHESIOLOGY	0	69,159	516,784	585,943	1,823	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	267,912	922,822	1,190,734	3,012	54.00
54.01	03630 RADIO ULTRASOUND	0	46,521	282,133	328,654	562	54.01
54.02	03650 RADIO ANGIOGRAPHY	0	78,674	40,266	118,940	1,148	54.02
54.03	05401 RADIO WEST HARRISON	0	116,926	5,691	122,617	255	54.03
54.04	05402 RADIO MILE SQUARE	0	39,616	57,911	97,527	238	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	206,480	119,240	325,720	814	55.00
56.00	05600 RADIOISOTOPE	0	15,747	0	15,747	250	56.00
57.00	05700 CT SCAN	0	120,475	4,405	124,880	1,190	57.00
58.00	05800 MRI	0	53,735	98,252	151,987	1,167	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	47,020	37,041	84,061	435	59.00
60.00	06000 LABORATORY	0	672,324	823,727	1,496,051	5,778	60.00
60.01	03420 LAB TISSUE TYPING	0	15,043	25,417	40,460	165	60.01
60.02	06001 LAB OUTREACH	0	64,584	0	64,584	1,519	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	22,007	0	22,007	1	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	5,858	5,858	179	64.00
65.00	06500 RESPIRATORY THERAPY	0	25,526	442,040	467,566	1,929	65.00
66.00	06600 PHYSICAL THERAPY	0	140,869	22,154	163,023	1,233	66.00
66.01	06601 PHYSICAL THERAPY-ROOSEVELT RD	0	84,260	0	84,260	53	66.01
66.02	06602 PHYSICAL THERAPY MAXWELL ST	0	0	5,864	5,864	311	66.02
66.03	06603 PHYSICAL THERAPY-OCC	0	8,782	5,243	14,025	1,266	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	115,636	0	115,636	1,067	67.00
67.01	06701 OCCUPATIONAL THERAPY-OCC	0	0	0	0	211	67.01
68.00	06800 SPEECH PATHOLOGY	0	9,295	0	9,295	404	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,348	15,173	26,521	125	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	11,070	232,623	243,693	415	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	178,887	164,749	343,636	1,817	74.00
76.00	03950 OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340 GASTROENTEROLOGY	0	85,521	956,310	1,041,831	1,299	76.01
76.02	03951 BONE MARROW TRANSPLANT	0	0	155,596	155,596	417	76.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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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	
76.03	03140	CARDIAC SERVICES	0	73,704	754,210	827,914	1,409	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	16,465	0	16,465	54	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	4,532	4,532	256	76.05
76.06	03954	SICKLE CELL	0	0	6,692	6,692	614	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	19,207	3,856	23,063	10	76.07
76.08	03956	UIH UROLOGY CLINIC	0	30,980	0	30,980	130	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	38	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,350,223	881,531	2,231,754	14,104	90.00
91.00	09100	EMERGENCY	0	207,667	146,135	353,802	5,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0	205,058	73,342	278,400	1,211	93.01
93.02	04952	OCC PSYCH	0	443,588	6,347	449,935	576	93.02
93.03	04951	OCC ADOLESCENTS	0	140,312	10,462	150,774	1,335	93.03
93.04	04953	LION'S EYE INST.	0	30,921	0	30,921	260	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	0	120	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	30,716	0	30,716	1,461	105.00
107.00	10700	LIVER ACQUISITION	0	4,794	0	4,794	206	107.00
109.00	10900	PANCREAS ACQUISITION	0	586	0	586	41	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	39,117	0	39,117	43	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,515,950	17,407,237	27,923,187	188,534	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,169	0	12,169	0	190.00
191.00	19100	RESEARCH	0	41,566	0	41,566	391	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,611	2,611	1,050	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	0	13,516	13,516	174	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0	30,013	30,013	50	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
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	10,569,685	17,453,377	28,023,062	190,199	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description		MEDICAL CENTER ALL OTHER ADMIN & GE	HOSPITAL ADMIN & GENERAL	AMBULATORY ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.02	5.03	6.00	7.00	
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	MEDICAL CENTER ALL OTHER ADMIN & GE	4,115,494				5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	78,873	326,213			5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	107,886	9,582	352,032		5.03
6.00	00600	MAINTENANCE & REPAIRS	109,345	9,711	0	401,455	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	31,301	2,780	0	5,932	9.00
10.00	01000	DIETARY	37,258	3,309	0	13,245	10.00
11.00	01100	CAFETERIA	333	30	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	63,764	5,663	0	3,008	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52,015	4,620	0	11,739	14.00
15.00	01500	PHARMACY	55,588	4,937	0	6,296	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,339	2,606	0	5,732	16.00
17.00	01700	SOCIAL SERVICE	56,334	5,003	0	2,165	17.00
17.01	01701	PALLATIVE CARE	4,692	417	0	0	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	34,236	3,041	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	270,428	24,018	0	2,662	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	87,369	7,760	0	981	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	10,528	935	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	479,067	42,104	0	56,390	30.00
31.00	03100	INTENSIVE CARE UNIT	137,783	12,237	0	8,156	31.00
31.01	02080	PEDS ICU	19,535	1,735	0	2,994	31.01
31.02	02060	NEONATAL ICU	79,406	7,052	0	5,419	31.02
32.00	03200	CORONARY CARE UNIT	79,714	7,080	0	4,888	32.00
40.00	04000	SUBPROVIDER - IPF	77,103	6,848	0	10,852	40.00
43.00	04300	NURSERY	8,763	778	0	1,075	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	178,781	15,878	0	19,254	50.00
51.00	05100	RECOVERY ROOM	37,503	3,331	0	462	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,127	6,850	0	10,489	52.00
53.00	05300	ANESTHESIOLOGY	22,563	2,004	0	3,082	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,025	4,887	0	11,940	54.00
54.01	03630	RADIO ULTRASOUND	10,756	955	0	2,073	54.01
54.02	03650	RADIO ANGIOGRAPHY	20,442	1,816	0	3,506	54.02
54.03	05401	RADIO WEST HARRISON	6,396	568	0	5,211	54.03
54.04	05402	RADIO MILE SQUARE	4,707	418	0	1,766	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	27,585	2,450	0	9,202	55.00
56.00	05600	RADIOISOTOPE	5,804	516	0	702	56.00
57.00	05700	CT SCAN	20,961	1,862	0	5,369	57.00
58.00	05800	MRI	20,238	1,797	0	2,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,639	678	0	2,095	59.00
60.00	06000	LABORATORY	152,530	13,547	0	29,963	60.00
60.01	03420	LAB TISSUE TYPING	8,500	755	0	670	60.01
60.02	06001	LAB OUTREACH	40,047	3,557	0	2,878	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,925	1,947	0	981	63.00
64.00	06400	INTRAVENOUS THERAPY	2,876	255	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,643	3,077	0	1,138	65.00
66.00	06600	PHYSICAL THERAPY	20,533	1,824	0	6,278	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	1,627	0	513	3,755	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	5,269	0	1,661	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	19,939	0	6,286	391	66.03
67.00	06700	OCCUPATIONAL THERAPY	17,110	1,520	0	5,153	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	3,309	0	1,043	0	67.01
68.00	06800	SPEECH PATHOLOGY	6,450	573	0	414	68.00
69.00	06900	ELECTROCARDIOLOGY	2,118	188	0	506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,529	669	0	493	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	310,340	27,563	99,941	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	315,304	28,004	101,617	0	73.00
74.00	07400	RENAL DIALYSIS	37,371	3,319	0	7,972	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	26,015	2,311	0	3,811	76.01
76.02	03951	BONE MARROW TRANSPLANT	8,691	772	0	0	76.02
76.03	03140	CARDIAC SERVICES	25,356	2,252	0	3,285	76.03
76.04	03952	TELEMEDCINE PROGRAM	5,656	0	1,783	734	76.04
76.05	03953	SLEEP LAB WEST HARRISON	6,707	596	0	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			MEDICAL CENTER ALL OTHER ADMIN & GE	HOSPITAL ADMIN & GENERAL	AMBULATORY ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.01	5.02	5.03	6.00	7.00	
76.06	03954	SICKLE CELL	8,769	779	0	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	257	0	81	856	0	76.07
76.08	03956	UIH UROLOGY CLINIC	2,511	0	792	1,381	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	598	53	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	236,644	0	74,609	60,176	0	90.00
91.00	09100	EMERGENCY	97,487	8,658	0	9,255	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	21,871	0	6,895	9,139	0	93.01
93.02	04952	OCC PSYCH	10,363	0	3,267	19,769	0	93.02
93.03	04951	OCC ADOLESCENTS	19,912	0	6,278	6,253	0	93.03
93.04	04953	LION'S EYE INST.	4,263	0	1,344	1,378	0	93.04
93.05	04955	COVID CLINIC(S)	11,562	1,027	3,723	0	0	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	54,437	4,835	0	1,369	0	105.00
107.00	10700	LIVER ACQUISITION	15,420	1,370	0	214	0	107.00
109.00	10900	PANCREAS ACQUISITION	7,020	623	0	26	0	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	1,743	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,977,146	316,330	309,833	399,061	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46	4	0	542	0	190.00
191.00	19100	RESEARCH	6,697	595	0	1,852	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	20,529	0	6,472	0	0	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	5,327	0	1,680	0	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	1,218	0	384	0	0	192.02
194.00	07950	OUTPATIENT PHARMACY	104,531	9,284	33,663	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,115,494	326,213	352,032	401,455	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		8.00	9.00	10.00	11.00	12.00	
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	MEDICAL CENTER ALL OTHER ADMIN & GE					5.01
5.02	00591	HOSPITAL ADMIN & GENERAL					5.02
5.03	00592	AMBULATORY ADMIN & GENERAL					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0				8.00
9.00	00900	HOUSEKEEPING	0	185,525			9.00
10.00	01000	DIETARY	0	6,213	375,253		10.00
11.00	01100	CAFETERIA	0	0	153,983	154,367	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,411	0	3,466	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,506	0	1,486	14.00
15.00	01500	PHARMACY	0	2,953	0	1,449	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,689	0	1,552	16.00
17.00	01700	SOCIAL SERVICE	0	1,015	0	3,156	17.00
17.01	01701	PALLATIVE CARE	0	0	0	393	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	0	0	2,098	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,249	0	16,610	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	460	0	365	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	262	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	26,450	149,135	28,864	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,826	30,601	7,936	31.00
31.01	02080	PEDS ICU	0	1,404	2,610	1,135	31.01
31.02	02060	NEONATAL ICU	0	2,542	0	4,626	31.02
32.00	03200	CORONARY CARE UNIT	0	2,293	12,124	4,489	32.00
40.00	04000	SUBPROVIDER - IPF	0	5,090	26,800	4,569	40.00
43.00	04300	NURSERY	0	504	0	487	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,031	0	7,842	50.00
51.00	05100	RECOVERY ROOM	0	217	0	2,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,920	0	4,885	52.00
53.00	05300	ANESTHESIOLOGY	0	1,446	0	1,767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,601	0	2,920	54.00
54.01	03630	RADIO ULTRASOUND	0	972	0	544	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	1,645	0	1,113	54.02
54.03	05401	RADIO WEST HARRISON	0	2,444	0	247	54.03
54.04	05402	RADIO MILE SQUARE	0	828	0	231	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,316	0	789	55.00
56.00	05600	RADIOISOTOPE	0	329	0	242	56.00
57.00	05700	CT SCAN	0	2,518	0	1,154	57.00
58.00	05800	MRI	0	1,123	0	1,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	983	0	422	59.00
60.00	06000	LABORATORY	0	14,054	0	5,601	60.00
60.01	03420	LAB TISSUE TYPING	0	314	0	160	60.01
60.02	06001	LAB OUTREACH	0	1,350	0	1,472	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	460	0	1	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	173	64.00
65.00	06500	RESPIRATORY THERAPY	0	534	0	1,870	65.00
66.00	06600	PHYSICAL THERAPY	0	2,945	0	1,195	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	1,761	0	51	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	301	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	184	0	1,227	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	2,417	0	1,035	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	205	67.01
68.00	06800	SPEECH PATHOLOGY	0	194	0	391	68.00
69.00	06900	ELECTROCARDIOLOGY	0	237	0	121	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	231	0	402	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,740	0	1,762	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	1,788	0	1,259	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	405	76.02
76.03	03140	CARDIAC SERVICES	0	1,541	0	1,365	76.03
76.04	03952	TELEMEDICINE PROGRAM	0	344	0	52	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	248	76.05
76.06	03954	SICKLE CELL	0	0	0	595	76.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
76.07	03955	HEART CENTER-ROOSEVELT RD	0	402	0	10	0	76.07
76.08	03956	UIH UROLOGY CLINIC	0	648	0	126	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	37	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	28,228	0	13,672	0	90.00
91.00	09100	EMERGENCY	0	4,341	0	5,500	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0	4,287	0	1,174	0	93.01
93.02	04952	OCC PSYCH	0	9,273	0	558	0	93.02
93.03	04951	OCC ADOLESCENTS	0	2,933	0	1,295	0	93.03
93.04	04953	LION'S EYE INST.	0	646	0	252	0	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	117	0	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	642	0	1,417	0	105.00
107.00	10700	LIVER ACQUISITION	0	100	0	199	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	12	0	40	0	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	818	0	42	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	184,402	375,253	152,753	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	254	0	0	0	190.00
191.00	19100	RESEARCH	0	869	0	379	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,018	0	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	0	0	169	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0	0	48	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	185,525	375,253	154,367	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
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To 06/30/2021Worksheet B
Part II
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	AMBULATORY ADMIN & GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,067,499					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	461,864				14.00
15.00	01500	PHARMACY	0	2,528	1,237,297			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	193,497		16.00
17.00	01700	SOCIAL SERVICE	49	0	0	0	149,542	17.00
17.01	01701	PALLATIVE CARE	1,413	0	25	0	0	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	3,520	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	380,077	8,207	4,239	15,358	62,167	30.00
31.00	03100	INTENSIVE CARE UNIT	104,660	3,621	2,223	5,186	1,712	31.00
31.01	02080	PEDS ICU	11,880	487	139	161	3,343	31.01
31.02	02060	NEONATAL ICU	53,662	159	152	2,902	3,592	31.02
32.00	03200	CORONARY CARE UNIT	58,920	4,120	1,113	2,590	1,603	32.00
40.00	04000	SUBPROVIDER - IPF	50,143	241	26	2,242	7,521	40.00
43.00	04300	NURSERY	6,014	0	0	218	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,401	131,900	930	14,073	836	50.00
51.00	05100	RECOVERY ROOM	24,884	931	365	1,303	964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,680	2,720	471	2,632	2,507	52.00
53.00	05300	ANESTHESIOLOGY	6,488	6,644	1,662	6,294	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,173	534	229	2,773	0	54.00
54.01	03630	RADIO ULTRASOUND	742	158	235	1,191	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	3,202	13,613	1,915	4,420	0	54.02
54.03	05401	RADIO WEST HARRISON	389	287	340	922	0	54.03
54.04	05402	RADIO MILE SQUARE	127	24	0	304	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	2,855	225	31	1,651	1,338	55.00
56.00	05600	RADIOISOTOPE	198	25	766	473	0	56.00
57.00	05700	CT SCAN	4,311	1,073	1,080	8,482	0	57.00
58.00	05800	MRI	2,247	585	2,015	5,190	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,283	8,275	613	2,008	0	59.00
60.00	06000	LABORATORY	0	8,034	3	28,947	0	60.00
60.01	03420	LAB TISSUE TYPING	0	0	0	581	0	60.01
60.02	06001	LAB OUTREACH	0	3	0	9,921	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,765	0	3,250	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,661	369	27	170	0	64.00
65.00	06500	RESPIRATORY THERAPY	671	1,129	336	4,033	0	65.00
66.00	06600	PHYSICAL THERAPY	0	58	0	678	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	9	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	9	0	229	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	32	0	698	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	17	0	556	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	25	0	137	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	144	0	231	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7	0	485	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	500	1	351	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	228,721	0	11,930	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	716,340	23,082	0	73.00
74.00	07400	RENAL DIALYSIS	9,018	655	839	2,477	0	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	11,845	5,772	262	2,336	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	2,304	9	14	122	462	76.02
76.03	03140	CARDIAC SERVICES	5,887	7,415	41	1,952	0	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	0	71,194	108	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	707	10	0	269	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
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Part II
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.06	03954	SICKLE CELL	7,371	71	525	118	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	29	0	76.07
76.08	03956	UIH UROLOGY CLINIC	1,406	228	156	248	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	431	1	0	15	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	79,656	6,944	291,006	7,341	32,259	90.00
91.00	09100	EMERGENCY	63,090	4,489	1,245	6,641	2,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	989	370	2,252	1,639	6,268	93.01
93.02	04952	OCC PSYCH	707	21	207	301	0	93.02
93.03	04951	OCC ADOLESCENTS	9,541	2,037	4,201	1,181	0	93.03
93.04	04953	LION'S EYE INST.	7	113	31,489	488	0	93.04
93.05	04955	COVID CLINIC(S)	926	216	28	0	0	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,548	7	7	1,778	4,620	105.00
107.00	10700	LIVER ACQUISITION	996	0	4	537	771	107.00
109.00	10900	PANCREAS ACQUISITION	318	0	0	249	655	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	212	1,271	0	7	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,060,616	461,799	1,138,746	193,497	133,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	707	3	3	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,862	0	0	0	16,300	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	954	57	0	0	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	360	5	0	0	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	98,548	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,067,499	461,864	1,237,297	193,497	149,542	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			PALLATIVE CARE	OTHER GENERAL	NONPHYSICIAN	INTERNS & RESIDENTS		
				SERVICE		SERVICES-SALAR	SERVICES-OTHER	
				UTILMGMT /				
				DSCH PLANNING	ANESTHETISTS	APPRV	APPRV	
			17.01	18.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	AMBULATORY ADMIN & GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	PALLATIVE CARE	7,345					17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	45,060				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		391,840		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			119,334	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,467	27,404				30.00
31.00	03100	INTENSIVE CARE UNIT	936	5,743				31.00
31.01	02080	PEDS ICU	36	222				31.01
31.02	02060	NEONATAL ICU	502	3,083				31.02
32.00	03200	CORONARY CARE UNIT	415	2,543				32.00
40.00	04000	SUBPROVIDER - IPF	820	5,030				40.00
43.00	04300	NURSERY	169	1,035				43.00
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
54.01	03630	RADIO ULTRASOUND	0	0				54.01
54.02	03650	RADIO ANGIOGRAPHY	0	0				54.02
54.03	05401	RADIO WEST HARRISON	0	0				54.03
54.04	05402	RADIO MILE SQUARE	0	0				54.04
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
60.01	03420	LAB TISSUE TYPING	0	0				60.01
60.02	06001	LAB OUTREACH	0	0				60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0				62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0				66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0				66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0				66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0				67.01
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
76.00	03950	OTHER ANCILLARY SVC	0	0				76.00
76.01	03340	GASTROENTEROLOGY	0	0				76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0				76.02
76.03	03140	CARDIAC SERVICES	0	0				76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
12/2/2021 2:42 pm

		Cost Center Description	PALLATIVE CARE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				UTILMGMT / DSCH PLANNING	SERVICES-SALAR Y & FRINGES APPRV		SERVICES-OTHER PRGM COSTS APPRV		
			17.01	18.00	19.00	21.00	22.00		
76.04	03952	TELEMEDCINE PROGRAM	0	0	0			76.04	
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0			76.05	
76.06	03954	SICKLE CELL	0	0	0			76.06	
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0			76.07	
76.08	03956	UIH UROLOGY CLINIC	0	0	0			76.08	
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98	
76.99	07699	LITHOTRIPSY	0	0	0			76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0				90.00	
91.00	09100	EMERGENCY	0	0				91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0				93.00	
93.01	04950	EYE EAR INFIRMARY	0	0				93.01	
93.02	04952	OCC PSYCH	0	0				93.02	
93.03	04951	OCC ADOLESCENTS	0	0				93.03	
93.04	04953	LION'S EYE INST.	0	0				93.04	
93.05	04955	COVID CLINIC(S)	0	0				93.05	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0				105.00	
107.00	10700	LIVER ACQUISITION	0	0				107.00	
109.00	10900	PANCREAS ACQUISITION	0	0				109.00	
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	0				112.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,345	45,060	0	0	0	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00	
191.00	19100	RESEARCH	0	0				191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00	
192.01	19201	PILSEN-OFFSITE CLINIC	0	0				192.01	
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0				192.02	
194.00	07950	OUTPATIENT PHARMACY	0	0				194.00	
200.00		Cross Foot Adjustments			0	391,840	119,334	200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	7,345	45,060	0	391,840	119,334	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE				5.01
5.02	00591	HOSPITAL ADMIN & GENERAL				5.02
5.03	00592	AMBULATORY ADMIN & GENERAL				5.03
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	PALLIATIVE CARE				17.01
18.00	01850	UTILMGMT / DSCH PLANNING				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	11,995			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,940,229	0	2,940,229	30.00
31.00	03100	INTENSIVE CARE UNIT	778,172	0	778,172	31.00
31.01	02080	PEDS ICU	133,091	0	133,091	31.01
31.02	02060	NEONATAL ICU	596,519	0	596,519	31.02
32.00	03200	CORONARY CARE UNIT	439,040	0	439,040	32.00
40.00	04000	SUBPROVIDER - IPF	457,002	0	457,002	40.00
43.00	04300	NURSERY	43,663	0	43,663	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,527,375	0	4,527,375	50.00
51.00	05100	RECOVERY ROOM	96,430	0	96,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	622,829	0	622,829	52.00
53.00	05300	ANESTHESIOLOGY	639,716	0	639,716	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,278,828	0	1,278,828	54.00
54.01	03630	RADIO ULTRASOUND	346,842	0	346,842	54.01
54.02	03650	RADIO ANGIOGRAPHY	171,760	0	171,760	54.02
54.03	05401	RADIO WEST HARRISON	139,676	0	139,676	54.03
54.04	05402	RADIO MILE SQUARE	106,170	0	106,170	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	376,976	0	376,976	55.00
56.00	05600	RADIOISOTOPE	25,052	0	25,052	56.00
57.00	05700	CT SCAN	172,880	0	172,880	57.00
58.00	05800	MRI	189,875	0	189,875	58.00
59.00	05900	CARDIAC CATHETERIZATION	109,492	0	109,492	59.00
60.00	06000	LABORATORY	1,754,508	0	1,754,508	60.00
60.01	03420	LAB TISSUE TYPING	51,605	0	51,605	60.01
60.02	06001	LAB OUTREACH	125,331	0	125,331	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	57,337	0	57,337	63.00
64.00	06400	INTRAVENOUS THERAPY	11,568	0	11,568	64.00
65.00	06500	RESPIRATORY THERAPY	516,926	0	516,926	65.00
66.00	06600	PHYSICAL THERAPY	197,767	0	197,767	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	92,029	0	92,029	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	13,644	0	13,644	66.02
66.03	06603	PHYSICAL THERAPY-OCC	44,048	0	44,048	66.03
67.00	06700	OCCUPATIONAL THERAPY	144,511	0	144,511	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	4,930	0	4,930	67.01
68.00	06800	SPEECH PATHOLOGY	18,096	0	18,096	68.00
69.00	06900	ELECTROCARDIOLOGY	30,308	0	30,308	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	254,284	0	254,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	678,495	0	678,495	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,184,347	0	1,184,347	73.00
74.00	07400	RENAL DIALYSIS	412,606	0	412,606	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	1,098,529	0	1,098,529	76.01
76.02	03951	BONE MARROW TRANSPLANT	168,792	0	168,792	76.02
76.03	03140	CARDIAC SERVICES	878,417	0	878,417	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
76.04	03952	TELEMEDCINE PROGRAM	96,390	0	96,390		76.04
76.05	03953	SLEEP LAB WEST HARRISON	13,325	0	13,325		76.05
76.06	03954	SICKLE CELL	25,534	0	25,534		76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	24,708	0	24,708		76.07
76.08	03956	UIH UROLOGY CLINIC	38,606	0	38,606		76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,173	0	1,173		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,076,393	0	3,076,393		90.00
91.00	09100	EMERGENCY	562,806	0	562,806		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
93.01	04950	EYE EAR INFIRMARY	334,495	0	334,495		93.01
93.02	04952	OCC PSYCH	494,977	0	494,977		93.02
93.03	04951	OCC ADOLESCENTS	205,740	0	205,740		93.03
93.04	04953	LION'S EYE INST.	71,161	0	71,161		93.04
93.05	04955	COVID CLINIC(S)	17,719	0	17,719		93.05
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	110,837	0	110,837		105.00
107.00	10700	LIVER ACQUISITION	24,611	0	24,611		107.00
109.00	10900	PANCREAS ACQUISITION	9,570	0	9,570		109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	43,253	0	43,253		112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,080,993	0	27,080,993	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,015	0	13,015		190.00
191.00	19100	RESEARCH	53,062	0	53,062		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52,842	0	52,842		192.00
192.01	19201	PILSEN-OFFSITE CLINIC	21,877	0	21,877		192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	32,078	0	32,078		192.02
194.00	07950	OUTPATIENT PHARMACY	246,026	0	246,026		194.00
200.00		Cross Foot Adjustments	11,995	0	523,169		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	11,995	28,023,062	0	28,023,062	202.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet B-1 Date/Time Prepared: 12/2/2021 2:42 pm
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	MEDICAL CENTER ALL OTHER ADMIN & GE (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
1.00			2.00		4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	720,908					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,777,745				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,606	3,011	388,315,975			4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE	57,049	1,825,189	43,023,896	-175,904,268	1,080,272,152	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	11,294	43,316	9,046,574		20,701,463	5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	12,123	30,156	6,106,049		28,316,465	5.03
6.00	00600	MAINTENANCE & REPAIRS	13,440	47,567	896,093		28,699,503	6.00
7.00	00700	OPERATION OF PLANT	0	0	0		0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		0	8.00
9.00	00900	HOUSEKEEPING	9,078	6,790	599,252		8,215,364	9.00
10.00	01000	DIETARY	20,270	9,083	3,721,688		9,779,057	10.00
11.00	01100	CAFETERIA	0	0	43,499		87,402	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		0	12.00
13.00	01300	NURSING ADMINISTRATION	4,604	514,904	7,297,188		16,736,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,966	68,097	3,129,358		13,652,218	14.00
15.00	01500	PHARMACY	9,636	571,858	3,051,575		14,590,145	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,773	11,962	3,267,073		7,700,552	16.00
17.00	01700	SOCIAL SERVICE	3,313	16,801	6,645,138		14,785,739	17.00
17.01	01701	PALLATIVE CARE	0	0	826,928		1,231,598	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	0	4,417,808		8,985,846	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,074	0	34,968,492		70,978,406	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,502	0	769,081		22,931,365	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	552,000		2,763,246	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86,300	202,441	60,652,013		125,829,584	30.00
31.00	03100	INTENSIVE CARE UNIT	12,482	146,979	16,708,214		36,163,558	31.00
31.01	02080	PEDS ICU	4,582	10,677	2,390,275		5,127,412	31.01
31.02	02060	NEONATAL ICU	8,293	172,022	9,739,610		20,841,508	31.02
32.00	03200	CORONARY CARE UNIT	7,481	80,018	9,450,997		20,922,211	32.00
40.00	04000	SUBPROVIDER - IPF	16,608	6,444	9,619,968		20,237,088	40.00
43.00	04300	NURSERY	1,645	0	1,025,238		2,300,125	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,467	2,035,463	16,509,827		46,924,236	50.00
51.00	05100	RECOVERY ROOM	707	6,526	4,616,838		9,843,349	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,052	118,297	10,283,453		20,243,311	52.00
53.00	05300	ANESTHESIOLOGY	4,717	289,513	3,720,248		5,922,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,273	516,984	6,146,815		14,442,204	54.00
54.01	03630	RADIO ULTRASOUND	3,173	158,057	1,146,246		2,823,002	54.01
54.02	03650	RADIO ANGIOGRAPHY	5,366	22,558	2,342,312		5,365,378	54.02
54.03	05401	RADIO WEST HARRISON	7,975	3,188	520,510		1,678,824	54.03
54.04	05402	RADIO MILE SQUARE	2,702	32,443	486,530		1,235,328	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	14,083	66,801	1,660,741		7,240,066	55.00
56.00	05600	RADIOISOTOPE	1,074	0	510,258		1,523,422	56.00
57.00	05700	CT SCAN	8,217	2,468	2,428,921		5,501,602	57.00
58.00	05800	MRI	3,665	55,043	2,380,787		5,311,795	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,207	20,751	887,707		2,004,868	59.00
60.00	06000	LABORATORY	45,856	461,469	11,790,999		40,034,040	60.00
60.01	03420	LAB TISSUE TYPING	1,026	14,239	337,432		2,230,947	60.01
60.02	06001	LAB OUTREACH	4,405	0	3,099,644		10,511,083	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,501	0	2,281		5,754,497	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,282	364,535		754,827	64.00
65.00	06500	RESPIRATORY THERAPY	1,741	247,640	3,937,318		9,092,731	65.00
66.00	06600	PHYSICAL THERAPY	9,608	12,411	2,515,810		5,389,306	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	5,747	0	107,256		426,968	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	3,285	633,691		1,383,009	66.02
66.03	06603	PHYSICAL THERAPY-OCC	599	2,937	2,583,449		5,233,226	66.03
67.00	06700	OCCUPATIONAL THERAPY	7,887	0	2,178,104		4,490,808	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	431,407		868,613	67.01
68.00	06800	SPEECH PATHOLOGY	634	0	823,918		1,692,927	68.00
69.00	06900	ELECTROCARDIOLOGY	774	8,500	255,428		555,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	755	130,320	847,321		1,976,163	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		81,454,181	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		82,756,934	73.00
74.00	07400	RENAL DIALYSIS	12,201	92,296	3,708,908		9,808,651	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0		0	76.00
76.01	03340	GASTROENTEROLOGY	5,833	535,745	2,651,559		6,828,145	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0150

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

Worksheet B-1

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	MEDICAL CENTER ALL OTHER ADMIN & GE (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.01	5.01	
76.02	03951	BONE MARROW TRANSPLANT	0	87,168	851,682	0	2,281,044	76.02
76.03	03140	CARDIAC SERVICES	5,027	422,524	2,874,684	0	6,655,024	76.03
76.04	03952	TELEMEDCINE PROGRAM	1,123	0	110,193	0	1,484,554	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	2,539	523,043	0	1,760,340	76.05
76.06	03954	SICKLE CELL	0	3,749	1,252,127	0	2,301,571	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	1,310	2,160	20,435	0	67,332	76.07
76.08	03956	UIH UROLOGY CLINIC	2,113	0	266,178	0	658,983	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	78,046	0	156,852	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	92,092	493,852	28,783,410	0	62,111,354	90.00
91.00	09100	EMERGENCY	14,164	81,868	11,579,062	0	25,587,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	13,986	41,088	2,471,677	0	5,740,439	93.01
93.02	04952	OCC PSYCH	30,255	3,556	1,175,615	0	2,719,832	93.02
93.03	04951	OCC ADOLESCENTS	9,570	5,861	2,725,281	0	5,226,139	93.03
93.04	04953	LION'S EYE INST.	2,109	0	530,398	0	1,118,952	93.04
93.05	04955	COVID CLINIC(S)	0	0	245,430	0	3,034,606	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,095	0	2,982,183	0	14,288,027	105.00
107.00	10700	LIVER ACQUISITION	327	0	419,623	0	4,047,233	107.00
109.00	10900	PANCREAS ACQUISITION	40	0	83,695	0	1,842,541	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	2,668	0	87,980	179,542	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	717,243	9,751,896	384,919,002	-175,724,726	1,043,960,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	830	0	0	0	12,169	190.00
191.00	19100	RESEARCH	2,835	0	797,245	0	1,757,836	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,463	2,143,109	0	5,388,228	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	7,572	355,556	0	1,398,256	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	16,814	101,063	0	319,701	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	27,435,857	194.00
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)	10,569,685	17,453,377	391,921,203		175,904,268	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.661628	1.785010	1.009284		0.162833	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			190,199		4,115,494	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000490		0.003810	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:14-0150

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

Worksheet B-1

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			Reconciliation	HOSPITAL ADMIN & GENERAL (ACCUM COST)	Reconciliation	AMBULATORY ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5A.02	5.02	5A.03	5.03	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	-24,072,344	1,122,628,483				5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	0	32,927,320	-33,633,381	340,712,070		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	33,372,729	-34,088,340	0	614,396	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	9,553,096	-9,757,943	0	9,078	9.00
10.00	01000	DIETARY	0	11,371,410	-11,615,247	0	20,270	10.00
11.00	01100	CAFETERIA	0	101,634	-103,813	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	19,461,259	-19,878,567	0	4,604	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,875,250	-16,215,663	0	17,966	14.00
15.00	01500	PHARMACY	0	16,965,902	-17,329,702	0	9,636	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,954,456	-9,146,466	0	8,773	16.00
17.00	01700	SOCIAL SERVICE	0	17,193,345	-17,562,022	0	3,313	17.00
17.01	01701	PALLIATIVE CARE	0	1,432,143	-1,462,852	0	0	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	10,449,038	-10,673,097	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	82,536,033	-84,305,853	0	4,074	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	26,665,348	-27,237,133	0	1,502	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	3,213,194	-3,282,095	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	146,319,105	-149,456,449	0	86,300	30.00
31.00	03100	INTENSIVE CARE UNIT	0	42,052,179	-42,953,904	0	12,482	31.00
31.01	02080	PEDS ICU	0	5,962,324	-6,090,174	0	4,582	31.01
31.02	02060	NEONATAL ICU	0	24,235,193	-24,754,868	0	8,293	31.02
32.00	03200	CORONARY CARE UNIT	0	24,329,037	-24,850,725	0	7,481	32.00
40.00	04000	SUBPROVIDER - IPF	0	23,532,354	-24,036,958	0	16,608	40.00
43.00	04300	NURSERY	0	2,674,661	-2,732,014	0	1,645	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	54,565,050	-55,735,088	0	29,467	50.00
51.00	05100	RECOVERY ROOM	0	11,446,171	-11,691,611	0	707	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,539,590	-24,044,349	0	16,052	52.00
53.00	05300	ANESTHESIOLOGY	0	6,886,324	-7,033,987	0	4,717	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,793,871	-17,153,982	0	18,273	54.00
54.01	03630	RADIO ULTRASOUND	0	3,282,680	-3,353,071	0	3,173	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	6,239,039	-6,372,823	0	5,366	54.02
54.03	05401	RADIO WEST HARRISON	0	1,952,192	-1,994,053	0	7,975	54.03
54.04	05402	RADIO MILE SQUARE	0	1,436,480	-1,467,282	0	2,702	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,418,988	-8,599,516	0	14,083	55.00
56.00	05600	RADIOISOTOPE	0	1,771,485	-1,809,471	0	1,074	56.00
57.00	05700	CT SCAN	0	6,397,444	-6,534,624	0	8,217	57.00
58.00	05800	MRI	0	6,176,731	-6,309,179	0	3,665	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,331,327	-2,381,318	0	3,207	59.00
60.00	06000	LABORATORY	0	46,552,903	-47,551,137	0	45,856	60.00
60.01	03420	LAB TISSUE TYPING	0	2,594,219	-2,649,847	0	1,026	60.01
60.02	06001	LAB OUTREACH	0	12,222,634	-12,484,724	0	4,405	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,691,519	-6,835,005	0	1,501	63.00
64.00	06400	INTRAVENOUS THERAPY	0	877,738	-896,559	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,573,328	-10,800,052	0	1,741	65.00
66.00	06600	PHYSICAL THERAPY	0	6,266,863	-6,401,243	0	9,608	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	-496,492	0	0	496,492	5,747	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	-1,608,209	0	0	1,608,209	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	-6,085,368	0	0	6,085,368	599	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	5,222,060	-5,334,037	0	7,887	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	-1,010,052	0	0	1,010,052	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	1,968,591	-2,010,803	0	634	68.00
69.00	06900	ELECTROCARDIOLOGY	0	646,284	-660,142	0	774	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,297,948	-2,347,223	0	755	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	94,717,610	0	96,748,640	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,232,494	0	98,296,007	0	73.00
74.00	07400	RENAL DIALYSIS	0	11,405,823	-11,650,398	0	12,201	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	7,939,992	-8,110,249	0	5,833	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	2,652,473	-2,709,350	0	0	76.02
76.03	03140	CARDIAC SERVICES	0	7,738,682	-7,904,623	0	5,027	76.03
76.04	03952	TELEMEDCINE PROGRAM	-1,726,288	0	0	1,726,288	1,123	76.04

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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Cost Center Description			Reconciliation	HOSPITAL ADMIN & GENERAL (ACCUM COST)	Reconciliation	AMBULATORY ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5A.02	5.02	5A.03	5.03	6.00	
76.05	03953	SLEEP LAB WEST HARRISON	0	2,046,981	-2,090,874	0	0	76.05
76.06	03954	SICKLE CELL	0	2,676,343	-2,733,732	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	-78,296	0	0	78,296	1,310	76.07
76.08	03956	UIH UROLOGY CLINIC	-766,287	0	0	766,287	2,113	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	182,393	-186,304	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	-72,225,132	0	0	72,225,132	92,092	90.00
91.00	09100	EMERGENCY	0	29,753,530	-30,391,535	0	14,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	-6,675,172	0	0	6,675,172	13,986	93.01
93.02	04952	OCC PSYCH	-3,162,710	0	0	3,162,710	30,255	93.02
93.03	04951	OCC ADOLESCENTS	-6,077,127	0	0	6,077,127	9,570	93.03
93.04	04953	LION'S EYE INST.	-1,301,154	0	0	1,301,154	2,109	93.04
93.05	04955	COVID CLINIC(S)	0	3,528,740	0	3,604,407	0	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	16,614,589	-16,970,856	0	2,095	105.00
107.00	10700	LIVER ACQUISITION	0	4,706,256	-4,807,172	0	327	107.00
109.00	10900	PANCREAS ACQUISITION	0	2,142,567	-2,188,510	0	40	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	179,542	0	179,542	0	2,668	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-125,105,089	1,088,666,942	-913,182,453	299,861,341	610,731	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,151	-14,454	0	830	190.00
191.00	19100	RESEARCH	0	2,044,070	-2,087,901	0	2,835	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-6,265,609	0	0	6,265,609	0	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	-1,625,938	0	0	1,625,938	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	-371,759	0	0	371,759	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	31,903,320	0	32,587,423	0	194.00
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)		24,072,344		33,633,381	34,088,340	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.021443		0.098715	55.482685	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		326,213		352,032	401,455	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000291		0.001033	0.653414	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:14-0150

Period:
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To 06/30/2021

Worksheet B-1

Date/Time Prepared:

12/2/2021 2:42 pm

Cost Center Description			OPERATION OF PLANT (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE						5.01
5.02	00591	HOSPITAL ADMIN & GENERAL						5.02
5.03	00592	AMBULATORY ADMIN & GENERAL						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	0					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0				8.00
9.00	00900	HOUSEKEEPING	0	0	605,318			9.00
10.00	01000	DIETARY	0	0	20,270	810,653		10.00
11.00	01100	CAFETERIA	0	0	0	332,650	324,878,924	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,604	0	7,297,188	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	17,966	0	3,129,358	14.00
15.00	01500	PHARMACY	0	0	9,636	0	3,051,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	8,773	0	3,267,073	16.00
17.00	01700	SOCIAL SERVICE	0	0	3,313	0	6,645,138	17.00
17.01	01701	PALLIATIVE CARE	0	0	0	0	826,928	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	0	0	0	4,417,808	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,074	0	34,968,492	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,502	0	769,081	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	552,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	86,300	322,173	60,652,013	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,482	66,106	16,708,214	31.00
31.01	02080	PEDS ICU	0	0	4,582	5,638	2,390,275	31.01
31.02	02060	NEONATAL ICU	0	0	8,293	0	9,739,610	31.02
32.00	03200	CORONARY CARE UNIT	0	0	7,481	26,191	9,450,997	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	16,608	57,895	9,619,968	40.00
43.00	04300	NURSERY	0	0	1,645	0	1,025,238	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	29,467	0	16,509,827	50.00
51.00	05100	RECOVERY ROOM	0	0	707	0	4,616,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	16,052	0	10,283,453	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,717	0	3,720,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	18,273	0	6,146,815	54.00
54.01	03630	RADIO ULTRASOUND	0	0	3,173	0	1,146,246	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	0	5,366	0	2,342,312	54.02
54.03	05401	RADIO WEST HARRISON	0	0	7,975	0	520,510	54.03
54.04	05402	RADIO MILE SQUARE	0	0	2,702	0	486,530	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	14,083	0	1,660,741	55.00
56.00	05600	RADIOISOTOPE	0	0	1,074	0	510,258	56.00
57.00	05700	CT SCAN	0	0	8,217	0	2,428,921	57.00
58.00	05800	MRI	0	0	3,665	0	2,380,787	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,207	0	887,707	59.00
60.00	06000	LABORATORY	0	0	45,856	0	11,790,999	60.00
60.01	03420	LAB TISSUE TYPING	0	0	1,026	0	337,432	60.01
60.02	06001	LAB OUTREACH	0	0	4,405	0	3,099,644	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,501	0	2,281	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	364,535	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,741	0	3,937,318	65.00
66.00	06600	PHYSICAL THERAPY	0	0	9,608	0	2,515,810	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	5,747	0	107,256	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	0	633,691	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	599	0	2,583,449	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,887	0	2,178,104	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	0	431,407	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	634	0	823,918	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	774	0	255,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	755	0	847,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	12,201	0	3,708,908	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	0	5,833	0	2,651,559	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	0	851,682	76.02
76.03	03140	CARDIAC SERVICES	0	0	5,027	0	2,874,684	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	0	1,123	0	110,193	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0150

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

Worksheet B-1

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			OPERATION OF PLANT (ASSIGNED TIME)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
			7.00	8.00	9.00	10.00	11.00	
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	0	523,043	76.05
76.06	03954	SICKLE CELL	0	0	0	0	1,252,127	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	1,310	0	20,435	76.07
76.08	03956	UIH UROLOGY CLINIC	0	0	2,113	0	266,178	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	78,046	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	92,092	0	28,783,410	90.00
91.00	09100	EMERGENCY	0	0	14,164	0	11,579,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0	0	13,986	0	2,471,677	93.01
93.02	04952	OCC PSYCH	0	0	30,255	0	1,175,615	93.02
93.03	04951	OCC ADOLESCENTS	0	0	9,570	0	2,725,281	93.03
93.04	04953	LION'S EYE INST.	0	0	2,109	0	530,398	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	0	245,430	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	2,095	0	2,982,183	105.00
107.00	10700	LIVER ACQUISITION	0	0	327	0	419,623	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	40	0	83,695	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	2,668	0	87,980	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	601,653	810,653	321,481,951	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	830	0	0	190.00
191.00	19100	RESEARCH	0	0	2,835	0	797,245	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,143,109	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	0	0	0	355,556	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0	0	0	101,063	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
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)	0	0	10,261,615	13,083,507	5,472,606	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	16.952437	16.139467	0.016845	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	185,525	375,253	154,367	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.306492	0.462902	0.000475	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:14-0150

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

Worksheet B-1

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NRSNG FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE					5.01
5.02	00591	HOSPITAL ADMIN & GENERAL					5.02
5.03	00592	AMBULATORY ADMIN & GENERAL					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	151,047			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	157,953,149		14.00
15.00	01500	PHARMACY	0	0	864,522	143,680,324	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,948,844,267	16.00
17.00	01700	SOCIAL SERVICE	0	7	0	0	17.00
17.01	01701	PALLATIVE CARE	0	200	0	2,846	17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	498	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	53,779	2,806,845	492,242	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,809	1,238,247	258,165	31.00
31.01	02080	PEDS ICU	0	1,681	166,667	16,173	31.01
31.02	02060	NEONATAL ICU	0	7,593	54,353	17,644	31.02
32.00	03200	CORONARY CARE UNIT	0	8,337	1,409,035	129,249	32.00
40.00	04000	SUBPROVIDER - IPF	0	7,095	82,324	2,990	40.00
43.00	04300	NURSERY	0	851	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,669	45,109,434	107,993	50.00
51.00	05100	RECOVERY ROOM	0	3,521	318,353	42,356	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,303	930,399	54,741	52.00
53.00	05300	ANESTHESIOLOGY	0	918	2,272,149	193,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	166	182,614	26,555	54.00
54.01	03630	RADIO ULTRASOUND	0	105	54,019	27,271	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	453	4,655,699	222,411	54.02
54.03	05401	RADIO WEST HARRISON	0	55	98,231	39,538	54.03
54.04	05402	RADIO MILE SQUARE	0	18	8,240	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	404	77,061	3,549	55.00
56.00	05600	RADIOISOTOPE	0	28	8,436	88,922	56.00
57.00	05700	CT SCAN	0	610	366,824	125,400	57.00
58.00	05800	MRI	0	318	200,115	234,024	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	323	2,829,950	71,173	59.00
60.00	06000	LABORATORY	0	0	2,747,578	367	60.00
60.01	03420	LAB TISSUE TYPING	0	0	71	0	60.01
60.02	06001	LAB OUTREACH	0	0	1,059	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,313,544	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	235	126,077	3,180	64.00
65.00	06500	RESPIRATORY THERAPY	0	95	386,089	39,003	65.00
66.00	06600	PHYSICAL THERAPY	0	0	19,835	34	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	3,142	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	10,873	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,764	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	8,435	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	49,337	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,308	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	171,123	66	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	78,218,953	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	83,181,503	73.00
74.00	07400	RENAL DIALYSIS	0	1,276	223,999	97,466	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	1,676	1,973,953	30,419	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	326	2,927	1,611	76.02
76.03	03140	CARDIAC SERVICES	0	833	2,535,747	4,745	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0150

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

Worksheet B-1

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NRSNG FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
76.04	03952	TELEMEDCINE PROGRAM	0	0	0	8,267,755	1,634,438	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	100	3,426	0	4,081,409	76.05
76.06	03954	SICKLE CELL	0	1,043	24,429	60,951	1,784,439	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	0	439,046	76.07
76.08	03956	UIH UROLOGY CLINIC	0	199	77,910	18,091	3,762,093	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	61	462	0	227,096	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	11,271	2,374,688	33,794,630	111,221,531	90.00
91.00	09100	EMERGENCY	0	8,927	1,535,199	144,544	100,616,270	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0	140	126,704	261,561	24,827,474	93.01
93.02	04952	OCC PSYCH	0	100	7,166	24,073	4,554,307	93.02
93.03	04951	OCC ADOLESCENTS	0	1,350	696,571	487,816	17,896,129	93.03
93.04	04953	LION'S EYE INST.	0	1	38,661	3,656,890	7,393,538	93.04
93.05	04955	COVID CLINIC(S)	0	131	73,965	3,236	4,299	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,351	2,420	847	26,940,331	105.00
107.00	10700	LIVER ACQUISITION	0	141	0	457	8,137,524	107.00
109.00	10900	PANCREAS ACQUISITION	0	45	0	0	3,775,716	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	30	434,803	0	106,594	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	150,073	157,930,735	132,235,502	2,948,844,267	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	100	1,105	402	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	688	168	0	0	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	135	19,468	0	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	51	1,673	0	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	11,444,420	0	194.00
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)	0	20,334,979	17,569,746	18,175,255	9,836,974	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	134.626831	0.111234	0.126498	0.003336	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,067,499	461,864	1,237,297	193,497	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	7.067330	0.002924	0.008611	0.000066	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:14-0150

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

Worksheet B-1

Date/Time Prepared:
12/2/2021 2:42 pm

	Cost Center Description	SOCIAL SERVICE	PALLIATIVE CARE	OTHER GENERAL	NONPHYSICIAN	INTERNS &	
		(TIME SPENT)	(TOTAL PATIENT	SERVICE		RESIDENTS	
			DAYS)	UTILMGMT /		SERVICES-SALAR	
				DSCH PLANNING	ANESTHETISTS	Y & FRINGES	
				(TOTAL PATIENT	(ASSIGNED	APPRV	
				DAYS)	TIME)	(ASSIGNED	
						TIME)	
		17.00	17.01	18.00	19.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE					5.01
5.02	00591	HOSPITAL ADMIN & GENERAL					5.02
5.03	00592	AMBULATORY ADMIN & GENERAL					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	37,220				17.00
17.01	01701	PALLIATIVE CARE	0	112,497			17.01
18.00	01850	UTILMGMT / DSCH PLANNING	0	0	112,497		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	9,933	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,473	68,416	68,416	0	955
31.00	03100	INTENSIVE CARE UNIT	426	14,339	14,339	0	152
31.01	02080	PEDS ICU	832	555	555	0	86
31.02	02060	NEONATAL ICU	894	7,696	7,696	0	285
32.00	03200	CORONARY CARE UNIT	399	6,349	6,349	0	135
40.00	04000	SUBPROVIDER - IPF	1,872	12,558	12,558	0	131
43.00	04300	NURSERY	0	2,584	2,584	0	22
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208	0	0	0	1,295
51.00	05100	RECOVERY ROOM	240	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	624	0	0	0	178
53.00	05300	ANESTHESIOLOGY	0	0	0	0	286
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01	03630	RADIO ULTRASOUND	0	0	0	0	37
54.02	03650	RADIO ANGIOGRAPHY	0	0	0	0	297
54.03	05401	RADIO WEST HARRISON	0	0	0	0	0
54.04	05402	RADIO MILE SQUARE	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	333	0	0	0	366
56.00	05600	RADIOISOTOPE	0	0	0	0	40
57.00	05700	CT SCAN	0	0	0	0	173
58.00	05800	MRI	0	0	0	0	169
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	364
60.00	06000	LABORATORY	0	0	0	0	1,199
60.01	03420	LAB TISSUE TYPING	0	0	0	0	0
60.02	06001	LAB OUTREACH	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	242
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	262
66.00	06600	PHYSICAL THERAPY	0	0	0	0	55
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	0	0
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	0	0
66.03	06603	PHYSICAL THERAPY-OCC	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	29
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	28
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	82
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	347
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,585
74.00	07400	RENAL DIALYSIS	0	0	0	0	169
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0
76.01	03340	GASTROENTEROLOGY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0150

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

Worksheet B-1

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	PALLIATIVE CARE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE UTILMGMT / DSCH PLANNING (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			17.00	17.01	18.00	19.00	21.00	
76.02	03951	BONE MARROW TRANSPLANT	115	0	0	0	0	76.02
76.03	03140	CARDIAC SERVICES	0	0	0	0	0	76.03
76.04	03952	TELEMEDICINE PROGRAM	0	0	0	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	0	0	76.05
76.06	03954	SICKLE CELL	0	0	0	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,029	0	0	0	279	90.00
91.00	09100	EMERGENCY	653	0	0	0	291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	1,560	0	0	0	58	93.01
93.02	04952	OCC PSYCH	0	0	0	0	75	93.02
93.03	04951	OCC ADOLESCENTS	0	0	0	0	103	93.03
93.04	04953	LION'S EYE INST.	0	0	0	0	0	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	0	0	93.05
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,150	0	0	0	48	105.00
107.00	10700	LIVER ACQUISITION	192	0	0	0	44	107.00
109.00	10900	PANCREAS ACQUISITION	163	0	0	0	0	109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	10	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,163	112,497	112,497	0	9,877	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,057	0	0	0	56	192.00
192.01	19201	PILSEN-OFFSITE CLINIC	0	0	0	0	0	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0	0	0	0	192.02
194.00	07950	OUTPATIENT PHARMACY	0	0	0	0	0	194.00
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)	17,914,878	1,504,067	10,814,559	0	85,190,132	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	481.323966	13.369841	96.131977	0.000000	8,576.475586	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	149,542	7,345	45,060	0	391,840	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.017786	0.065291	0.400544	0.000000	39.448304	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:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet B-1 Date/Time Prepared: 12/2/2021 2:42 pm
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	Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
		SERVICES-OTHER		
		PRGM COSTS		
		APPRV (GROSS REVENUE)		
		22.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GE		5.01
5.02	00591	HOSPITAL ADMIN & GENERAL		5.02
5.03	00592	AMBULATORY ADMIN & GENERAL		5.03
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	PALLATIVE CARE		17.01
18.00	01850	UTILMGMT / DSCH PLANNING		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,948,844,267	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	112,497	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	232,692,409	30.00
31.00	03100	INTENSIVE CARE UNIT	78,569,499	31.00
31.01	02080	PEDS ICU	2,439,184	31.01
31.02	02060	NEONATAL ICU	43,962,156	31.02
32.00	03200	CORONARY CARE UNIT	39,235,001	32.00
40.00	04000	SUBPROVIDER - IPF	33,966,177	40.00
43.00	04300	NURSERY	3,309,205	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	213,229,009	50.00
51.00	05100	RECOVERY ROOM	19,744,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,873,791	52.00
53.00	05300	ANESTHESIOLOGY	95,357,570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,010,087	54.00
54.01	03630	RADIO ULTRASOUND	18,051,788	54.01
54.02	03650	RADIO ANGIOGRAPHY	66,964,588	54.02
54.03	05401	RADIO WEST HARRISON	13,962,339	54.03
54.04	05402	RADIO MILE SQUARE	4,603,603	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	25,007,829	55.00
56.00	05600	RADIOISOTOPE	7,166,460	56.00
57.00	05700	CT SCAN	128,512,027	57.00
58.00	05800	MRI	78,629,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,430,622	59.00
60.00	06000	LABORATORY	455,725,668	60.00
60.01	03420	LAB TISSUE TYPING	8,810,498	60.01
60.02	06001	LAB OUTREACH	150,318,310	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,235,164	63.00
64.00	06400	INTRAVENOUS THERAPY	2,568,509	64.00
65.00	06500	RESPIRATORY THERAPY	61,104,876	65.00
66.00	06600	PHYSICAL THERAPY	10,270,310	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	138,385	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	3,467,831	66.02
66.03	06603	PHYSICAL THERAPY-OCC	10,577,448	66.03
67.00	06700	OCCUPATIONAL THERAPY	8,430,947	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	2,080,642	67.01
68.00	06800	SPEECH PATHOLOGY	3,501,352	68.00
69.00	06900	ELECTROCARDIOLOGY	7,345,331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,324,327	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	180,760,599	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	349,722,090	73.00
74.00	07400	RENAL DIALYSIS	37,529,610	74.00
76.00	03950	OTHER ANCILLARY SVC	0	76.00
76.01	03340	GASTROENTEROLOGY	35,389,590	76.01
76.02	03951	BONE MARROW TRANSPLANT	1,847,238	76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0150

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

Worksheet B-1

Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
		SERVICES-OTHER PRGM COSTS		
		APPRV (GROSS REVENUE)		
		22.00		
76.03	03140	CARDIAC SERVICES	29,575,870	0
76.04	03952	TELEMEDCINE PROGRAM	1,634,438	0
76.05	03953	SLEEP LAB WEST HARRISON	4,081,409	0
76.06	03954	SICKLE CELL	1,784,439	0
76.07	03955	HEART CENTER-ROOSEVELT RD	439,046	0
76.08	03956	UIH UROLOGY CLINIC	3,762,093	0
76.97	07697	CARDIAC REHABILITATION	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	227,096	0
76.99	07699	LITHOTRIPSY	0	0
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	111,221,531	0
91.00	09100	EMERGENCY	100,616,270	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0
93.01	04950	EYE EAR INFIRMARY	24,827,474	0
93.02	04952	OCC PSYCH	4,554,307	0
93.03	04951	OCC ADOLESCENTS	17,896,129	0
93.04	04953	LION'S EYE INST.	7,393,538	0
93.05	04955	COVID CLINIC(S)	4,299	0
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	26,940,331	0
107.00	10700	LIVER ACQUISITION	8,137,524	0
109.00	10900	PANCREAS ACQUISITION	3,775,716	0
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	106,594	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,948,844,267	112,497
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
191.00	19100	RESEARCH	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	PILSEN-OFFSITE CLINIC	0	0
192.02	19202	MULTI-SPECIALTY AMB CLINIC	0	0
194.00	07950	OUTPATIENT PHARMACY	0	0
200.00		Cross Foot Adjustments		
201.00		Negative Cost Centers		
202.00		Cost to be allocated (per Wkst. B, Part I)	27,358,886	3,291,393
203.00		Unit cost multiplier (Wkst. B, Part I)	0.009278	29.257607
204.00		Cost to be allocated (per Wkst. B, Part II)	119,334	11,995
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000040	0.106625
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000

Provider CCN:14-0150

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

Worksheet B-2
Date/Time Prepared:
12/2/2021 2:42 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	-99,465	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 12/2/2021 2:42 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	187,260,737		187,260,737	0	187,260,737
31.00	03100	INTENSIVE CARE UNIT	49,827,309		49,827,309	0	49,827,309
31.01	02080	PEDS ICU	7,285,833		7,285,833	0	7,285,833
31.02	02060	NEONATAL ICU	28,194,992		28,194,992	0	28,194,992
32.00	03200	CORONARY CARE UNIT	28,473,910		28,473,910	0	28,473,910
40.00	04000	SUBPROVIDER - IPF	30,058,003		30,058,003	0	30,058,003
43.00	04300	NURSERY	3,352,602		3,352,602	0	3,352,602
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	65,426,786		65,426,786	0	65,426,786
51.00	05100	RECOVERY ROOM	12,516,770		12,516,770	0	12,516,770
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,041,892		27,041,892	0	27,041,892
53.00	05300	ANESTHESIOLOGY	8,157,188		8,157,188	0	8,157,188
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,767,298		18,767,298	0	18,767,298
54.01	03630	RADIO ULTRASOUND	3,686,033		3,686,033	0	3,686,033
54.02	03650	RADIO ANGIOGRAPHY	7,631,353		7,631,353	0	7,631,353
54.03	05401	RADIO WEST HARRISON	2,650,401		2,650,401	0	2,650,401
54.04	05402	RADIO MILE SQUARE	1,689,895		1,689,895	0	1,689,895
55.00	05500	RADIOLOGY-THERAPEUTIC	9,954,712		9,954,712	0	9,954,712
56.00	05600	RADIOISOTOPE	1,935,724		1,935,724	0	1,935,724
57.00	05700	CT SCAN	7,738,242		7,738,242	0	7,738,242
58.00	05800	MRI	6,971,741		6,971,741	0	6,971,741
59.00	05900	CARDIAC CATHETERIZATION	3,097,361		3,097,361	0	3,097,361
60.00	06000	LABORATORY	52,896,937		52,896,937	0	52,896,937
60.01	03420	LAB TISSUE TYPING	2,759,249		2,759,249	0	2,759,249
60.02	06001	LAB OUTREACH	13,357,594		13,357,594	0	13,357,594
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,365,363		7,365,363	0	7,365,363
64.00	06400	INTRAVENOUS THERAPY	957,332		957,332	0	957,332
65.00	06500	RESPIRATORY THERAPY	11,257,001	0	11,257,001	0	11,257,001
66.00	06600	PHYSICAL THERAPY	7,176,051	0	7,176,051	0	7,176,051
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	964,057	0	964,057	0	964,057
66.02	06602	PHYSICAL THERAPY MAXWELL ST	1,789,556	0	1,789,556	0	1,789,556
66.03	06603	PHYSICAL THERAPY-OCC	6,809,487	0	6,809,487	0	6,809,487
67.00	06700	OCCUPATIONAL THERAPY	5,970,790	0	5,970,790	0	5,970,790
67.01	06701	OCCUPATIONAL THERAPY-OCC	1,124,905	0	1,124,905	0	1,124,905
68.00	06800	SPEECH PATHOLOGY	2,087,775	0	2,087,775	0	2,087,775
69.00	06900	ELECTROCARDIOLOGY	745,271		745,271	0	745,271
70.00	07000	ELECTROENCEPHALOGRAPHY	2,452,989		2,452,989	0	2,452,989
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115,602,792		115,602,792	0	115,602,792
73.00	07300	DRUGS CHARGED TO PATIENTS	119,688,237		119,688,237	0	119,688,237
74.00	07400	RENAL DIALYSIS	12,831,419		12,831,419	0	12,831,419
76.00	03950	OTHER ANCILLARY SVC	0		0	0	0
76.01	03340	GASTROENTEROLOGY	9,144,544		9,144,544	0	9,144,544
76.02	03951	BONE MARROW TRANSPLANT	2,829,629		2,829,629	0	2,829,629
76.03	03140	CARDIAC SERVICES	8,810,648		8,810,648	0	8,810,648
76.04	03952	TELEMEDICINE PROGRAM	3,031,206		3,031,206	0	3,031,206
76.05	03953	SLEEP LAB WEST HARRISON	2,127,145		2,127,145	0	2,127,145
76.06	03954	SICKLE CELL	2,911,620		2,911,620	0	2,911,620
76.07	03955	HEART CENTER-ROOSEVELT RD	182,724		182,724	0	182,724
76.08	03956	UIH UROLOGY CLINIC	1,049,765		1,049,765	0	1,049,765
76.97	07697	CARDIAC REHABILITATION	0		0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	196,640		196,640	0	196,640
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	96,802,452		96,802,452	0	96,802,452
91.00	09100	EMERGENCY	33,653,381		33,653,381	0	33,653,381
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,685,646		14,685,646	0	14,685,646
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0
93.01	04950	EYE EAR INFIRMARY	9,288,543		9,288,543	0	9,288,543
93.02	04952	OCC PSYCH	5,718,743		5,718,743	0	5,718,743
93.03	04951	OCC ADOLESCENTS	7,796,779		7,796,779	0	7,796,779
93.04	04953	LION'S EYE INST.	2,082,987		2,082,987	0	2,082,987
93.05	04955	COVID CLINIC(S)	3,990,636		3,990,636	0	3,990,636
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	17,998,495		17,998,495		17,998,495
107.00	10700	LIVER ACQUISITION	4,976,528		4,976,528		4,976,528
109.00	10900	PANCREAS ACQUISITION	2,289,927		2,289,927		2,289,927
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	67,957		67,957		67,957
200.00		Subtotal (see instructions)	1,107,191,582	0	1,107,191,582	0	1,107,191,582

MCRIF32 - 16.12.172.7

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 12/2/2021 2:42 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					9.00	10.00			
30.00	03000	ADULTS & PEDIATRICS	209,766,658		209,766,658			30.00	
31.00	03100	INTENSIVE CARE UNIT	78,569,499		78,569,499			31.00	
31.01	02080	PEDS ICU	2,439,184		2,439,184			31.01	
31.02	02060	NEONATAL ICU	43,962,156		43,962,156			31.02	
32.00	03200	CORONARY CARE UNIT	39,235,001		39,235,001			32.00	
40.00	04000	SUBPROVIDER - IPF	33,966,177		33,966,177			40.00	
43.00	04300	NURSERY	3,309,205		3,309,205			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	93,281,805	119,947,204	213,229,009	0.306838	0.000000	50.00	
51.00	05100	RECOVERY ROOM	6,745,346	12,999,215	19,744,561	0.633935	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,065,207	7,808,584	39,873,791	0.678187	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	45,346,498	50,011,072	95,357,570	0.085543	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,029,635	30,980,452	42,010,087	0.446733	0.000000	54.00	
54.01	03630	RADIO ULTRASOUND	7,463,762	10,588,026	18,051,788	0.204192	0.000000	54.01	
54.02	03650	RADIO ANGIOGRAPHY	37,903,934	29,060,654	66,964,588	0.113961	0.000000	54.02	
54.03	05401	RADIO WEST HARRISON	29,235	13,933,104	13,962,339	0.189825	0.000000	54.03	
54.04	05402	RADIO MILE SQUARE	8,025	4,595,578	4,603,603	0.367081	0.000000	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,256,033	22,751,796	25,007,829	0.398064	0.000000	55.00	
56.00	05600	RADIOISOTOPE	1,372,880	5,793,580	7,166,460	0.270109	0.000000	56.00	
57.00	05700	CT SCAN	54,322,417	74,189,610	128,512,027	0.060214	0.000000	57.00	
58.00	05800	MRI	25,413,569	53,215,964	78,629,533	0.088666	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	16,222,818	14,207,804	30,430,622	0.101784	0.000000	59.00	
60.00	06000	LABORATORY	174,403,617	281,322,051	455,725,668	0.116072	0.000000	60.00	
60.01	03420	LAB TISSUE TYPING	1,256,604	7,553,894	8,810,498	0.313177	0.000000	60.01	
60.02	06001	LAB OUTREACH	0	150,318,310	150,318,310	0.088862	0.000000	60.02	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	37,937,763	11,297,401	49,235,164	0.149596	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	2,309,103	259,406	2,568,509	0.372719	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	55,339,251	5,765,625	61,104,876	0.184224	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	8,470,933	1,799,377	10,270,310	0.698718	0.000000	66.00	
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	138,385	138,385	6.966485	0.000000	66.01	
66.02	06602	PHYSICAL THERAPY MAXWELL ST	277	3,467,554	3,467,831	0.516045	0.000000	66.02	
66.03	06603	PHYSICAL THERAPY-OCC	0	10,577,448	10,577,448	0.643774	0.000000	66.03	
67.00	06700	OCCUPATIONAL THERAPY	7,746,599	684,348	8,430,947	0.708199	0.000000	67.00	
67.01	06701	OCCUPATIONAL THERAPY-OCC	5,413	2,075,229	2,080,642	0.540653	0.000000	67.01	
68.00	06800	SPEECH PATHOLOGY	1,436,392	2,064,960	3,501,352	0.596277	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,773,211	1,572,120	7,345,331	0.101462	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	4,718,302	606,025	5,324,327	0.460713	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	109,094,560	71,666,039	180,760,599	0.639535	0.000000	71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	147,044,973	202,677,117	349,722,090	0.342238	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	12,038,946	25,490,664	37,529,610	0.341901	0.000000	74.00	
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0.000000	0.000000	76.00	
76.01	03340	GASTROENTEROLOGY	7,576,584	27,813,006	35,389,590	0.258396	0.000000	76.01	
76.02	03951	BONE MARROW TRANSPLANT	1,593,721	253,517	1,847,238	1.531816	0.000000	76.02	
76.03	03140	CARDIAC SERVICES	15,812,136	13,763,734	29,575,870	0.297900	0.000000	76.03	
76.04	03952	TELEMEDCINE PROGRAM	0	1,634,438	1,634,438	1.854586	0.000000	76.04	
76.05	03953	SLEEP LAB WEST HARRISON	7,384	4,074,025	4,081,409	0.521179	0.000000	76.05	
76.06	03954	SICKLE CELL	174,529	1,609,910	1,784,439	1.631672	0.000000	76.06	
76.07	03955	HEART CENTER-ROOSEVELT RD	2,500	436,546	439,046	0.416184	0.000000	76.07	
76.08	03956	UIH UROLOGY CLINIC	7,898	3,754,195	3,762,093	0.279037	0.000000	76.08	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	227,096	227,096	0.865889	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	857,327	110,364,204	111,221,531	0.870357	0.000000	90.00	
91.00	09100	EMERGENCY	35,544,776	65,071,494	100,616,270	0.334473	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,985,637	20,940,114	22,925,751	0.640574	0.000000	92.00	
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00	
93.01	04950	EYE EAR INFIRMARY	19,697	24,807,777	24,827,474	0.374124	0.000000	93.01	
93.02	04952	OCC PSYCH	1,016	4,553,291	4,554,307	1.255678	0.000000	93.02	
93.03	04951	OCC ADOLESCENTS	212,379	17,683,750	17,896,129	0.435668	0.000000	93.03	
93.04	04953	LION'S EYE INST.	10,310	7,383,228	7,393,538	0.281731	0.000000	93.04	
93.05	04955	COVID CLINIC(S)	0	4,299	4,299	928.270761	0.000000	93.05	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	26,940,331	0	26,940,331			105.00	
107.00	10700	LIVER ACQUISITION	8,137,524	0	8,137,524			107.00	
109.00	10900	PANCREAS ACQUISITION	3,775,716	0	3,775,716			109.00	
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	106,594	0	106,594			112.00	
200.00		Subtotal (see instructions)	1,415,051,047	1,533,793,220	2,948,844,267			200.00	
201.00		Less Observation Beds						201.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
12/2/2021 2:42 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		10.00	
202.00	Total (see instructions)	1,415,051,047	1,533,793,220	2,948,844,267			202.00

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 12/2/2021 2:42 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02080	PEDS ICU			31.01
31.02	02060	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.306838		50.00
51.00	05100	RECOVERY ROOM	0.633935		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.678187		52.00
53.00	05300	ANESTHESIOLOGY	0.085543		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.446733		54.00
54.01	03630	RADIO ULTRASOUND	0.204192		54.01
54.02	03650	RADIO ANGIOGRAPHY	0.113961		54.02
54.03	05401	RADIO WEST HARRISON	0.189825		54.03
54.04	05402	RADIO MILE SQUARE	0.367081		54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.398064		55.00
56.00	05600	RADIOISOTOPE	0.270109		56.00
57.00	05700	CT SCAN	0.060214		57.00
58.00	05800	MRI	0.088666		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101784		59.00
60.00	06000	LABORATORY	0.116072		60.00
60.01	03420	LAB TISSUE TYPING	0.313177		60.01
60.02	06001	LAB OUTREACH	0.088862		60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149596		63.00
64.00	06400	INTRAVENOUS THERAPY	0.372719		64.00
65.00	06500	RESPIRATORY THERAPY	0.184224		65.00
66.00	06600	PHYSICAL THERAPY	0.698718		66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	6.966485		66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0.516045		66.02
66.03	06603	PHYSICAL THERAPY-OCC	0.643774		66.03
67.00	06700	OCCUPATIONAL THERAPY	0.708199		67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0.540653		67.01
68.00	06800	SPEECH PATHOLOGY	0.596277		68.00
69.00	06900	ELECTROCARDIOLOGY	0.101462		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.460713		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.639535		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.342238		73.00
74.00	07400	RENAL DIALYSIS	0.341901		74.00
76.00	03950	OTHER ANCILLARY SVC	0.000000		76.00
76.01	03340	GASTROENTEROLOGY	0.258396		76.01
76.02	03951	BONE MARROW TRANSPLANT	1.531816		76.02
76.03	03140	CARDIAC SERVICES	0.297900		76.03
76.04	03952	TELEMEDCINE PROGRAM	1.854586		76.04
76.05	03953	SLEEP LAB WEST HARRISON	0.521179		76.05
76.06	03954	SICKLE CELL	1.631672		76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0.416184		76.07
76.08	03956	UIH UROLOGY CLINIC	0.279037		76.08
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.865889		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.870357		90.00
91.00	09100	EMERGENCY	0.334473		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.640574		92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
93.01	04950	EYE EAR INFIRMARY	0.374124		93.01
93.02	04952	OCC PSYCH	1.255678		93.02
93.03	04951	OCC ADOLESCENTS	0.435668		93.03
93.04	04953	LION'S EYE INST.	0.281731		93.04
93.05	04955	COVID CLINIC(S)	928.270761		93.05
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
107.00	10700	LIVER ACQUISITION			107.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
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:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	197,610,191		197,610,191	0
31.00	03100	INTENSIVE CARE UNIT	51,859,901		51,859,901	0
31.01	02080	PEDS ICU	8,046,041		8,046,041	0
31.02	02060	NEONATAL ICU	31,047,169		31,047,169	0
32.00	03200	CORONARY CARE UNIT	29,995,756		29,995,756	0
40.00	04000	SUBPROVIDER - IPF	31,496,659		31,496,659	0
43.00	04300	NURSERY	3,571,987		3,571,987	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	78,511,661		78,511,661	0
51.00	05100	RECOVERY ROOM	12,699,960		12,699,960	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,938,454		28,938,454	0
53.00	05300	ANESTHESIOLOGY	11,494,788		11,494,788	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,157,068		19,157,068	0
54.01	03630	RADIO ULTRASOUND	4,170,847		4,170,847	0
54.02	03650	RADIO ANGIOGRAPHY	10,799,863		10,799,863	0
54.03	05401	RADIO WEST HARRISON	2,779,944		2,779,944	0
54.04	05402	RADIO MILE SQUARE	1,732,607		1,732,607	0
55.00	05500	RADIOLOGY-THERAPEUTIC	13,325,725		13,325,725	0
56.00	05600	RADIOISOTOPE	2,345,273		2,345,273	0
57.00	05700	CT SCAN	10,414,307		10,414,307	0
58.00	05800	MRI	9,150,690		9,150,690	0
59.00	05900	CARDIAC CATHETERIZATION	6,501,533		6,501,533	0
60.00	06000	LABORATORY	67,407,861		67,407,861	0
60.01	03420	LAB TISSUE TYPING	2,840,993		2,840,993	0
60.02	06001	LAB OUTREACH	14,752,247		14,752,247	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,897,674		9,897,674	0
64.00	06400	INTRAVENOUS THERAPY	981,163		981,163	0
65.00	06500	RESPIRATORY THERAPY	14,070,969	0	14,070,969	0
66.00	06600	PHYSICAL THERAPY	7,743,045	0	7,743,045	0
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	965,341	0	965,341	0
66.02	06602	PHYSICAL THERAPY MAXWELL ST	1,821,731	0	1,821,731	0
66.03	06603	PHYSICAL THERAPY-OCC	6,907,625	0	6,907,625	0
67.00	06700	OCCUPATIONAL THERAPY	6,297,730	0	6,297,730	0
67.01	06701	OCCUPATIONAL THERAPY-OCC	1,144,209	0	1,144,209	0
68.00	06800	SPEECH PATHOLOGY	2,360,402	0	2,360,402	0
69.00	06900	ELECTROCARDIOLOGY	1,516,692		1,516,692	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,502,388		2,502,388	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	120,255,926		120,255,926	0
73.00	07300	DRUGS CHARGED TO PATIENTS	136,526,673		136,526,673	0
74.00	07400	RENAL DIALYSIS	14,629,043		14,629,043	0
76.00	03950	OTHER ANCILLARY SVC	0		0	0
76.01	03340	GASTROENTEROLOGY	9,472,889		9,472,889	0
76.02	03951	BONE MARROW TRANSPLANT	2,846,768		2,846,768	0
76.03	03140	CARDIAC SERVICES	9,085,053		9,085,053	0
76.04	03952	TELEMEDICINE PROGRAM	3,046,370		3,046,370	0
76.05	03953	SLEEP LAB WEST HARRISON	2,165,012		2,165,012	0
76.06	03954	SICKLE CELL	2,928,176		2,928,176	0
76.07	03955	HEART CENTER-ROOSEVELT RD	186,797		186,797	0
76.08	03956	UIH UROLOGY CLINIC	1,084,670		1,084,670	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	198,747		198,747	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	100,227,202		100,227,202	0
91.00	09100	EMERGENCY	37,082,653		37,082,653	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0
93.01	04950	EYE EAR INFIRMARY	10,016,328		10,016,328	0
93.02	04952	OCC PSYCH	6,404,234		6,404,234	0
93.03	04951	OCC ADOLESCENTS	8,846,196		8,846,196	0
93.04	04953	LION'S EYE INST.	2,151,584		2,151,584	0
93.05	04955	COVID CLINIC(S)	3,990,676		3,990,676	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	18,660,118		18,660,118	0
107.00	10700	LIVER ACQUISITION	5,429,393		5,429,393	0
109.00	10900	PANCREAS ACQUISITION	2,324,958		2,324,958	0
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	154,711		154,711	0
200.00		Subtotal (see instructions)	1,204,574,671	0	1,204,574,671	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

				Title XIX		Hospital		Cost	
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
						Total Costs	RCE Disallowance	Total Costs	
				1.00	2.00	3.00	4.00	5.00	
201.00		Less Observation Beds		0		0		0	201.00
202.00		Total (see instructions)		1,204,574,671	0	1,204,574,671	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

					Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
31.01	02080	PEDS ICU	0		0			31.01	
31.02	02060	NEONATAL ICU	0		0			31.02	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.01	03630	RADIO ULTRASOUND	0	0	0	0.000000	0.000000	54.01	
54.02	03650	RADIO ANGIOGRAPHY	0	0	0	0.000000	0.000000	54.02	
54.03	05401	RADIO WEST HARRISON	0	0	0	0.000000	0.000000	54.03	
54.04	05402	RADIO MILE SQUARE	0	0	0	0.000000	0.000000	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
60.01	03420	LAB TISSUE TYPING	0	0	0	0.000000	0.000000	60.01	
60.02	06001	LAB OUTREACH	0	0	0	0.000000	0.000000	60.02	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	0.000000	0.000000	66.01	
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	0.000000	0.000000	66.02	
66.03	06603	PHYSICAL THERAPY-OCC	0	0	0	0.000000	0.000000	66.03	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	0.000000	0.000000	67.01	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0.000000	0.000000	76.00	
76.01	03340	GASTROENTEROLOGY	0	0	0	0.000000	0.000000	76.01	
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	0.000000	0.000000	76.02	
76.03	03140	CARDIAC SERVICES	0	0	0	0.000000	0.000000	76.03	
76.04	03952	TELEMEDICINE PROGRAM	0	0	0	0.000000	0.000000	76.04	
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	0.000000	0.000000	76.05	
76.06	03954	SICKLE CELL	0	0	0	0.000000	0.000000	76.06	
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	0.000000	0.000000	76.07	
76.08	03956	UIH UROLOGY CLINIC	0	0	0	0.000000	0.000000	76.08	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00	
93.01	04950	EYE EAR INFIRMARY	0	0	0	0.000000	0.000000	93.01	
93.02	04952	OCC PSYCH	0	0	0	0.000000	0.000000	93.02	
93.03	04951	OCC ADOLESCENTS	0	0	0	0.000000	0.000000	93.03	
93.04	04953	LION'S EYE INST.	0	0	0	0.000000	0.000000	93.04	
93.05	04955	COVID CLINIC(S)	0	0	0	0.000000	0.000000	93.05	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
112.00	08601	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 12/2/2021 2:42 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			
202.00		Total (see instructions)		0	0	0	9.00	10.00	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02080 PEDS ICU				31.01
31.02	02060 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630 RADIO ULTRASOUND	0.000000			54.01
54.02	03650 RADIO ANGIOGRAPHY	0.000000			54.02
54.03	05401 RADIO WEST HARRISON	0.000000			54.03
54.04	05402 RADIO MILE SQUARE	0.000000			54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	03420 LAB TISSUE TYPING	0.000000			60.01
60.02	06001 LAB OUTREACH	0.000000			60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
66.01	06601 PHYSICAL THERAPY-ROOSEVELT RD	0.000000			66.01
66.02	06602 PHYSICAL THERAPY MAXWELL ST	0.000000			66.02
66.03	06603 PHYSICAL THERAPY-OCC	0.000000			66.03
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
67.01	06701 OCCUPATIONAL THERAPY-OCC	0.000000			67.01
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
76.00	03950 OTHER ANCILLARY SVC	0.000000			76.00
76.01	03340 GASTROENTEROLOGY	0.000000			76.01
76.02	03951 BONE MARROW TRANSPLANT	0.000000			76.02
76.03	03140 CARDIAC SERVICES	0.000000			76.03
76.04	03952 TELEMEDICINE PROGRAM	0.000000			76.04
76.05	03953 SLEEP LAB WEST HARRISON	0.000000			76.05
76.06	03954 SICKLE CELL	0.000000			76.06
76.07	03955 HEART CENTER-ROOSEVELT RD	0.000000			76.07
76.08	03956 UIH UROLOGY CLINIC	0.000000			76.08
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04954 OTHER OUTPATIENT SERVICE COST CENTER	0.000000			93.00
93.01	04950 EYE EAR INFIRMARY	0.000000			93.01
93.02	04952 OCC PSYCH	0.000000			93.02
93.03	04951 OCC ADOLESCENTS	0.000000			93.03
93.04	04953 LION'S EYE INST.	0.000000			93.04
93.05	04955 COVID CLINIC(S)	0.000000			93.05
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
107.00	10700 LIVER ACQUISITION				107.00
109.00	10900 PANCREAS ACQUISITION				109.00
112.00	08601 OTHER ORGAN ACQUISITION (SPECIFY)				112.00
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:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
12/2/2021 2:42 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	2,940,229	0	2,940,229	74,238	39.61	30.00
31.00	INTENSIVE CARE UNIT	778,172		778,172	14,339	54.27	31.00
31.01	PEDS ICU	133,091		133,091	555	239.80	31.01
31.02	NEONATAL ICU	596,519		596,519	7,696	77.51	31.02
32.00	CORONARY CARE UNIT	439,040		439,040	6,349	69.15	32.00
40.00	SUBPROVIDER - IPF	457,002	0	457,002	12,558	36.39	40.00
43.00	NURSERY	43,663		43,663	2,584	16.90	43.00
200.00	Total (lines 30 through 199)	5,387,716		5,387,716	118,319		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,925	551,569				30.00
31.00	INTENSIVE CARE UNIT	4,419	239,819				31.00
31.01	PEDS ICU	0	0				31.01
31.02	NEONATAL ICU	0	0				31.02
32.00	CORONARY CARE UNIT	1,733	119,837				32.00
40.00	SUBPROVIDER - IPF	1,569	57,096				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	21,646	968,321				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 12/2/2021 2:42 pm
Title XVIII				Hospital	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,527,375	213,229,009	0.021232	18,461,293	391,970	50.00
51.00 05100 RECOVERY ROOM	96,430	19,744,561	0.004884	1,302,056	6,359	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	622,829	39,873,791	0.015620	313,155	4,891	52.00
53.00 05300 ANESTHESIOLOGY	639,716	95,357,570	0.006709	6,974,031	46,789	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,278,828	42,010,087	0.030441	2,518,332	76,661	54.00
54.01 03630 RADIO ULTRASOUND	346,842	18,051,788	0.019214	1,824,223	35,051	54.01
54.02 03650 RADIO ANGIOGRAPHY	171,760	66,964,588	0.002565	7,937,605	20,360	54.02
54.03 05401 RADIO WEST HARRISON	139,676	13,962,339	0.010004	13,928	139	54.03
54.04 05402 RADIO MILE SQUARE	106,170	4,603,603	0.023062	3,266	75	54.04
55.00 05500 RADIOLOGY-THERAPEUTIC	376,976	25,007,829	0.015074	388,373	5,854	55.00
56.00 05600 RADIOISOTOPE	25,052	7,166,460	0.003496	377,167	1,319	56.00
57.00 05700 CT SCAN	172,880	128,512,027	0.001345	12,089,176	16,260	57.00
58.00 05800 MRI	189,875	78,629,533	0.002415	4,520,616	10,917	58.00
59.00 05900 CARDIAC CATHETERIZATION	109,492	30,430,622	0.003598	3,980,727	14,323	59.00
60.00 06000 LABORATORY	1,754,508	455,725,668	0.003850	41,491,698	159,743	60.00
60.01 03420 LAB TISSUE TYPING	51,605	8,810,498	0.005857	804,517	4,712	60.01
60.02 06001 LAB OUTREACH	125,331	150,318,310	0.000834	0	0	60.02
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	57,337	49,235,164	0.001165	9,364,396	10,910	63.00
64.00 06400 INTRAVENOUS THERAPY	11,568	2,568,509	0.004504	463,816	2,089	64.00
65.00 06500 RESPIRATORY THERAPY	516,926	61,104,876	0.008460	13,209,904	111,756	65.00
66.00 06600 PHYSICAL THERAPY	197,767	10,270,310	0.019256	1,956,762	37,679	66.00
66.01 06601 PHYSICAL THERAPY-ROOSEVELT RD	92,029	138,385	0.065021	0	0	66.01
66.02 06602 PHYSICAL THERAPY MAXWELL ST	13,644	3,467,831	0.003934	277	1	66.02
66.03 06603 PHYSICAL THERAPY-OCC	44,048	10,577,448	0.004164	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	144,511	8,430,947	0.017141	1,362,917	23,362	67.00
67.01 06701 OCCUPATIONAL THERAPY-OCC	4,930	2,080,642	0.002369	0	0	67.01
68.00 06800 SPEECH PATHOLOGY	18,096	3,501,352	0.005168	397,301	2,053	68.00
69.00 06900 ELECTROCARDIOLOGY	30,308	7,345,331	0.004126	1,481,123	6,111	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	254,284	5,324,327	0.047759	991,378	47,347	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	678,495	180,760,599	0.003754	24,410,501	91,637	71.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,184,347	349,722,090	0.003387	37,525,663	127,099	73.00
74.00 07400 RENAL DIALYSIS	412,606	37,529,610	0.010994	4,166,797	45,810	74.00
76.00 03950 OTHER ANCILLARY SVC	0	0	0.000000	0	0	76.00
76.01 03340 GASTROENTEROLOGY	1,098,529	35,389,590	0.031041	1,965,181	61,001	76.01
76.02 03951 BONE MARROW TRANSPLANT	168,792	1,847,238	0.091375	289,106	26,417	76.02
76.03 03140 CARDIAC SERVICES	878,417	29,575,870	0.029700	3,550,789	105,458	76.03
76.04 03952 TELEMEDCINE PROGRAM	96,390	1,634,438	0.058974	0	0	76.04
76.05 03953 SLEEP LAB WEST HARRISON	13,325	4,081,409	0.003265	1,796	6	76.05
76.06 03954 SICKLE CELL	25,534	1,784,439	0.014309	47,887	685	76.06
76.07 03955 HEART CENTER-ROOSEVELT RD	24,708	439,046	0.056277	1,643	92	76.07
76.08 03956 UIH UROLOGY CLINIC	38,606	3,762,093	0.010262	6,432	66	76.08
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	1,173	227,096	0.005165	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3,076,393	111,221,531	0.027660	179,261	4,958	90.00
91.00 09100 EMERGENCY	562,806	100,616,270	0.005594	6,955,291	38,908	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	230,579	22,925,751	0.010058	653,531	6,573	92.00
93.00 04954 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
93.01 04950 EYE EAR INFIRMARY	334,495	24,827,474	0.013473	10,202	137	93.01
93.02 04952 OCC PSYCH	494,977	4,554,307	0.108683	66	7	93.02
93.03 04951 OCC ADOLESCENTS	205,740	17,896,129	0.011496	0	0	93.03
93.04 04953 LION'S EYE INST.	71,161	7,393,538	0.009625	4,817	46	93.04
93.05 04955 COVID CLINIC(S)	17,719	4,299	4.121656	0	0	93.05
200.00 Total (lines 50 through 199)	21,735,585	2,498,636,222		211,997,000	1,545,631	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 12/2/2021 2:42 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	2,001,687	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	419,525	0	31.00		
31.01	02080	PEDS ICU	0	0	0	16,238	0	31.01		
31.02	02060	NEONATAL ICU	0	0	0	225,167	0	31.02		
32.00	03200	CORONARY CARE UNIT	0	0	0	185,757	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	367,417	0	40.00		
43.00	04300	NURSERY	0	0	0	75,602	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	3,291,393	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	2,001,687	74,238	26.96	13,925	30.00		
31.00	03100	INTENSIVE CARE UNIT		419,525	14,339	29.26	4,419	31.00		
31.01	02080	PEDS ICU		16,238	555	29.26	0	31.01		
31.02	02060	NEONATAL ICU		225,167	7,696	29.26	0	31.02		
32.00	03200	CORONARY CARE UNIT		185,757	6,349	29.26	1,733	32.00		
40.00	04000	SUBPROVIDER - IPF	0	367,417	12,558	29.26	1,569	40.00		
43.00	04300	NURSERY		75,602	2,584	29.26	0	43.00		
200.00		Total (lines 30 through 199)		3,291,393	118,319		21,646	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	375,418						30.00	
31.00	03100	INTENSIVE CARE UNIT	129,300						31.00	
31.01	02080	PEDS ICU	0						31.01	
31.02	02060	NEONATAL ICU	0						31.02	
32.00	03200	CORONARY CARE UNIT	50,708						32.00	
40.00	04000	SUBPROVIDER - IPF	45,909						40.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	601,335						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	RADIO ULTRASOUND	0	0	0	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	0	0	0	0	54.02
54.03	05401	RADIO WEST HARRISON	0	0	0	0	0	54.03
54.04	05402	RADIO MILE SQUARE	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	LAB TISSUE TYPING	0	0	0	0	0	60.01
60.02	06001	LAB OUTREACH	0	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
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	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	0	0	0	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	0	0	76.02
76.03	03140	CARDIAC SERVICES	0	0	0	0	0	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	0	0	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	0	0	76.05
76.06	03954	SICKLE CELL	0	0	0	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	156,975	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0	0	0	0	0	93.01
93.02	04952	OCC PSYCH	0	0	0	0	0	93.02
93.03	04951	OCC ADOLESCENTS	0	0	0	0	0	93.03
93.04	04953	LION'S EYE INST.	0	0	0	0	0	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	0	0	93.05
200.00		Total (lines 50 through 199)	0	0	0	0	156,975	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	213,229,009	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	19,744,561	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	39,873,791	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	95,357,570	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	42,010,087	0.000000	54.00
54.01	03630	RADIO ULTRASOUND	0	0	0	0	18,051,788	0.000000	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	0	0	0	66,964,588	0.000000	54.02
54.03	05401	RADIO WEST HARRISON	0	0	0	0	13,962,339	0.000000	54.03
54.04	05402	RADIO MILE SQUARE	0	0	0	0	4,603,603	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	25,007,829	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	7,166,460	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	128,512,027	0.000000	57.00
58.00	05800	MRI	0	0	0	0	78,629,533	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	30,430,622	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	455,725,668	0.000000	60.00
60.01	03420	LAB TISSUE TYPING	0	0	0	0	8,810,498	0.000000	60.01
60.02	06001	LAB OUTREACH	0	0	0	0	150,318,310	0.000000	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	49,235,164	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	2,568,509	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	61,104,876	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,270,310	0.000000	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	0	138,385	0.000000	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	0	3,467,831	0.000000	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	0	0	10,577,448	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,430,947	0.000000	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	0	2,080,642	0.000000	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	3,501,352	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	7,345,331	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	5,324,327	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	180,760,599	0.000000	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	349,722,090	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	37,529,610	0.000000	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0	0.000000	76.00
76.01	03340	GASTROENTEROLOGY	0	0	0	0	35,389,590	0.000000	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	0	1,847,238	0.000000	76.02
76.03	03140	CARDIAC SERVICES	0	0	0	0	29,575,870	0.000000	76.03
76.04	03952	TELEMEDICINE PROGRAM	0	0	0	0	1,634,438	0.000000	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	0	4,081,409	0.000000	76.05
76.06	03954	SICKLE CELL	0	0	0	0	1,784,439	0.000000	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	0	439,046	0.000000	76.07
76.08	03956	UIH UROLOGY CLINIC	0	0	0	0	3,762,093	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	227,096	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	111,221,531	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0	100,616,270	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	156,975	156,975	156,975	22,925,751	0.006847	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0.000000	93.00
93.01	04950	EYE EAR INFIRMARY	0	0	0	0	24,827,474	0.000000	93.01
93.02	04952	OCC PSYCH	0	0	0	0	4,554,307	0.000000	93.02
93.03	04951	OCC ADOLESCENTS	0	0	0	0	17,896,129	0.000000	93.03
93.04	04953	LION'S EYE INST.	0	0	0	0	7,393,538	0.000000	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	0	4,299	0.000000	93.05
200.00		Total (lines 50 through 199)	0	156,975	156,975	156,975	2,498,636,222		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 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	18,461,293	0	12,763,995	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	1,302,056	0	1,287,141	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	313,155	0	48,950	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	6,974,031	0	5,747,971	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	2,518,332	0	2,227,407	0	54.00
54.01	03630	RADIO ULTRASOUND		0.000000	1,824,223	0	1,047,725	0	54.01
54.02	03650	RADIO ANGIOGRAPHY		0.000000	7,937,605	0	5,088,093	0	54.02
54.03	05401	RADIO WEST HARRISON		0.000000	13,928	0	2,007,653	0	54.03
54.04	05402	RADIO MILE SQUARE		0.000000	3,266	0	156,814	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	388,373	0	2,925,125	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	377,167	0	1,117,526	0	56.00
57.00	05700	CT SCAN		0.000000	12,089,176	0	10,668,569	0	57.00
58.00	05800	MRI		0.000000	4,520,616	0	6,066,307	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	3,980,727	0	2,918,091	0	59.00
60.00	06000	LABORATORY		0.000000	41,491,698	0	17,761,531	0	60.00
60.01	03420	LAB TISSUE TYPING		0.000000	804,517	0	350,100	0	60.01
60.02	06001	LAB OUTREACH		0.000000	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	9,364,396	0	1,069,377	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	463,816	0	43,884	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	13,209,904	0	709,360	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,956,762	0	3,993	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD		0.000000	0	0	8,220	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST		0.000000	277	0	2,231	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC		0.000000	0	0	11,412	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,362,917	0	2,036	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC		0.000000	0	0	4,650	0	67.01
68.00	06800	SPEECH PATHOLOGY		0.000000	397,301	0	167,299	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,481,123	0	277,882	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	991,378	0	95,392	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	24,410,501	0	11,333,825	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	37,525,663	0	35,819,010	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	4,166,797	0	93,162	0	74.00
76.00	03950	OTHER ANCILLARY SVC		0.000000	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY		0.000000	1,965,181	0	3,058,940	0	76.01
76.02	03951	BONE MARROW TRANSPLANT		0.000000	289,106	0	10,547	0	76.02
76.03	03140	CARDIAC SERVICES		0.000000	3,550,789	0	2,086,022	0	76.03
76.04	03952	TELEMEDICINE PROGRAM		0.000000	0	0	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON		0.000000	1,796	0	343,866	0	76.05
76.06	03954	SICKLE CELL		0.000000	47,887	0	195,661	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD		0.000000	1,643	0	77,091	0	76.07
76.08	03956	UIH UROLOGY CLINIC		0.000000	6,432	0	539,659	0	76.08
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	58,390	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	179,261	0	13,169,836	0	90.00
91.00	09100	EMERGENCY		0.000000	6,955,291	0	6,402,488	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.006847	653,531	4,475	2,073,102	14,195	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER		0.000000	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY		0.000000	10,202	0	4,395,954	0	93.01
93.02	04952	OCC PSYCH		0.000000	66	0	249,350	0	93.02
93.03	04951	OCC ADOLESCENTS		0.000000	0	0	17,262	0	93.03
93.04	04953	LION'S EYE INST.		0.000000	4,817	0	1,801,014	0	93.04
93.05	04955	COVID CLINIC(S)		0.000000	0	0	0	0	93.05
200.00		Total (lines 50 through 199)			211,997,000	4,475	156,303,913	14,195	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 12/2/2021 2:42 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	0.306838	12,763,995	217	0	3,916,479
51.00 05100 RECOVERY ROOM	0.633935	1,287,141	169	0	815,964
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.678187	48,950	1	0	33,197
53.00 05300 ANESTHESIOLOGY	0.085543	5,747,971	0	0	491,699
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.446733	2,227,407	1	0	995,056
54.01 03630 RADIO ULTRASOUND	0.204192	1,047,725	2	0	213,937
54.02 03650 RADIO ANGIOGRAPHY	0.113961	5,088,093	25	0	579,844
54.03 05401 RADIO WEST HARRISON	0.189825	2,007,653	1	0	381,103
54.04 05402 RADIO MILE SQUARE	0.367081	156,814	0	0	57,563
55.00 05500 RADIOLOGY-THERAPEUTIC	0.398064	2,925,125	3	0	1,164,387
56.00 05600 RADIOISOTOPE	0.270109	1,117,526	0	0	301,854
57.00 05700 CT SCAN	0.060214	10,668,569	2	0	642,397
58.00 05800 MRI	0.088666	6,066,307	0	0	537,875
59.00 05900 CARDIAC CATHETERIZATION	0.101784	2,918,091	11	0	297,015
60.00 06000 LABORATORY	0.116072	17,761,531	33,100	0	2,061,616
60.01 03420 LAB TISSUE TYPING	0.313177	350,100	326	0	109,643
60.02 06001 LAB OUTREACH	0.088862	0	0	0	0
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.149596	1,069,377	18,977	0	159,975
64.00 06400 INTRAVENOUS THERAPY	0.372719	43,884	0	0	16,356
65.00 06500 RESPIRATORY THERAPY	0.184224	709,360	42	0	130,681
66.00 06600 PHYSICAL THERAPY	0.698718	3,993	0	0	2,790
66.01 06601 PHYSICAL THERAPY-ROOSEVELT RD	6.966485	8,220	0	0	57,265
66.02 06602 PHYSICAL THERAPY MAXWELL ST	0.516045	2,231	0	0	1,151
66.03 06603 PHYSICAL THERAPY-OCC	0.643774	11,412	0	0	7,347
67.00 06700 OCCUPATIONAL THERAPY	0.708199	2,036	0	0	1,442
67.01 06701 OCCUPATIONAL THERAPY-OCC	0.540653	4,650	0	0	2,514
68.00 06800 SPEECH PATHOLOGY	0.596277	167,299	0	0	99,757
69.00 06900 ELECTROCARDIOLOGY	0.101462	277,882	0	0	28,194
70.00 07000 ELECTROENCEPHALOGRAPHY	0.460713	95,392	0	0	43,948
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.639535	11,333,825	143,535	0	7,248,378
73.00 07300 DRUGS CHARGED TO PATIENTS	0.342238	35,819,010	5,920	342,131	12,258,626
74.00 07400 RENAL DIALYSIS	0.341901	93,162	350	1,017	31,852
76.00 03950 OTHER ANCILLARY SVC	0.000000	0	0	0	0
76.01 03340 GASTROENTEROLOGY	0.258396	3,058,940	12	0	790,418
76.02 03951 BONE MARROW TRANSPLANT	1.531816	10,547	22	0	16,156
76.03 03140 CARDIAC SERVICES	0.297900	2,086,022	0	0	621,426
76.04 03952 TELEMEDICINE PROGRAM	1.854586	0	0	0	0
76.05 03953 SLEEP LAB WEST HARRISON	0.521179	343,866	0	0	179,216
76.06 03954 SICKLE CELL	1.631672	195,661	34	114	319,255
76.07 03955 HEART CENTER-ROOSEVELT RD	0.416184	77,091	13	30	32,084
76.08 03956 UIH UROLOGY CLINIC	0.279037	539,659	1	7	150,585
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.865889	58,390	0	0	50,559
76.99 07699 LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.870357	13,169,836	1,767	6,825	11,462,459
91.00 09100 EMERGENCY	0.334473	6,402,488	281	117	2,141,459
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.640574	2,073,102	0	0	1,327,975
93.00 04954 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0
93.01 04950 EYE EAR INFIRMARY	0.374124	4,395,954	4	0	1,644,632
93.02 04952 OCC PSYCH	1.255678	249,350	0	0	313,103
93.03 04951 OCC ADOLESCENTS	0.435668	17,262	0	0	7,521
93.04 04953 LION'S EYE INST.	0.281731	1,801,014	0	0	507,401
93.05 04955 COVID CLINIC(S)	928.270761	0	0	0	0
200.00 Subtotal (see instructions)		156,303,913	204,816	350,241	52,254,154
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 - line 201)		156,303,913	204,816	350,241	52,254,154

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 12/2/2021 2:42 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	67	0	50.00
51.00	05100	RECOVERY ROOM	107	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	RADIO ULTRASOUND	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	3	0	54.02
54.03	05401	RADIO WEST HARRISON	0	0	54.03
54.04	05402	RADIO MILE SQUARE	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	1	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	1	0	59.00
60.00	06000	LABORATORY	3,842	0	60.00
60.01	03420	LAB TISSUE TYPING	102	0	60.01
60.02	06001	LAB OUTREACH	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,839	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,796	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,026	117,090	73.00
74.00	07400	RENAL DIALYSIS	120	348	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	76.00
76.01	03340	GASTROENTEROLOGY	3	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	34	0	76.02
76.03	03140	CARDIAC SERVICES	0	0	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	76.05
76.06	03954	SICKLE CELL	55	186	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	5	12	76.07
76.08	03956	UIH UROLOGY CLINIC	0	2	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,538	5,940	90.00
91.00	09100	EMERGENCY	94	39	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	1	0	93.01
93.02	04952	OCC PSYCH	0	0	93.02
93.03	04951	OCC ADOLESCENTS	0	0	93.03
93.04	04953	LION'S EYE INST.	0	0	93.04
93.05	04955	COVID CLINIC(S)	0	0	93.05
200.00		Subtotal (see instructions)	102,643	123,617	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	102,643	123,617	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 12/2/2021 2:42 pm
		Component CCN:14-S150		

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	4,527,375	213,229,009	0.021232	24,784	526	50.00
51.00	05100 RECOVERY ROOM	96,430	19,744,561	0.004884	1,624	8	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	622,829	39,873,791	0.015620	10,818	169	52.00
53.00	05300 ANESTHESIOLOGY	639,716	95,357,570	0.006709	8,438	57	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,278,828	42,010,087	0.030441	9,101	277	54.00
54.01	03630 RADIO ULTRASOUND	346,842	18,051,788	0.019214	1,332	26	54.01
54.02	03650 RADIO ANGIOGRAPHY	171,760	66,964,588	0.002565	0	0	54.02
54.03	05401 RADIO WEST HARRISON	139,676	13,962,339	0.010004	0	0	54.03
54.04	05402 RADIO MILE SQUARE	106,170	4,603,603	0.023062	0	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	376,976	25,007,829	0.015074	0	0	55.00
56.00	05600 RADIOISOTOPE	25,052	7,166,460	0.003496	0	0	56.00
57.00	05700 CT SCAN	172,880	128,512,027	0.001345	32,172	43	57.00
58.00	05800 MRI	189,875	78,629,533	0.002415	42,957	104	58.00
59.00	05900 CARDIAC CATHETERIZATION	109,492	30,430,622	0.003598	0	0	59.00
60.00	06000 LABORATORY	1,754,508	455,725,668	0.003850	337,583	1,300	60.00
60.01	03420 LAB TISSUE TYPING	51,605	8,810,498	0.005857	0	0	60.01
60.02	06001 LAB OUTREACH	125,331	150,318,310	0.000834	0	0	60.02
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	57,337	49,235,164	0.001165	14,659	17	63.00
64.00	06400 INTRAVENOUS THERAPY	11,568	2,568,509	0.004504	360	2	64.00
65.00	06500 RESPIRATORY THERAPY	516,926	61,104,876	0.008460	17,955	152	65.00
66.00	06600 PHYSICAL THERAPY	197,767	10,270,310	0.019256	16,122	310	66.00
66.01	06601 PHYSICAL THERAPY-ROOSEVELT RD	92,029	138,385	0.065021	0	0	66.01
66.02	06602 PHYSICAL THERAPY MAXWELL ST	13,644	3,467,831	0.003934	0	0	66.02
66.03	06603 PHYSICAL THERAPY-OCC	44,048	10,577,448	0.004164	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	144,511	8,430,947	0.017141	132,086	2,264	67.00
67.01	06701 OCCUPATIONAL THERAPY-OCC	4,930	2,080,642	0.002369	0	0	67.01
68.00	06800 SPEECH PATHOLOGY	18,096	3,501,352	0.005168	2,502	13	68.00
69.00	06900 ELECTROCARDIOLOGY	30,308	7,345,331	0.004126	16,590	68	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	254,284	5,324,327	0.047759	12,550	599	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	678,495	180,760,599	0.003754	16,972	64	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,184,347	349,722,090	0.003387	344,027	1,165	73.00
74.00	07400 RENAL DIALYSIS	412,606	37,529,610	0.010994	54,626	601	74.00
76.00	03950 OTHER ANCILLARY SVC	0	0	0.000000	0	0	76.00
76.01	03340 GASTROENTEROLOGY	1,098,529	35,389,590	0.031041	0	0	76.01
76.02	03951 BONE MARROW TRANSPLANT	168,792	1,847,238	0.091375	54	5	76.02
76.03	03140 CARDIAC SERVICES	878,417	29,575,870	0.029700	0	0	76.03
76.04	03952 TELEMEDICINE PROGRAM	96,390	1,634,438	0.058974	0	0	76.04
76.05	03953 SLEEP LAB WEST HARRISON	13,325	4,081,409	0.003265	0	0	76.05
76.06	03954 SICKLE CELL	25,534	1,784,439	0.014309	0	0	76.06
76.07	03955 HEART CENTER-ROOSEVELT RD	24,708	439,046	0.056277	0	0	76.07
76.08	03956 UIH UROLOGY CLINIC	38,606	3,762,093	0.010262	0	0	76.08
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,173	227,096	0.005165	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,076,393	111,221,531	0.027660	6,165	171	90.00
91.00	09100 EMERGENCY	562,806	100,616,270	0.005594	225,078	1,259	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	22,925,751	0.000000	0	0	92.00
93.00	04954 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
93.01	04950 EYE EAR INFIRMARY	334,495	24,827,474	0.013473	0	0	93.01
93.02	04952 OCC PSYCH	494,977	4,554,307	0.108683	0	0	93.02
93.03	04951 OCC ADOLESCENTS	205,740	17,896,129	0.011496	0	0	93.03
93.04	04953 LION'S EYE INST.	71,161	7,393,538	0.009625	0	0	93.04
93.05	04955 COVID CLINIC(S)	17,719	4,299	4.121656	0	0	93.05
200.00	Total (lines 50 through 199)	21,505,006	2,498,636,222		1,328,555	9,200	200.00

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 pm	
				Component CCN:14-S150			
				Title XVIII	Subprovider - IP#	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	RADIO ULTRASOUND	0	0	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	0	0	0	54.02
54.03	05401	RADIO WEST HARRISON	0	0	0	0	54.03
54.04	05402	RADIO MILE SQUARE	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	03420	LAB TISSUE TYPING	0	0	0	0	60.01
60.02	06001	LAB OUTREACH	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
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	03950	OTHER ANCILLARY SVC	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	0	0	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	0	76.02
76.03	03140	CARDIAC SERVICES	0	0	0	0	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	0	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	0	76.05
76.06	03954	SICKLE CELL	0	0	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0	0	0	0	93.01
93.02	04952	OCC PSYCH	0	0	0	0	93.02
93.03	04951	OCC ADOLESCENTS	0	0	0	0	93.03
93.04	04953	LION'S EYE INST.	0	0	0	0	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	0	93.05
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 pm	
					Component CCN:14-S150			
					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	213,229,009	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,744,561	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	39,873,791	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	95,357,570	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	42,010,087	0.000000	54.00
54.01	03630	RADIO ULTRASOUND	0	0	0	18,051,788	0.000000	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	0	0	66,964,588	0.000000	54.02
54.03	05401	RADIO WEST HARRISON	0	0	0	13,962,339	0.000000	54.03
54.04	05402	RADIO MILE SQUARE	0	0	0	4,603,603	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	25,007,829	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,166,460	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	128,512,027	0.000000	57.00
58.00	05800	MRI	0	0	0	78,629,533	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,430,622	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	455,725,668	0.000000	60.00
60.01	03420	LAB TISSUE TYPING	0	0	0	8,810,498	0.000000	60.01
60.02	06001	LAB OUTREACH	0	0	0	150,318,310	0.000000	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	49,235,164	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,568,509	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	61,104,876	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,270,310	0.000000	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	138,385	0.000000	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	3,467,831	0.000000	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	0	10,577,448	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,430,947	0.000000	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	2,080,642	0.000000	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,501,352	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,345,331	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,324,327	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	180,760,599	0.000000	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	349,722,090	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	37,529,610	0.000000	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	0	0	0.000000	76.00
76.01	03340	GASTROENTEROLOGY	0	0	0	35,389,590	0.000000	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	1,847,238	0.000000	76.02
76.03	03140	CARDIAC SERVICES	0	0	0	29,575,870	0.000000	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	0	0	1,634,438	0.000000	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	4,081,409	0.000000	76.05
76.06	03954	SICKLE CELL	0	0	0	1,784,439	0.000000	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	439,046	0.000000	76.07
76.08	03956	UIH UROLOGY CLINIC	0	0	0	3,762,093	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	227,096	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	111,221,531	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	100,616,270	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	22,925,751	0.000000	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0.000000	93.00
93.01	04950	EYE EAR INFIRMARY	0	0	0	24,827,474	0.000000	93.01
93.02	04952	OCC PSYCH	0	0	0	4,554,307	0.000000	93.02
93.03	04951	OCC ADOLESCENTS	0	0	0	17,896,129	0.000000	93.03
93.04	04953	LION'S EYE INST.	0	0	0	7,393,538	0.000000	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	4,299	0.000000	93.05
200.00	Total (lines 50 through 199)		0	0	0	2,498,636,222		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 pm
					Component CCN:14-S150		
					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	24,784	0	3	0
51.00	05100	RECOVERY ROOM	0.000000	1,624	0	1	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	10,818	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	8,438	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,101	0	0	0
54.01	03630	RADIO ULTRASOUND	0.000000	1,332	0	0	0
54.02	03650	RADIO ANGIOGRAPHY	0.000000	0	0	0	0
54.03	05401	RADIO WEST HARRISON	0.000000	0	0	0	0
54.04	05402	RADIO MILE SQUARE	0.000000	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0
57.00	05700	CT SCAN	0.000000	32,172	0	2,681	0
58.00	05800	MRI	0.000000	42,957	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	2	0
60.00	06000	LABORATORY	0.000000	337,583	0	921	0
60.01	03420	LAB TISSUE TYPING	0.000000	0	0	7	0
60.02	06001	LAB OUTREACH	0.000000	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	14,659	0	5	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	360	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	17,955	0	0	0
66.00	06600	PHYSICAL THERAPY	0.000000	16,122	0	0	0
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0.000000	0	0	0	0
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0.000000	0	0	0	0
66.03	06603	PHYSICAL THERAPY-OCC	0.000000	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	132,086	0	0	0
67.01	06701	OCCUPATIONAL THERAPY-OCC	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	2,502	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	16,590	0	62	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	12,550	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,972	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	344,027	0	0	0
74.00	07400	RENAL DIALYSIS	0.000000	54,626	0	1	0
76.00	03950	OTHER ANCILLARY SVC	0.000000	0	0	0	0
76.01	03340	GASTROENTEROLOGY	0.000000	0	0	1	0
76.02	03951	BONE MARROW TRANSPLANT	0.000000	54	0	0	0
76.03	03140	CARDIAC SERVICES	0.000000	0	0	0	0
76.04	03952	TELEMEDICINE PROGRAM	0.000000	0	0	0	0
76.05	03953	SLEEP LAB WEST HARRISON	0.000000	0	0	0	0
76.06	03954	SICKLE CELL	0.000000	0	0	0	0
76.07	03955	HEART CENTER-ROOSEVELT RD	0.000000	0	0	2	0
76.08	03956	UIH UROLOGY CLINIC	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	6,165	0	130	0
91.00	09100	EMERGENCY	0.000000	225,078	0	183	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0
93.01	04950	EYE EAR INFIRMARY	0.000000	0	0	0	0
93.02	04952	OCC PSYCH	0.000000	0	0	0	0
93.03	04951	OCC ADOLESCENTS	0.000000	0	0	0	0
93.04	04953	LION'S EYE INST.	0.000000	0	0	0	0
93.05	04955	COVID CLINIC(S)	0.000000	0	0	0	0
200.00	Total (lines 50 through 199)			1,328,555	0	3,999	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 12/2/2021 2:42 pm	
				Component CCN:14-S150					
				Title XVIII		Subprovider - IP#		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
						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	0.306838	3	0	0	0	1	50.00
51.00	05100	RECOVERY ROOM	0.633935	1	0	0	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.678187	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.085543	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.446733	0	0	0	0	0	54.00
54.01	03630	RADIO ULTRASOUND	0.204192	0	0	0	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	0.113961	0	0	0	0	0	54.02
54.03	05401	RADIO WEST HARRISON	0.189825	0	0	0	0	0	54.03
54.04	05402	RADIO MILE SQUARE	0.367081	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.398064	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.270109	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.060214	2,681	0	0	0	161	57.00
58.00	05800	MRI	0.088666	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101784	2	0	0	0	0	59.00
60.00	06000	LABORATORY	0.116072	921	0	0	0	107	60.00
60.01	03420	LAB TISSUE TYPING	0.313177	7	0	0	0	2	60.01
60.02	06001	LAB OUTREACH	0.088862	0	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149596	5	0	0	0	1	63.00
64.00	06400	INTRAVENOUS THERAPY	0.372719	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.184224	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.698718	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	6.966485	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0.516045	0	0	0	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0.643774	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.708199	0	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0.540653	0	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0.596277	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101462	62	0	0	0	6	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.460713	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.639535	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.342238	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.341901	1	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SVC	0.000000	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0.258396	1	0	0	0	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	1.531816	0	0	0	0	0	76.02
76.03	03140	CARDIAC SERVICES	0.297900	0	0	0	0	0	76.03
76.04	03952	TELEMEDICINE PROGRAM	1.854586	0	0	0	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0.521179	0	0	0	0	0	76.05
76.06	03954	SICKLE CELL	1.631672	0	0	0	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0.416184	2	0	0	0	1	76.07
76.08	03956	UIH UROLOGY CLINIC	0.279037	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.865889	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.870357	130	0	0	0	113	90.00
91.00	09100	EMERGENCY	0.334473	183	0	0	0	61	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.640574	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0.374124	0	0	0	0	0	93.01
93.02	04952	OCC PSYCH	1.255678	0	0	0	0	0	93.02
93.03	04951	OCC ADOLESCENTS	0.435668	0	0	0	0	0	93.03
93.04	04953	LION'S EYE INST.	0.281731	0	0	0	0	0	93.04
93.05	04955	COVID CLINIC(S)	928.270761	0	0	0	0	0	93.05
200.00		Subtotal (see instructions)		3,999	0	0	0	454	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)		3,999	0	0	0	454	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 12/2/2021 2:42 pm
			Component CCN:14-S150		
			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
54.01	03630	RADIO ULTRASOUND	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	0	54.02
54.03	05401	RADIO WEST HARRISON	0	0	54.03
54.04	05402	RADIO MILE SQUARE	0	0	54.04
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
60.01	03420	LAB TISSUE TYPING	0	0	60.01
60.02	06001	LAB OUTREACH	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	OTHER ANCILLARY SVC	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	76.02
76.03	03140	CARDIAC SERVICES	0	0	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	76.05
76.06	03954	SICKLE CELL	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0	0	93.01
93.02	04952	OCC PSYCH	0	0	93.02
93.03	04951	OCC ADOLESCENTS	0	0	93.03
93.04	04953	LION'S EYE INST.	0	0	93.04
93.05	04955	COVID CLINIC(S)	0	0	93.05
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

			Title XIX		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,940,229	0	2,940,229	74,238	39.61	30.00
31.00	INTENSIVE CARE UNIT	778,172		778,172	14,339	54.27	31.00
31.01	PEDS ICU	133,091		133,091	555	239.80	31.01
31.02	NEONATAL ICU	596,519		596,519	7,696	77.51	31.02
32.00	CORONARY CARE UNIT	439,040		439,040	6,349	69.15	32.00
40.00	SUBPROVIDER - IPF	457,002	0	457,002	12,558	36.39	40.00
43.00	NURSERY	43,663		43,663	2,584	16.90	43.00
200.00	Total (lines 30 through 199)	5,387,716		5,387,716	118,319		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	3,533	139,942				30.00
31.00	INTENSIVE CARE UNIT	625	33,919				31.00
31.01	PEDS ICU	46	11,031				31.01
31.02	NEONATAL ICU	2,175	168,584				31.02
32.00	CORONARY CARE UNIT	350	24,203				32.00
40.00	SUBPROVIDER - IPF	916	33,333				40.00
43.00	NURSERY	585	9,887				43.00
200.00	Total (lines 30 through 199)	8,230	420,899				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part II Date/Time Prepared: 12/2/2021 2:42 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				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		4,527,375	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM		96,430	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		622,829	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY		639,716	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,278,828	0	0.000000	0	0	54.00
54.01	03630	RADIO ULTRASOUND		346,842	0	0.000000	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY		171,760	0	0.000000	0	0	54.02
54.03	05401	RADIO WEST HARRISON		139,676	0	0.000000	0	0	54.03
54.04	05402	RADIO MILE SQUARE		106,170	0	0.000000	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC		376,976	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE		25,052	0	0.000000	0	0	56.00
57.00	05700	CT SCAN		172,880	0	0.000000	0	0	57.00
58.00	05800	MRI		189,875	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		109,492	0	0.000000	0	0	59.00
60.00	06000	LABORATORY		1,754,508	0	0.000000	0	0	60.00
60.01	03420	LAB TISSUE TYPING		51,605	0	0.000000	0	0	60.01
60.02	06001	LAB OUTREACH		125,331	0	0.000000	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		57,337	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		11,568	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		516,926	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY		197,767	0	0.000000	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD		92,029	0	0.000000	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST		13,644	0	0.000000	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC		44,048	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		144,511	0	0.000000	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC		4,930	0	0.000000	0	0	67.01
68.00	06800	SPEECH PATHOLOGY		18,096	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		30,308	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		254,284	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		678,495	0	0.000000	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,184,347	0	0.000000	0	0	73.00
74.00	07400	RENAL DIALYSIS		412,606	0	0.000000	0	0	74.00
76.00	03950	OTHER ANCILLARY SVC		0	0	0.000000	0	0	76.00
76.01	03340	GASTROENTEROLOGY		1,098,529	0	0.000000	0	0	76.01
76.02	03951	BONE MARROW TRANSPLANT		168,792	0	0.000000	0	0	76.02
76.03	03140	CARDIAC SERVICES		878,417	0	0.000000	0	0	76.03
76.04	03952	TELEMEDICINE PROGRAM		96,390	0	0.000000	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON		13,325	0	0.000000	0	0	76.05
76.06	03954	SICKLE CELL		25,534	0	0.000000	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD		24,708	0	0.000000	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC		38,606	0	0.000000	0	0	76.08
76.97	07697	CARDIAC REHABILITATION		0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		1,173	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		3,076,393	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY		562,806	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0.000000	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0.000000	0	0	93.00
93.01	04950	EYE EAR INFIRMARY		334,495	0	0.000000	0	0	93.01
93.02	04952	OCC PSYCH		494,977	0	0.000000	0	0	93.02
93.03	04951	OCC ADOLESCENTS		205,740	0	0.000000	0	0	93.03
93.04	04953	LION'S EYE INST.		71,161	0	0.000000	0	0	93.04
93.05	04955	COVID CLINIC(S)		17,719	0	0.000000	0	0	93.05
200.00		Total (lines 50 through 199)		21,505,006	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 12/2/2021 2:42 pm		
					Title XIX		Hospital		Cost		
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other Medical Education Cost				
			Post-Stepdown Adjustments		Post-Stepdown Adjustments	Cost					
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	2,001,687	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	419,525	0	31.00			
31.01	02080	PEDS ICU	0	0	0	16,238	0	31.01			
31.02	02060	NEONATAL ICU	0	0	0	225,167	0	31.02			
32.00	03200	CORONARY CARE UNIT	0	0	0	185,757	0	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	367,417	0	40.00			
43.00	04300	NURSERY	0	0	0	75,602	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	3,291,393	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	2,001,687	74,238	26.96	3,533	30.00			
31.00	03100	INTENSIVE CARE UNIT		419,525	14,339	29.26	625	31.00			
31.01	02080	PEDS ICU		16,238	555	29.26	46	31.01			
31.02	02060	NEONATAL ICU		225,167	7,696	29.26	2,175	31.02			
32.00	03200	CORONARY CARE UNIT		185,757	6,349	29.26	350	32.00			
40.00	04000	SUBPROVIDER - IPF	0	367,417	12,558	29.26	916	40.00			
43.00	04300	NURSERY		75,602	2,584	29.26	585	43.00			
200.00		Total (lines 30 through 199)		3,291,393	118,319		8,230	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	95,250								30.00
31.00	03100	INTENSIVE CARE UNIT	18,288								31.00
31.01	02080	PEDS ICU	1,346								31.01
31.02	02060	NEONATAL ICU	63,641								31.02
32.00	03200	CORONARY CARE UNIT	10,241								32.00
40.00	04000	SUBPROVIDER - IPF	26,802								40.00
43.00	04300	NURSERY	17,117								43.00
200.00		Total (lines 30 through 199)	232,685								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 pm	
Cost Center Description			Title XIX		Hospital		Cost	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	
			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
54.01	03630	RADIO ULTRASOUND	0	0	0	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY	0	0	0	0	0	54.02
54.03	05401	RADIO WEST HARRISON	0	0	0	0	0	54.03
54.04	05402	RADIO MILE SQUARE	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	LAB TISSUE TYPING	0	0	0	0	0	60.01
60.02	06001	LAB OUTREACH	0	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	0	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0	0	0	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
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	03950	OTHER ANCILLARY SVC	0	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY	0	0	0	0	0	76.01
76.02	03951	BONE MARROW TRANSPLANT	0	0	0	0	0	76.02
76.03	03140	CARDIAC SERVICES	0	0	0	0	0	76.03
76.04	03952	TELEMEDCINE PROGRAM	0	0	0	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON	0	0	0	0	0	76.05
76.06	03954	SICKLE CELL	0	0	0	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0	0	0	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC	0	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY	0	0	0	0	0	93.01
93.02	04952	OCC PSYCH	0	0	0	0	0	93.02
93.03	04951	OCC ADOLESCENTS	0	0	0	0	0	93.03
93.04	04953	LION'S EYE INST.	0	0	0	0	0	93.04
93.05	04955	COVID CLINIC(S)	0	0	0	0	0	93.05
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:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	03630	RADIO ULTRASOUND		0	0	0	0	0.000000	54.01
54.02	03650	RADIO ANGIOGRAPHY		0	0	0	0	0.000000	54.02
54.03	05401	RADIO WEST HARRISON		0	0	0	0	0.000000	54.03
54.04	05402	RADIO MILE SQUARE		0	0	0	0	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
60.01	03420	LAB TISSUE TYPING		0	0	0	0	0.000000	60.01
60.02	06001	LAB OUTREACH		0	0	0	0	0.000000	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD		0	0	0	0	0.000000	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST		0	0	0	0	0.000000	66.02
66.03	06603	PHYSICAL THERAPY-OCC		0	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC		0	0	0	0	0.000000	67.01
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
76.00	03950	OTHER ANCILLARY SVC		0	0	0	0	0.000000	76.00
76.01	03340	GASTROENTEROLOGY		0	0	0	0	0.000000	76.01
76.02	03951	BONE MARROW TRANSPLANT		0	0	0	0	0.000000	76.02
76.03	03140	CARDIAC SERVICES		0	0	0	0	0.000000	76.03
76.04	03952	TELEMEDICINE PROGRAM		0	0	0	0	0.000000	76.04
76.05	03953	SLEEP LAB WEST HARRISON		0	0	0	0	0.000000	76.05
76.06	03954	SICKLE CELL		0	0	0	0	0.000000	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD		0	0	0	0	0.000000	76.07
76.08	03956	UIH UROLOGY CLINIC		0	0	0	0	0.000000	76.08
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	0	0.000000	93.00
93.01	04950	EYE EAR INFIRMARY		0	0	0	0	0.000000	93.01
93.02	04952	OCC PSYCH		0	0	0	0	0.000000	93.02
93.03	04951	OCC ADOLESCENTS		0	0	0	0	0.000000	93.03
93.04	04953	LION'S EYE INST.		0	0	0	0	0.000000	93.04
93.05	04955	COVID CLINIC(S)		0	0	0	0	0.000000	93.05
200.00		Total (lines 50 through 199)		0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 12/2/2021 2:42 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	03630	RADIO ULTRASOUND		0.000000	0	0	0	0	54.01
54.02	03650	RADIO ANGIOGRAPHY		0.000000	0	0	0	0	54.02
54.03	05401	RADIO WEST HARRISON		0.000000	0	0	0	0	54.03
54.04	05402	RADIO MILE SQUARE		0.000000	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
60.01	03420	LAB TISSUE TYPING		0.000000	0	0	0	0	60.01
60.02	06001	LAB OUTREACH		0.000000	0	0	0	0	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD		0.000000	0	0	0	0	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST		0.000000	0	0	0	0	66.02
66.03	06603	PHYSICAL THERAPY-OCC		0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC		0.000000	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SVC		0.000000	0	0	0	0	76.00
76.01	03340	GASTROENTEROLOGY		0.000000	0	0	0	0	76.01
76.02	03951	BONE MARROW TRANSPLANT		0.000000	0	0	0	0	76.02
76.03	03140	CARDIAC SERVICES		0.000000	0	0	0	0	76.03
76.04	03952	TELEMEDICINE PROGRAM		0.000000	0	0	0	0	76.04
76.05	03953	SLEEP LAB WEST HARRISON		0.000000	0	0	0	0	76.05
76.06	03954	SICKLE CELL		0.000000	0	0	0	0	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD		0.000000	0	0	0	0	76.07
76.08	03956	UIH UROLOGY CLINIC		0.000000	0	0	0	0	76.08
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER		0.000000	0	0	0	0	93.00
93.01	04950	EYE EAR INFIRMARY		0.000000	0	0	0	0	93.01
93.02	04952	OCC PSYCH		0.000000	0	0	0	0	93.02
93.03	04951	OCC ADOLESCENTS		0.000000	0	0	0	0	93.03
93.04	04953	LION'S EYE INST.		0.000000	0	0	0	0	93.04
93.05	04955	COVID CLINIC(S)		0.000000	0	0	0	0	93.05
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 12/2/2021 2:42 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)			74,238	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			74,238	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)			68,416	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			13,925	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)			187,260,737	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)			187,260,737	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)			187,260,737	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)			2,522.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			35,124,977	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)			35,124,977	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0150

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

Worksheet D-1

Date/Time Prepared:
12/2/2021 2:42 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
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	49,827,309	14,339	3,474.95	4,419	15,355,804
43.01	PEDS ICU	7,285,833	555	13,127.63	0	0
43.02	NEONATAL ICU	28,194,992	7,696	3,663.59	0	0
44.00	CORONARY CARE UNIT	28,473,910	6,349	4,484.79	1,733	7,772,141
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					58,622,124
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					116,875,046
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and II)					466,651
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts III and IV)					1,550,106
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,016,757
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					113,858,289
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					5,822
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,522.44
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,685,646

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0150

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

Worksheet D-1

Date/Time Prepared:
12/2/2021 2:42 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	2,940,229	187,260,737	0.015701	14,685,646	230,579
91.00	Nursing School cost	0	187,260,737	0.000000	14,685,646	0
92.00	Allied health cost	2,001,687	187,260,737	0.010689	14,685,646	156,975
93.00	All other Medical Education	0	187,260,737	0.000000	14,685,646	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0150 Component CCN:14-S150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 12/2/2021 2:42 pm
Cost Center Description		Title XVIII	Subprovider - IP#	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,558	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,558	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)		12,558	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,569	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)		30,058,003	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)		30,058,003	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)		30,058,003	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)		2,393.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,755,449	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,755,449	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0150

Period:

Worksheet D-1

Component CCN:14-S150

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

12/2/2021 2:42 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDS ICU	0	0	0.00	0	0	43.01
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					413,364	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,168,813	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)					103,005	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,200	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					112,205	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,056,608	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:14-0150

Period:

Worksheet D-1

Component CCN:14-S150

From 07/01/2020
To 06/30/2021Date/Time Prepared:
12/2/2021 2:42 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	457,002	30,058,003	0.015204	0	0	90.00
91.00	Nursing School cost	0	30,058,003	0.000000	0	0	91.00
92.00	Allied health cost	367,417	30,058,003	0.012224	0	0	92.00
93.00	All other Medical Education	0	30,058,003	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 12/2/2021 2:42 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		42,916,240	30.00
31.00	03100	INTENSIVE CARE UNIT		23,288,915	31.00
31.01	02080	PEDS ICU		0	31.01
31.02	02060	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		11,059,412	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.306838	18,461,293	5,664,626 50.00
51.00	05100	RECOVERY ROOM	0.633935	1,302,056	825,419 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.678187	313,155	212,378 52.00
53.00	05300	ANESTHESIOLOGY	0.085543	6,974,031	596,580 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.446733	2,518,332	1,125,022 54.00
54.01	03630	RADIO ULTRASOUND	0.204192	1,824,223	372,492 54.01
54.02	03650	RADIO ANGIOGRAPHY	0.113961	7,937,605	904,577 54.02
54.03	05401	RADIO WEST HARRISON	0.189825	13,928	2,644 54.03
54.04	05402	RADIO MILE SQUARE	0.367081	3,266	1,199 54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.398064	388,373	154,597 55.00
56.00	05600	RADIOISOTOPE	0.270109	377,167	101,876 56.00
57.00	05700	CT SCAN	0.060214	12,089,176	727,938 57.00
58.00	05800	MRI	0.088666	4,520,616	400,825 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101784	3,980,727	405,174 59.00
60.00	06000	LABORATORY	0.116072	41,491,698	4,816,024 60.00
60.01	03420	LAB TISSUE TYPING	0.313177	804,517	251,956 60.01
60.02	06001	LAB OUTREACH	0.088862	0	0 60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149596	9,364,396	1,400,876 63.00
64.00	06400	INTRAVENOUS THERAPY	0.372719	463,816	172,873 64.00
65.00	06500	RESPIRATORY THERAPY	0.184224	13,209,904	2,433,581 65.00
66.00	06600	PHYSICAL THERAPY	0.698718	1,956,762	1,367,225 66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	6.966485	0	0 66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0.516045	277	143 66.02
66.03	06603	PHYSICAL THERAPY-OCC	0.643774	0	0 66.03
67.00	06700	OCCUPATIONAL THERAPY	0.708199	1,362,917	965,216 67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0.540653	0	0 67.01
68.00	06800	SPEECH PATHOLOGY	0.596277	397,301	236,901 68.00
69.00	06900	ELECTROCARDIOLOGY	0.101462	1,481,123	150,278 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.460713	991,378	456,741 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.639535	24,410,501	15,611,370 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.342238	37,525,663	12,842,708 73.00
74.00	07400	RENAL DIALYSIS	0.341901	4,166,797	1,424,632 74.00
76.00	03950	OTHER ANCILLARY SVC	0.000000	0	0 76.00
76.01	03340	GASTROENTEROLOGY	0.258396	1,965,181	507,795 76.01
76.02	03951	BONE MARROW TRANSPLANT	1.531816	289,106	442,857 76.02
76.03	03140	CARDIAC SERVICES	0.297900	3,550,789	1,057,780 76.03
76.04	03952	TELEMEDICINE PROGRAM	1.854586	0	0 76.04
76.05	03953	SLEEP LAB WEST HARRISON	0.521179	1,796	936 76.05
76.06	03954	SICKLE CELL	1.631672	47,887	78,136 76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0.416184	1,643	684 76.07
76.08	03956	UIH UROLOGY CLINIC	0.279037	6,432	1,795 76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.865889	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.870357	179,261	156,021 90.00
91.00	09100	EMERGENCY	0.334473	6,955,291	2,326,357 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.640574	653,531	418,635 92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 93.00
93.01	04950	EYE EAR INFIRMARY	0.374124	10,202	3,817 93.01
93.02	04952	OCC PSYCH	1.255678	66	83 93.02
93.03	04951	OCC ADOLESCENTS	0.435668	0	0 93.03
93.04	04953	LION'S EYE INST.	0.281731	4,817	1,357 93.04
93.05	04955	COVID CLINIC(S)	928.270761	0	0 93.05
200.00		Total (sum of lines 50 through 94 and 96 through 98)		211,997,000	58,622,124 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		211,997,000	58,622,124 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3
			Component CCN:14-S150		Date/Time Prepared: 12/2/2021 2:42 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02080	PEDS ICU			31.01
31.02	02060	NEONATAL ICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF		4,461,938	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.306838	24,784	7,605 50.00
51.00	05100	RECOVERY ROOM	0.633935	1,624	1,030 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.678187	10,818	7,337 52.00
53.00	05300	ANESTHESIOLOGY	0.085543	8,438	722 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.446733	9,101	4,066 54.00
54.01	03630	RADIO ULTRASOUND	0.204192	1,332	272 54.01
54.02	03650	RADIO ANGIOGRAPHY	0.113961	0	0 54.02
54.03	05401	RADIO WEST HARRISON	0.189825	0	0 54.03
54.04	05402	RADIO MILE SQUARE	0.367081	0	0 54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.398064	0	0 55.00
56.00	05600	RADIOISOTOPE	0.270109	0	0 56.00
57.00	05700	CT SCAN	0.060214	32,172	1,937 57.00
58.00	05800	MRI	0.088666	42,957	3,809 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101784	0	0 59.00
60.00	06000	LABORATORY	0.116072	337,583	39,184 60.00
60.01	03420	LAB TISSUE TYPING	0.313177	0	0 60.01
60.02	06001	LAB OUTREACH	0.088862	0	0 60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149596	14,659	2,193 63.00
64.00	06400	INTRAVENOUS THERAPY	0.372719	360	134 64.00
65.00	06500	RESPIRATORY THERAPY	0.184224	17,955	3,308 65.00
66.00	06600	PHYSICAL THERAPY	0.698718	16,122	11,265 66.00
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	6.966485	0	0 66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	0.516045	0	0 66.02
66.03	06603	PHYSICAL THERAPY-OCC	0.643774	0	0 66.03
67.00	06700	OCCUPATIONAL THERAPY	0.708199	132,086	93,543 67.00
67.01	06701	OCCUPATIONAL THERAPY-OCC	0.540653	0	0 67.01
68.00	06800	SPEECH PATHOLOGY	0.596277	2,502	1,492 68.00
69.00	06900	ELECTROCARDIOLOGY	0.101462	16,590	1,683 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.460713	12,550	5,782 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.639535	16,972	10,854 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.342238	344,027	117,739 73.00
74.00	07400	RENAL DIALYSIS	0.341901	54,626	18,677 74.00
76.00	03950	OTHER ANCILLARY SVC	0.000000	0	0 76.00
76.01	03340	GASTROENTEROLOGY	0.258396	0	0 76.01
76.02	03951	BONE MARROW TRANSPLANT	1.531816	54	83 76.02
76.03	03140	CARDIAC SERVICES	0.297900	0	0 76.03
76.04	03952	TELEMEDICINE PROGRAM	1.854586	0	0 76.04
76.05	03953	SLEEP LAB WEST HARRISON	0.521179	0	0 76.05
76.06	03954	SICKLE CELL	1.631672	0	0 76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	0.416184	0	0 76.07
76.08	03956	UIH UROLOGY CLINIC	0.279037	0	0 76.08
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.865889	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.870357	6,165	5,366 90.00
91.00	09100	EMERGENCY	0.334473	225,078	75,283 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.640574	0	0 92.00
93.00	04954	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 93.00
93.01	04950	EYE EAR INFIRMARY	0.374124	0	0 93.01
93.02	04952	OCC PSYCH	1.255678	0	0 93.02
93.03	04951	OCC ADOLESCENTS	0.435668	0	0 93.03
93.04	04953	LION'S EYE INST.	0.281731	0	0 93.04
93.05	04955	COVID CLINIC(S)	928.270761	0	0 93.05
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,328,555	413,364 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		1,328,555	413,364 202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT PROVIDER CCN:14-0150 Period: From 07/01/2020 To 06/30/2021 Worksheet D-4
HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Component CCN: Date/Time Prepared: 12/2/2021 2:42 pm

			Kidney		Hospital	PPS	
Cost Center Description		Worksheet D-1	Inpatient	Per Diem Costs	Organ	Cost (col. 2 x	
		Line Numbers	Routine Organ	(from Wkst.	Acquisition	col. 3)	
			Charges	D-1, Part II)			
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	265,216	2,522.44	101	254,766	1.00
2.00	INTENSIVE CARE UNIT	43.00	19,460	3,474.95	5	17,375	2.00
2.01	PEDS ICU	43.01	0	13,127.63	0	0	2.01
2.02	NEONATAL ICU	43.02	0	3,663.59	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	4,484.79	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		284,676		106	272,141	7.00
Cost Center Description			Worksheet C	Ratio of	Organ	Organ	
			Line Numbers	Cost/Charges	Acquisition	Acquisition	
				(from Wkst. C)	Ancillary	Ancillary	
			0	1.00	Charges	Costs	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.306838	1,280,156	392,801	8.00
9.00	RECOVERY ROOM		51.00	0.633935	240,277	152,320	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.678187	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.085543	456,671	39,065	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.446733	244,290	109,132	12.00
12.01	RADIO ULTRASOUND		54.01	0.204192	36,901	7,535	12.01
12.02	RADIO ANGIOGRAPHY		54.02	0.113961	77,223	8,800	12.02
12.03	RADIO WEST HARRISON		54.03	0.189825	31,752	6,027	12.03
12.04	RADIO MILE SQUARE		54.04	0.367081	5,026	1,845	12.04
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.398064	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.270109	119,113	32,173	14.00
15.00	CT SCAN		57.00	0.060214	2,253,917	135,717	15.00
16.00	MRI		58.00	0.088666	103,341	9,163	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.101784	1,521,120	154,826	17.00
18.00	LABORATORY		60.00	0.116072	6,788,028	787,900	18.00
18.01	LAB TISSUE TYPING		60.01	0.313177	2,791,622	874,272	18.01
18.02	LAB OUTREACH		60.02	0.088862	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.149596	307,787	46,044	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.372719	4,067	1,516	22.00
23.00	RESPIRATORY THERAPY		65.00	0.184224	29,778	5,486	23.00
24.00	PHYSICAL THERAPY		66.00	0.698718	4,642	3,243	24.00
24.01	PHYSICAL THERAPY-ROOSEVELT RD		66.01	6.966485	0	0	24.01
24.02	PHYSICAL THERAPY MAXWELL ST		66.02	0.516045	0	0	24.02
24.03	PHYSICAL THERAPY-OCC		66.03	0.643774	0	0	24.03
25.00	OCCUPATIONAL THERAPY		67.00	0.708199	454	322	25.00
25.01	OCCUPATIONAL THERAPY-OCC		67.01	0.540653	0	0	25.01
26.00	SPEECH PATHOLOGY		68.00	0.596277	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.101462	54,345	5,514	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.460713	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.639535	1,004,940	642,694	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.000000	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.342238	581,097	198,873	31.00
32.00	RENAL DIALYSIS		74.00	0.341901	29,100	9,949	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SVC		76.00	0.000000	0	0	34.00
34.01	GASTROENTEROLOGY		76.01	0.258396	308,099	79,612	34.01
34.02	BONE MARROW TRANSPLANT		76.02	1.531816	15,074	23,091	34.02
34.03	CARDIAC SERVICES		76.03	0.297900	962,250	286,654	34.03
34.04	TELEMEDCINE PROGRAM		76.04	1.854586	0	0	34.04
34.05	SLEEP LAB WEST HARRISON		76.05	0.521179	0	0	34.05
34.06	SICKLE CELL		76.06	1.631672	0	0	34.06
34.07	HEART CENTER-ROOSEVELT RD		76.07	0.416184	924	385	34.07
34.08	UIH UROLOGY CLINIC		76.08	0.279037	6,426	1,793	34.08
34.97	CARDIAC REHABILITATION		76.97	0.000000	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.865889	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.870357	902,355	785,371	37.00
38.00	EMERGENCY		91.00	0.334473	49,487	16,552	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.640574	47,382	30,352	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	0	40.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT PROVIDER CCN:14-0150 Period: From 07/01/2020 To 06/30/2021 Worksheet D-4
HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Component CCN: Date/Time Prepared: 12/2/2021 2:42 pm

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
40.01	EYE EAR INFIRMARY	93.01	0.374124	3,165	1,184	40.01	
40.02	OCC PSYCH	93.02	1.255678	392	492	40.02	
40.03	OCC ADOLESCENTS	93.03	0.435668	1,380	601	40.03	
40.04	LION'S EYE INST.	93.04	0.281731	567	160	40.04	
40.05	COVID CLINIC(S)	93.05	928.270761	0	0	40.05	
41.00	TOTAL (sum of lines 8 through 40)			20,263,148	4,851,464	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	101	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00	
43.01	PEDS ICU	3.01	0.00	0	0	43.01	
43.02	NEONATAL ICU	3.02	0.00	0	0	43.02	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			106	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	902,355	0.000000	0	51.00	
52.00	EMERGENCY	24.00	49,487	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	47,382	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
54.01	EYE EAR INFIRMARY	26.01	3,165	0.000000	0	54.01	
54.02	OCC PSYCH	26.02	392	0.000000	0	54.02	
54.03	OCC ADOLESCENTS	26.03	1,380	0.000000	0	54.03	
54.04	LION'S EYE INST.	26.04	567	0.000000	0	54.04	
54.05	COVID CLINIC(S)	26.05	0	0.000000	0	54.05	
55.00	TOTAL (sum of lines 49 through 52)		1,004,728		0	55.00	

Cost Center Description		Cost		Charges	
		Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00

PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	5,123,605		20,547,824		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	17,998,495		18,201,881		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	23,122,100		38,749,705		61.00	
62.00	Total Usable Organs (see instructions)		287			62.00	
63.00	Medicare Usable Organs (see instructions)		153			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.533101			64.00	
65.00	Medicare Cost/Charges (see instructions)	12,326,415		20,657,506		65.00	
66.00	Revenue for Organs Sold	55,385		157,906		66.00	
67.00	Subtotal (line 65 minus line 66)	12,271,030		20,499,600		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	12,271,030	0	20,499,600	0	69.00	

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

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 12/2/2021 2:42 pm	
		Kidney	Hospital	PPS	
Cost Center Description		Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)	63	18		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	206		73.00
74.00	Total (sum of lines 70 through 73)	63	224		74.00
75.00	Organs Transplanted	63	206	26,375,722	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	18	157,906	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	63	224		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 12/2/2021 2:42 pm			
					Component CCN:	Liver	Hospital	PPS		
Cost Center Description					Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
					0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)										
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition										
1.00	ADULTS & PEDIATRICS	38.00	10,686	2,522.44	4	10,090	1.00			
2.00	INTENSIVE CARE UNIT	43.00	73,310	3,474.95	16	55,599	2.00			
2.01	PEDS ICU	43.01	0	13,127.63	0	0	2.01			
2.02	NEONATAL ICU	43.02	0	3,663.59	0	0	2.02			
3.00	CORONARY CARE UNIT	44.00	0	4,484.79	0	0	3.00			
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00			
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00			
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00			
7.00	TOTAL (sum of lines 1 through 6)		83,996		20	65,689	7.00			
Cost Center Description					Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
					0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition										
8.00	OPERATING ROOM	50.00	0.306838	133,997	41,115	8.00				
9.00	RECOVERY ROOM	51.00	0.633935	12,869	8,158	9.00				
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.678187	0	0	10.00				
11.00	ANESTHESIOLOGY	53.00	0.085543	53,513	4,578	11.00				
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.446733	19,853	8,869	12.00				
12.01	RADIO ULTRASOUND	54.01	0.204192	39,273	8,019	12.01				
12.02	RADIO ANGIOGRAPHY	54.02	0.113961	73,299	8,353	12.02				
12.03	RADIO WEST HARRISON	54.03	0.189825	18,754	3,560	12.03				
12.04	RADIO MILE SQUARE	54.04	0.367081	0	0	12.04				
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.398064	0	0	13.00				
14.00	RADIOISOTOPE	56.00	0.270109	21,613	5,838	14.00				
15.00	CT SCAN	57.00	0.060214	154,828	9,323	15.00				
16.00	MRI	58.00	0.088666	111,604	9,895	16.00				
17.00	CARDIAC CATHETERIZATION	59.00	0.101784	28,441	2,895	17.00				
18.00	LABORATORY	60.00	0.116072	522,515	60,649	18.00				
18.01	LAB TISSUE TYPING	60.01	0.313177	832	261	18.01				
18.02	LAB OUTREACH	60.02	0.088862	0	0	18.02				
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00				
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00				
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30				
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.149596	25,704	3,845	21.00				
22.00	INTRAVENOUS THERAPY	64.00	0.372719	0	0	22.00				
23.00	RESPIRATORY THERAPY	65.00	0.184224	31,837	5,865	23.00				
24.00	PHYSICAL THERAPY	66.00	0.698718	528	369	24.00				
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	6.966485	0	0	24.01				
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.516045	0	0	24.02				
24.03	PHYSICAL THERAPY-OCC	66.03	0.643774	0	0	24.03				
25.00	OCCUPATIONAL THERAPY	67.00	0.708199	604	428	25.00				
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.540653	0	0	25.01				
26.00	SPEECH PATHOLOGY	68.00	0.596277	0	0	26.00				
27.00	ELECTROCARDIOLOGY	69.00	0.101462	2,144	218	27.00				
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.460713	0	0	28.00				
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.639535	120,657	77,164	29.00				
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.000000	0	0	30.00				
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.342238	73,895	25,290	31.00				
32.00	RENAL DIALYSIS	74.00	0.341901	0	0	32.00				
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00				
34.00	OTHER ANCILLARY SVC	76.00	0.000000	0	0	34.00				
34.01	GASTROENTEROLOGY	76.01	0.258396	27,951	7,222	34.01				
34.02	BONE MARROW TRANSPLANT	76.02	1.531816	0	0	34.02				
34.03	CARDIAC SERVICES	76.03	0.297900	62,980	18,762	34.03				
34.04	TELEMEDCINE PROGRAM	76.04	1.854586	0	0	34.04				
34.05	SLEEP LAB WEST HARRISON	76.05	0.521179	0	0	34.05				
34.06	SICKLE CELL	76.06	1.631672	0	0	34.06				
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.416184	272	113	34.07				
34.08	UIH UROLOGY CLINIC	76.08	0.279037	0	0	34.08				
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97				
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.865889	0	0	34.98				
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99				
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00				
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00				
37.00	CLINIC	90.00	0.870357	62,523	54,417	37.00				
38.00	EMERGENCY	91.00	0.334473	0	0	38.00				
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.640574	0	0	39.00				
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00				

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 12/2/2021 2:42 pm		
					Component CCN:				
					Liver	Hospital	PPS		
Cost Center Description					Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
					0	1.00	2.00	3.00	
40.01	EYE EAR INFIRMARY	93.01	0.374124	0	0	0	40.01		
40.02	OCC PSYCH	93.02	1.255678	0	0	0	40.02		
40.03	OCC ADOLESCENTS	93.03	0.435668	0	0	0	40.03		
40.04	LION'S EYE INST.	93.04	0.281731	0	0	0	40.04		
40.05	COVID CLINIC(S)	93.05	928.270761	0	0	0	40.05		
41.00	TOTAL (sum of lines 8 through 40)			1,600,486	365,206		41.00		
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
					0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	4	0	0	42.00		
43.00	INTENSIVE CARE UNIT	3.00	0.00	16	0	0	43.00		
43.01	PEDS ICU	3.01	0.00	0	0	0	43.01		
43.02	NEONATAL ICU	3.02	0.00	0	0	0	43.02		
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00		
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00		
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00		
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00		
48.00	TOTAL (sum of lines 42 through 47)			20	0	0	48.00		
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
					0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00		
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00		
51.00	CLINIC	23.00	62,523	0.000000	0	0	51.00		
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00		
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00		
54.01	EYE EAR INFIRMARY	26.01	0	0.000000	0	0	54.01		
54.02	OCC PSYCH	26.02	0	0.000000	0	0	54.02		
54.03	OCC ADOLESCENTS	26.03	0	0.000000	0	0	54.03		
54.04	LION'S EYE INST.	26.04	0	0.000000	0	0	54.04		
54.05	COVID CLINIC(S)	26.05	0	0.000000	0	0	54.05		
55.00	TOTAL (sum of lines 49 through 52)		62,523		0	0	55.00		
Cost Center Description					Cost		Charges		
					Part A	Part B	Part A	Part B	
					1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	430,895		1,684,482			56.00		
57.00	Interns and Residents (inpatient)	0		0			57.00		
58.00	Interns and Residents (outpatient)	0		0			58.00		
59.00	Direct Organ Acquisition (see instructions)	4,976,528		5,021,722			59.00		
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0			60.00		
61.00	Total (sum of lines 56 thru 60)	5,407,423		6,706,204			61.00		
62.00	Total Usable Organs (see instructions)		65				62.00		
63.00	Medicare Usable Organs (see instructions)		19				63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.292308				64.00		
65.00	Medicare Cost/Charges (see instructions)	1,580,633		1,960,277			65.00		
66.00	Revenue for Organs Sold	22,564		108,962			66.00		
67.00	Subtotal (line 65 minus line 66)	1,558,069		1,851,315			67.00		
68.00	Organs Furnished Part B	0	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,558,069	0	1,851,315	0	0	69.00		

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

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 12/2/2021 2:42 pm	
		Component CCN:			
		Liver	Hospital	PPS	
Cost Center Description		Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)	3	8		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	54		73.00
74.00	Total (sum of lines 70 through 73)	3	62		74.00
75.00	Organs Transplanted	3	54	8,163,772	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	8	108,962	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	3	62		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT PROVIDER CCN:14-0150 Period: From 07/01/2020 To 06/30/2021 Worksheet D-4
HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Component CCN: Date/Time Prepared: 12/2/2021 2:42 pm

			Pancreas		Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,522.44	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,733	3,474.95	1	3,475	2.00
2.01	PEDS ICU	43.01	0	13,127.63	0	0	2.01
2.02	NEONATAL ICU	43.02	0	3,663.59	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	4,484.79	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		3,733		1	3,475	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.306838	5,362	1,645	8.00
9.00	RECOVERY ROOM		51.00	0.633935	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.678187	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.085543	1,537	131	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.446733	325	145	12.00
12.01	RADIO ULTRASOUND		54.01	0.204192	0	0	12.01
12.02	RADIO ANGIOGRAPHY		54.02	0.113961	0	0	12.02
12.03	RADIO WEST HARRISON		54.03	0.189825	0	0	12.03
12.04	RADIO MILE SQUARE		54.04	0.367081	0	0	12.04
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.398064	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.270109	0	0	14.00
15.00	CT SCAN		57.00	0.060214	1,150	69	15.00
16.00	MRI		58.00	0.088666	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.101784	4,883	497	17.00
18.00	LABORATORY		60.00	0.116072	41,839	4,856	18.00
18.01	LAB TISSUE TYPING		60.01	0.313177	5,644	1,768	18.01
18.02	LAB OUTREACH		60.02	0.088862	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.149596	262	39	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.372719	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.184224	1,474	272	23.00
24.00	PHYSICAL THERAPY		66.00	0.698718	0	0	24.00
24.01	PHYSICAL THERAPY-ROOSEVELT RD		66.01	6.966485	0	0	24.01
24.02	PHYSICAL THERAPY MAXWELL ST		66.02	0.516045	0	0	24.02
24.03	PHYSICAL THERAPY-OCC		66.03	0.643774	0	0	24.03
25.00	OCCUPATIONAL THERAPY		67.00	0.708199	0	0	25.00
25.01	OCCUPATIONAL THERAPY-OCC		67.01	0.540653	0	0	25.01
26.00	SPEECH PATHOLOGY		68.00	0.596277	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.101462	58	6	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.460713	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.639535	1,551	992	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.000000	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.342238	1,194	409	31.00
32.00	RENAL DIALYSIS		74.00	0.341901	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SVC		76.00	0.000000	0	0	34.00
34.01	GASTROENTEROLOGY		76.01	0.258396	0	0	34.01
34.02	BONE MARROW TRANSPLANT		76.02	1.531816	0	0	34.02
34.03	CARDIAC SERVICES		76.03	0.297900	408	122	34.03
34.04	TELEMEDICINE PROGRAM		76.04	1.854586	0	0	34.04
34.05	SLEEP LAB WEST HARRISON		76.05	0.521179	0	0	34.05
34.06	SICKLE CELL		76.06	1.631672	0	0	34.06
34.07	HEART CENTER-ROOSEVELT RD		76.07	0.416184	0	0	34.07
34.08	UIH UROLOGY CLINIC		76.08	0.279037	0	0	34.08
34.97	CARDIAC REHABILITATION		76.97	0.000000	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.865889	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.870357	3,814	3,320	37.00
38.00	EMERGENCY		91.00	0.334473	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.640574	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	0	40.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 12/2/2021 2:42 pm		
					Component CCN:	Pancreas	Hospital	PPS	
Cost Center Description					Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
					0	1.00	2.00	3.00	
40.01	EYE EAR INFIRMARY	93.01	0.374124	0	0	40.01			
40.02	OCC PSYCH	93.02	1.255678	0	0	40.02			
40.03	OCC ADOLESCENTS	93.03	0.435668	0	0	40.03			
40.04	LION'S EYE INST.	93.04	0.281731	0	0	40.04			
40.05	COVID CLINIC(S)	93.05	928.270761	0	0	40.05			
41.00	TOTAL (sum of lines 8 through 40)			69,501	14,271	41.00			
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
					0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00			
43.01	PEDS ICU	3.01	0.00	0	0	43.01			
43.02	NEONATAL ICU	3.02	0.00	0	0	43.02			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00			
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
					0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	3,814	0.000000	0	51.00			
52.00	EMERGENCY	24.00	0	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00			
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00			
54.01	EYE EAR INFIRMARY	26.01	0	0.000000	0	54.01			
54.02	OCC PSYCH	26.02	0	0.000000	0	54.02			
54.03	OCC ADOLESCENTS	26.03	0	0.000000	0	54.03			
54.04	LION'S EYE INST.	26.04	0	0.000000	0	54.04			
54.05	COVID CLINIC(S)	26.05	0	0.000000	0	54.05			
55.00	TOTAL (sum of lines 49 through 52)		3,814		0	55.00			
Cost Center Description					Cost		Charges		
					Part A	Part B	Part A	Part B	
					1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	17,746		73,234		56.00			
57.00	Interns and Residents (inpatient)	0		0		57.00			
58.00	Interns and Residents (outpatient)	0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)	2,289,927		2,290,386		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00			
61.00	Total (sum of lines 56 thru 60)	2,307,673		2,363,620		61.00			
62.00	Total Usable Organs (see instructions)		31			62.00			
63.00	Medicare Usable Organs (see instructions)		12			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.387097			64.00			
65.00	Medicare Cost/Charges (see instructions)	893,293		914,950		65.00			
66.00	Revenue for Organs Sold	8,462		25,924		66.00			
67.00	Subtotal (line 65 minus line 66)	884,831		889,026		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	884,831	0	889,026	0	69.00			

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

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 12/2/2021 2:42 pm	
		Component CCN:			
		Pancreas	Hospital	PPS	
Cost Center Description		Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)	0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	28		73.00
74.00	Total (sum of lines 70 through 73)	0	31		74.00
75.00	Organs Transplanted	0	28	3,775,716	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	25,924	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	31		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT PROVIDER CCN:14-0150
 HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Period:
From 07/01/2020
To 06/30/2021
Worksheet D-4
Date/Time Prepared:
12/2/2021 2:42 pm

		Intestinal		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	2,522.44	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,474.95	0	0	2.00
2.01	PEDS ICU	43.01	0	13,127.63	0	0	2.01
2.02	NEONATAL ICU	43.02	0	3,663.59	0	0	2.02
3.00	CORONARY CARE UNIT	44.00	0	4,484.79	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.306838	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.633935	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.678187	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.085543	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.446733	0	0	12.00
12.01	RADIO ULTRASOUND		54.01	0.204192	0	0	12.01
12.02	RADIO ANGIOGRAPHY		54.02	0.113961	0	0	12.02
12.03	RADIO WEST HARRISON		54.03	0.189825	0	0	12.03
12.04	RADIO MILE SQUARE		54.04	0.367081	0	0	12.04
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.398064	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.270109	0	0	14.00
15.00	CT SCAN		57.00	0.060214	0	0	15.00
16.00	MRI		58.00	0.088666	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.101784	0	0	17.00
18.00	LABORATORY		60.00	0.116072	4,558	529	18.00
18.01	LAB TISSUE TYPING		60.01	0.313177	3,022	946	18.01
18.02	LAB OUTREACH		60.02	0.088862	0	0	18.02
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.149596	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.372719	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.184224	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.698718	0	0	24.00
24.01	PHYSICAL THERAPY-ROOSEVELT RD		66.01	6.966485	0	0	24.01
24.02	PHYSICAL THERAPY MAXWELL ST		66.02	0.516045	0	0	24.02
24.03	PHYSICAL THERAPY-OCC		66.03	0.643774	0	0	24.03
25.00	OCCUPATIONAL THERAPY		67.00	0.708199	0	0	25.00
25.01	OCCUPATIONAL THERAPY-OCC		67.01	0.540653	0	0	25.01
26.00	SPEECH PATHOLOGY		68.00	0.596277	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.101462	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.460713	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.639535	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.000000	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.342238	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.341901	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SVC		76.00	0.000000	0	0	34.00
34.01	GASTROENTROLOGY		76.01	0.258396	0	0	34.01
34.02	BONE MARROW TRANSPLANT		76.02	1.531816	0	0	34.02
34.03	CARDIAC SERVICES		76.03	0.297900	0	0	34.03
34.04	TELEMEDCINE PROGRAM		76.04	1.854586	0	0	34.04
34.05	SLEEP LAB WEST HARRISON		76.05	0.521179	0	0	34.05
34.06	SICKLE CELL		76.06	1.631672	0	0	34.06
34.07	HEART CENTER-ROOSEVELT RD		76.07	0.416184	0	0	34.07
34.08	UIH UROLOGY CLINIC		76.08	0.279037	0	0	34.08
34.97	CARDIAC REHABILITATION		76.97	0.000000	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.865889	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.870357	286	249	37.00
38.00	EMERGENCY		91.00	0.334473	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.640574	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	0	40.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 12/2/2021 2:42 pm		
					Component CCN:	Intestinal	Hospital	PPS	
Cost Center Description					Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
					0	1.00	2.00	3.00	
40.01	EYE EAR INFIRMARY		93.01	0.374124		0		0	40.01
40.02	OCC PSYCH		93.02	1.255678		0		0	40.02
40.03	OCC ADOLESCENTS		93.03	0.435668		0		0	40.03
40.04	LION'S EYE INST.		93.04	0.281731		0		0	40.04
40.05	COVID CLINIC(S)		93.05	928.270761		0		0	40.05
41.00	TOTAL (sum of lines 8 through 40)						7,866	1,724	41.00
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
					0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS		2.00	0.00		0		0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00		0		0	43.00
43.01	PEDS ICU		3.01	0.00		0		0	43.01
43.02	NEONATAL ICU		3.02	0.00		0		0	43.02
44.00	CORONARY CARE UNIT		4.00	0.00		0		0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00		0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00		0		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00		0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)						0	0	48.00
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
					0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC		21.00	0		0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER		22.00	0		0.000000		0	50.00
51.00	CLINIC		23.00	286		0.000000		0	51.00
52.00	EMERGENCY		24.00	0		0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART		25.00	0		0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER		26.00	0		0.000000		0	54.00
54.01	EYE EAR INFIRMARY		26.01	0		0.000000		0	54.01
54.02	OCC PSYCH		26.02	0		0.000000		0	54.02
54.03	OCC ADOLESCENTS		26.03	0		0.000000		0	54.03
54.04	LION'S EYE INST.		26.04	0		0.000000		0	54.04
54.05	COVID CLINIC(S)		26.05	0		0.000000		0	54.05
55.00	TOTAL (sum of lines 49 through 52)					286		0	55.00
Cost Center Description					Cost		Charges		
					Part A	Part B	Part A	Part B	
					1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I		1,724			7,866			56.00
57.00	Interns and Residents (inpatient)		0			0			57.00
58.00	Interns and Residents (outpatient)		0			0			58.00
59.00	Direct Organ Acquisition (see instructions)		0			0			59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)		0			0			60.00
61.00	Total (sum of lines 56 thru 60)		1,724			7,866			61.00
62.00	Total Usable Organs (see instructions)			1					62.00
63.00	Medicare Usable Organs (see instructions)			0					63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)			0.000000					64.00
65.00	Medicare Cost/Charges (see instructions)		0			0			65.00
66.00	Revenue for Organs Sold		0			0			66.00
67.00	Subtotal (line 65 minus line 66)		0			0			67.00
68.00	Organs Furnished Part B		0	0		0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)		0	0		0		0	69.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT PROVIDER CCN:14-0150 Period: From 07/01/2020 Worksheet D-4
HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM Component CCN: To 06/30/2021 Date/Time Prepared: 12/2/2021 2:42 pm

		Intestinal		Hospital		PPS	
Cost Center Description		Living Related	Cadaveric	Revenue			
		1.00	2.00	3.00			
	PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)	0	0				70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0				71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0				72.00
73.00	Organs Purchased from OPOs	0	1				73.00
74.00	Total (sum of lines 70 through 73)	0	1				74.00
75.00	Organs Transplanted	0	1		106,594		75.00
76.00	Organs Sold to Other Hospitals	0	0		0		76.00
77.00	Organs Sold to OPOs	0	0		0		77.00
78.00	Organs Sold to Transplant Hospitals	0	0		0		78.00
79.00	Organs Sold to Military or VA Hospitals	0	0		0		79.00
80.00	Organs Sold Outside the U.S.	0	0		0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0				81.00
82.00	Organs Used for Research	0	0				82.00
83.00	Unusable/Discarded Organs	0	0				83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	1				84.00

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

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 12/2/2021 2:42 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)			8,149,388	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			597,620	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)			2,734,142	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			9,221,419	2.04
3.00	Managed Care Simulated Payments			10,807,172	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			426.05	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)			353.91	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			106.17	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)			86.06	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)			546.14	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			455.80	10.00
11.00	FTE count for residents in dental and podiatric programs.			30.79	11.00
12.00	Current year allowable FTE (see instructions)			486.59	12.00
13.00	Total allowable FTE count for the prior year.			486.57	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.			472.84	14.00
15.00	Sum of lines 12 through 14 divided by 3.			482.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.85	17.00
18.00	Adjusted rolling average FTE count			482.85	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			1.133318	19.00
20.00	Prior year resident to bed ratio (see instructions)			11.082477	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			1.133318	21.00
22.00	IME payment adjustment (see instructions)			18,301,750	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			5,239,890	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)			-90.34	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)			18,301,750	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			5,239,890	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			15.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)			43.91	31.00
32.00	Sum of lines 30 and 31			59.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)			38.59	33.00
34.00	Disproportionate share adjustment (see instructions)			3,641,643	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 12/2/2021 2:42 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	7,326,087	6,117,735	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,841,529	4,575,729	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,417,258		
40.00	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	78,063,220		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		83,303,110	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,486,301	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		8,358,951	
53.00	Nursing and Allied Health Managed Care payment		0	
54.00	Special add-on payments for new technologies		0	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		14,713,930	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		555,426	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		4,475	
59.00	Total (sum of amounts on lines 49 through 58)		111,422,193	
60.00	Primary payer payments		9,886	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		111,412,307	
62.00	Deductibles billed to program beneficiaries		2,398,877	
63.00	Coinsurance billed to program beneficiaries		449,819	
64.00	Allowable bad debts (see instructions)		385,123	
65.00	Adjusted reimbursable bad debts (see instructions)		250,330	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		262,081	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		108,813,941	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		-165,188	
70.94	HRR adjustment amount (see instructions)		-171,734	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 12/2/2021 2:42 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		874,525	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		107,602,494	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		112,197,159	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)		-4,594,665	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,849,568	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/2/2021 2:42 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	8,149,388	8,149,388		8,149,388	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	29,597,620		29,597,620	29,597,620	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	2,734,142	2,734,142		2,734,142	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	9,221,419		9,221,419	9,221,419	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,807,172	5,695,117	5,112,055	10,807,172	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	1.133318	1.133318	1.133318		5.00
6.00	IME payment adjustment (see instructions)	22.00	18,301,750	3,951,255	14,350,495	18,301,750	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,239,890	2,761,295	2,478,595	5,239,890	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	18,301,750	3,951,255	14,350,495	18,301,750	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,239,890	2,761,295	2,478,595	5,239,890	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3859	0.3859	0.3859		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,641,643	786,212	2,855,431	3,641,643	11.00
11.01	Uncompensated care payments	36.00	6,417,258	1,841,529	4,575,729	6,417,258	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	78,063,220	17,462,526	60,600,694	78,063,220	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	83,303,110	20,223,821	63,079,289	83,303,110	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,486,301	1,130,794	3,355,507	4,486,301	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	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			21,354,615	66,434,796	87,789,411	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
12/2/2021 2:42 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	2,911,370	733,825	2,177,545	2,911,370	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	40,639	10,243	30,396	40,639	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	0.5270	0.5270	0.5270		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,534,292	386,726	1,147,566	1,534,292	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,486,301	1,130,794	3,355,507	4,486,301	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	-165,188	-26,078	-139,110	-165,188	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	-171,734	-16,505	-155,229	-171,734	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		213,120	661,405	874,525	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 12/2/2021 2:42 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		226,260	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		52,239,959	2.00	
3.00	OPPS payments		30,692,042	3.00	
4.00	Outlier payment (see instructions)		683,374	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		14,195	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		226,260	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		555,057	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)		555,057	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)		555,057	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		328,797	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)		226,260	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)		31,389,611	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)		5,417,562	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)		26,198,309	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,231,546	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)		29,429,855	30.00	
31.00	Primary payer payments		1,244	31.00	
32.00	Subtotal (line 30 minus line 31)		29,428,611	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)		198,396	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		128,957	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		159,178	36.00	
37.00	Subtotal (see instructions)		29,557,568	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		29,557,568	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		31,455,184	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)		-1,897,616	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		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0150	Period: From 07/01/2020	Worksheet E	
		Component CCN:14-S150	To 06/30/2021	Part B	
				Date/Time Prepared: 12/2/2021 2:42 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)			454	2.00
3.00	OPPS payments			114	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)			114	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)			23	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)			91	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)			91	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			91	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)			91	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)			91	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			91	41.00
41.01	Interim payments-PARHM			41.01	
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01	
43.00	Balance due provider/program (see instructions)			0	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
12/2/2021 2:42 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		112,197,159		31,455,184	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		112,197,159		31,455,184	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		4,594,665		1,897,616	6.02	
7.00	Total Medicare program liability (see instructions)		107,602,494		29,557,568	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0150

Period:

Worksheet E-1

Component CCN:14-S150

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
12/2/2021 2:42 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		1,639,288		91	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,639,288		91	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		26,732		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,666,020		91	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
12/2/2021 2:42 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 12/2/2021 2:42 pm
		Component CCN:14-S150		
		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)		1,406,055	1.00
2.00	Net IPF PPS Outlier Payments		342,024	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)		10.00	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)		5.17	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)		5.17	8.00
9.00	Average Daily Census (see instructions)		34.405479	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.074760	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		105,117	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,853,196	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)		1,853,196	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,853,196	18.00
19.00	Deductibles		59,429	19.00
20.00	Subtotal (line 18 minus line 19)		1,793,767	20.00
21.00	Coinurance		173,656	21.00
22.00	Subtotal (line 20 minus line 21)		1,620,111	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,620,111	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		45,909	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,666,020	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,639,288	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)		26,732	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		342,024	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY			In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0150		Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 12/2/2021 2:42 pm	
		Title XVIII		Hospital	PPS	
					1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT						
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.				372.01	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				78.41	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				450.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				479.87	6.00
7.00	Enter the lesser of line 5 or line 6				450.42	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.		168.30	264.08	432.38	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.		157.97	247.87	405.84	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year			29.79		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year			30.79		10.01
11.00	Total weighted FTE count		157.97	277.66		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)		155.94	282.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)		160.91	273.61		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).		158.27	278.08		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		0.85	0.00		16.01
17.00	Adjusted rolling average FTE count		158.27	278.08		17.00
18.00	Per resident amount		111,323.04	105,413.12		18.00
19.00	Approved amount for resident costs		17,619,098	29,313,280	46,932,378	19.00
					1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)				42 Sec.	0.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)				29.45	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)				46,932,378	25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)		21,646	3,322	2,787	26.00
27.00	Total Inpatient Days (see instructions)		111,379	111,379	111,379	27.00
28.00	Ratio of inpatient days to total inpatient days		0.194345	0.029826	0.025023	28.00
29.00	Program direct GME amount		9,121,073	1,399,805	1,174,389	29.00
29.01	Percent reduction for MA DGME			4.07	4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage			56,972	47,798	30.00
31.00	Net Program direct GME amount				11,590,497	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 12/2/2021 2:42 pm	
		Title XVIII	Hospital	PPS	
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		37,529,610		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)		121,043,859		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		14,713,930		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		9,886		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		135,747,903		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		52,480,868		42.00
43.00	Primary payer payments (see instructions)		1,244		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		52,479,624		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		188,227,527		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.721190		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.278810		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		11,590,497		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		8,358,951		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,231,546		50.00

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

Provider CCN:14-0150

Period:

Worksheet G

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

12/2/2021 2:42 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	387,893,011	0	0	0	1.00
2.00	Temporary investments	633,209	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	157,663,820	0	0	0	4.00
5.00	Other receivable	10,637,288	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,010,328	0	0	0	7.00
8.00	Prepaid expenses	4,080,058	0	0	0	8.00
9.00	Other current assets	26,553,544	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)	596,471,258	0	0	0	11.00
FIXED ASSETS						
12.00	Land	770,918	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	321,988,881	0	0	0	15.00
16.00	Accumulated depreciation	-157,209,247	0	0	0	16.00
17.00	Leasehold improvements	2,320,151	0	0	0	17.00
18.00	Accumulated depreciation	-2,320,151	0	0	0	18.00
19.00	Fixed equipment	138,316,429	0	0	0	19.00
20.00	Accumulated depreciation	-48,908,919	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	170,289,074	0	0	0	23.00
24.00	Accumulated depreciation	-131,328,054	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)	293,919,082	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,587,346	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,587,346	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	892,977,686	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	70,228,027	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,468,637	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	73,591,509	0	0	0	40.00
41.00	Deferred income	93,431,769	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	2,783,453	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	260,503,395	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	128,326,071	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	128,326,071	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	388,829,466	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	504,148,220	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)	504,148,220	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	892,977,686	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0150

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

Worksheet G-1

Date/Time Prepared:
12/2/2021 2:42 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		429,721,759		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		74,426,461				2.00
3.00	Total (sum of line 1 and line 2)		504,148,220		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		504,148,220		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		504,148,220		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN:14-0150

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
12/2/2021 2:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	213,075,863		213,075,863	1.00
2.00	SUBPROVIDER - IPF	33,966,177		33,966,177	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	247,042,040		247,042,040	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	78,569,499		78,569,499	11.00
11.01	PEDS ICU	2,439,184		2,439,184	11.01
11.02	NEONATAL ICU	43,962,156		43,962,156	11.02
12.00	CORONARY CARE UNIT	39,235,001		39,235,001	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	164,205,840		164,205,840	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	411,247,880		411,247,880	17.00
18.00	Ancillary services	1,003,803,167	0	1,003,803,167	18.00
19.00	Outpatient services	0	1,424,372,344	1,424,372,344	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	1,415,051,047	1,424,372,344	2,839,423,391	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,320,838,657		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,320,838,657		43.00

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
STATEMENT OF REVENUES AND EXPENSES		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet G-3 Date/Time Prepared: 12/2/2021 2:42 pm	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			2,839,423,391	1.00
2.00	Less contractual allowances and discounts on patients' accounts			1,997,254,385	2.00
3.00	Net patient revenues (line 1 minus line 2)			842,169,006	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			1,320,838,657	4.00
5.00	Net income from service to patients (line 3 minus line 4)			-478,669,651	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			-511,034	12.00
13.00	Revenue from laundry and linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			1,183,054	14.00
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients			0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00	Revenue from sale of medical records and abstracts			19,151	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			564	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21.00	Rental of vending machines			0	21.00
22.00	Rental of hospital space			338,978	22.00
23.00	Governmental appropriations			14,131,391	23.00
24.00	OTHER (OTHER OPERATING)			5,197,933	24.00
24.01	OTHER (EHR INCENTIVE PYMTS STATE&FED)			531,250	24.01
24.02	OTHER (PAYMENT ON BEHALF OF)			29,095,595	24.02
24.03	OTHER (CAPITATION REVENUE)			3,557,408	24.03
24.04	OTHER (OTHER OP SERVICES)			11,567,960	24.04
24.05	OTHER (HOSPITAL/MEDICAL SRVS&TELEMED)			10,631,087	24.05
24.06	OTHER (NON OPER-ON BEHALF PAYMENTS)			366,682,649	24.06
24.07	OTHER (NON OPER - NET REVENUE)			9,214,896	24.07
24.08	OTHER (INVESTMENT INCOME)			5,164,406	24.08
24.09	OTHER (NET CHANGE IN FMV OF INVSTMNT)			7,108,033	24.09
24.50	COVID-19 PHE Funding			89,182,791	24.50
25.00	Total other income (sum of lines 6-24)			553,096,112	25.00
26.00	Total (line 5 plus line 25)			74,426,461	26.00
27.00	OTHER EXPENSES (SPECIFY)			0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)			0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			74,426,461	29.00

Health Financial Systems		BOARD OF TRUSTEES OF THE UNIVERSITY		In Lieu of Form CMS-2552-10	
ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS			Provider CCN:14-0150	Period: From 07/01/2020	Worksheet I-1
			Component CCN:14-2316	To 06/30/2021	Date/Time Prepared: 12/2/2021 2:42 pm
			Renal Dialysis		
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	1,173,439	HOURS OF SERVICE	35,137.00	16.89 1.00
2.00	LICENSED PRACTICAL NURSES	87,545	HOURS OF SERVICE	2,460.00	1.18 2.00
3.00	NURSES AIDES	0	HOURS OF SERVICE	0.00	0.00 3.00
4.00	TECHNICIANS	1,483,409	HOURS OF SERVICE	98,238.00	47.23 4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00 5.00
6.00	DIETICIANS	0	HOURS OF SERVICE	0.00	0.00 6.00
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	964,515	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,708,908			9.00
10.00	EMPLOYEE BENEFITS	0	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	382,942	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	1,054,351	REQUISITIONS		14.00
15.00	DRUGS	97,466	REQUISITIONS		15.00
16.00	OTHER	478,006	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	5,721,673			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	178,887	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	164,749	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	3,743,342	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	1,841,747	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	883,781	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	24,916	REQUISITIONS		24.00
25.00	PHARMACY	12,329	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	359,460	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	12,930,884			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	OTHER ANCILLARY SVC	0	CHARGES	0	30.00
30.01	GASTROENTEROLOGY	0	CHARGES	0	30.01
30.02	BONE MARROW TRANSPLANT	0	CHARGES	0	30.02
30.03	CARDIAC SERVICES	0	CHARGES	0	30.03
30.04	TELEMEDICINE PROGRAM	0	CHARGES	0	30.04
30.05	SLEEP LAB WEST HARRISON	0	CHARGES	0	30.05
30.06	SICKLE CELL	0	CHARGES	0	30.06
30.07	HEART CENTER-ROOSEVELT RD	0	CHARGES	0	30.07
30.08	UIH UROLOGY CLINIC	0	CHARGES	0	30.08
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0	30.98
30.99	LITHOTRIPSY	0	CHARGES	0	30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	12,930,884			31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN:14-0150

Period:

Worksheet I-2

Component CCN:14-2316

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

Date/Time Prepared:

12/2/2021 2:42 pm

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis		
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,062,668	547,691	1,173,439	1,570,954	3,743,342	10,330	1.00
MAINTENANCE								
2.00	Hemodialysis	862,259	444,402	745,980	998,741	2,379,810	6,567	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	2,177	1,122	1,870	2,511	5,971	16	7.00
HOME								
8.00	Hemodialysis	0	0	20,505	27,378	65,285	180	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	18,134	24,275	57,853	160	10.00
11.00	CCPD	0	0	215,466	288,457	687,339	1,897	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	198,232	102,167	171,484	229,592	547,084	1,510	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						99,465	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,062,668	547,691	1,173,439	1,570,954	3,743,342	10,330	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,079,267	0	9,187,691	3,643,728	12,831,419		1.00
MAINTENANCE								
2.00	Hemodialysis	686,138	0	6,123,897	2,428,664	8,552,561		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	1,722	0	15,389	6,103	21,492		7.00
HOME								
8.00	Hemodialysis	18,822	0	132,170	52,417	184,587		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	16,680	0	117,102	46,441	163,543		10.00
11.00	CCPD	198,171	0	1,391,330	551,785	1,943,115		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	157,734	0	1,407,803	558,318	1,966,121		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	1,079,267	0	9,187,691	3,643,728	12,831,419		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					12,831,419		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASE					Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet I-3 Date/Time Prepared: 12/2/2021 2:42 pm	
					Component CCN:14-2316	Renal Dialysis		
			Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
			0	1.00	2.00	3.00		
1.00	Total Renal Department Costs		1,062,668	547,691	1,173,439	1,570,954	3,743,342	1.00
MAINTENANCE								
2.00	Hemodialysis		9,900	9,900.00	22,338.00	62,454.00	2,357,919	2.00
2.01	AKI-Hemodialysis		0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
3.01	AKI-Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.01
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		25	25.00	56.00	157.00	5,916	7.00
HOME								
8.00	Hemodialysis		0	0.00	614.00	1,712.00	64,684	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	543.00	1,518.00	57,321	10.00
11.00	CCPD		0	0.00	6,452.00	18,038.00	681,016	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	4,123	2,276	2,276.00	5,135.00	14,357.00	542,052	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		12,201	12,201.00	35,138.00	98,236.00	3,708,908	17.00
18.00	Unit Cost Multiplier (line 1 - line 17)		87.096795	44.889025	33.395156	15.991632	1.009284	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	10,330	1,079,267	0	9,187,691	3,643,728		1.00
MAINTENANCE								
2.00	Hemodialysis	61,963	670,298	0				2.00
2.01	AKI-Hemodialysis	0	0	0				2.01
3.00	Intermittent Peritoneal	0	0	0				3.00
3.01	AKI-Intermittent Peritoneal	0	0	0				3.01
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	155	1,682	0				7.00
HOME								
8.00	Hemodialysis	1,701	18,387	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	1,506	16,295	0				10.00
11.00	CCPD	17,896	193,596	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	14,244	154,092	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	97,465	1,054,350	0		9,187,691		17.00
18.00	Unit Cost Multiplier (line 1 - line 17)	0.105987	1.023633	0.000000		0.396588		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS				Consider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet I-4
				Component CCN:14-2316		Date/Time Prepared: 12/2/2021 2:42 pm
				Rate 0	Renal Dialysis	
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	17,853	8,552,561	479.05	8,555	4,098,273
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	0	0	0.00	0	0
6.00	Training - CCPD	0	21,492	0.00	0	0
7.00	Home Program - Hemodialysis	574	184,587	321.58	181	58,206
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	62	163,543	2,637.79	46	121,338
10.00	Home Program - CCPD	740	1,943,115	2,625.83	267	701,097
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	18,427	10,865,298		8,736	4,978,914
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	20,833				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	2,423,945	283.34			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	48,764	269.41			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	54,874	1,192.91			
10.00	Home Program - CCPD	210,852	789.71			
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,738,435				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN:14-0150

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

Worksheet I-5

Date/Time Prepared:
12/2/2021 2:42 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	4,978,914		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	2,738,435	2,713,595	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	2,738,435	2,713,595	2.03
2.04	Outlier payments	8,305		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	1,037	1,028	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,037	1,028	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	547,583	542,616	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	547,583	542,616	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	543,644	8.00
9.00	Program payment (see instructions)	0	2,170,054	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	10,964,763		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	10,865,298		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.990929		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0150	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 12/2/2021 2:42 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,911,370	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,639	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)		270.74	3.00
4.00	Number of interns & residents (see instructions)		482.85	4.00
5.00	Indirect medical education percentage (see instructions)		52.70	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)		1,534,292	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		4,486,301	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