

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/27/2022 11:50 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE NORTHSIDE HEALTH SYSTEM (14-0182) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	485,698	813,591	0	0	1.00
2.00 Subprovider - IPF	0	69,096	-604		0	2.00
3.00 Subprovider - IRF	0	31,235	-31		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	586,029	812,956	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:50 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 836 W WELLINGTON AVE			PO Box:				1.00		
2.00	City: CHICAGO			State: IL		Zip Code: 60657		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		ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16984	1	07/01/1966	0	P	0
4.00	Subprovider - IPF		ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16984	4	01/11/1983	0	P	0
5.00	Subprovider - IRF		ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16984	5	12/28/2003	0	P	0
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
5/27/2022 11:50 am

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:50 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/27/2022 11:50 am

			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)		1.36	90.81	0.014755	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	3630	3.81	92.82	0.039429	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		6.98	93.39	0.069543	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	3630	9.48	93.23	0.092299	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:50 am	
			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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			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)	N			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 Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			717,644	40,000	-1,701,597	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:50 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT. SVCS.		Contractor's Number: 00131		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 11:50 am
			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)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 11:50 am	
		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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y					15.00
		Part A		Part B			
		Y/N	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	04/21/2022	Y	04/21/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 11:50 am
	Description	Y/N	Y/N	
	0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N	20.00
	Y/N	Date	Y/N	Date
	1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
			1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		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.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		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.	Y		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	Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		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.	N		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.	Y		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.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	Y		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.	MARY	SEBO	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-390-4369	MARY.SEBO@AAH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/27/2022 11:50 am

		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.	SENIOR REIMBURSEMENT SPECIALIST	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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 11:50 am

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	120	43,928	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)		120	43,928	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,232	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	51	18,531	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		237	86,691	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	22	8,077		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		281				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)		5	1,825			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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 11:50 am

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)	4,419	2,597	24,186			1.00
2.00	HMO and other (see instructions)	11,454	9,832				2.00
3.00	HMO IPF Subprovider	853	2,408				3.00
4.00	HMO IRF Subprovider	1,337	493				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,419	2,597	24,186			7.00
8.00	INTENSIVE CARE UNIT	1,573	336	11,305			8.00
9.00	CORONARY CARE UNIT	4,627	452	15,416			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		118	2,451			13.00
14.00	Total (see instructions)	10,619	3,503	53,358	186.13	1,644.05	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	812	636	6,630	0.50	46.54	16.00
17.00	SUBPROVIDER - IRF	1,810	169	5,031	0.00	23.53	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			247			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				186.63	1,714.12	27.00
28.00	Observation Bed Days		0	6,371			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	46	735			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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 11:50 am

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	2,117	438	11,234	1.00
2.00 HMO and other (see instructions)			2,125	2,430		2.00
3.00 HMO IPF Subprovider				306		3.00
4.00 HMO IRF Subprovider				24		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,117	438	11,234	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	93	81	886	16.00
17.00 SUBPROVIDER - IRF	0.00	0	130	11	345	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/27/2022 11:50 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	146,889,033	0	146,889,033	3,565,370.00	41.20
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		7,549,589	0	7,549,589	56,903.00	132.67
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	14,646,365	12,433	14,658,798	404,477.00	36.24
7.01	Contracted interns and residents (in an approved programs)		930,467	0	930,467	18,092.00	51.43
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)		4,977,169	505,819	5,482,988	156,785.00	34.97
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,431,563	0	5,431,563	79,178.00	68.60
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		28,133,769	0	28,133,769	657,911.00	42.76
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,022,731	0	28,022,731		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,594,638	0	1,594,638		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		793,295	0	793,295		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		4,259,658	0	4,259,658		
25.50	Home office wage-related (core)		8,458,300	0	8,458,300		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/27/2022 11:50 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,725,559	-1,326,119	2,399,440	26,000.00	92.29	26.00
27.00	Administrative & General	5.00	10,557,055	983,769	11,540,824	271,044.80	42.58	27.00
28.00	Administrative & General under contract (see inst.)		1,408,412	0	1,408,412	23,558.00	59.78	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	16,253	0	16,253	124.80	130.23	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,442,019	126,441	2,568,460	48,921.60	52.50	38.00
39.00	Central Services and Supply	14.00	1,509,304	10,260	1,519,564	66,622.40	22.81	39.00
40.00	Pharmacy	15.00	4,088,012	-475,073	3,612,939	95,201.60	37.95	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,093,307	9,041	2,102,348	48,110.40	43.70	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/27/2022 11:50 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	125,171,024	-12,433	125,158,591	3,109,456.00	40.25	1.00
2.00	Excluded area salaries (see instructions)	4,977,169	505,819	5,482,988	156,785.00	34.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	120,193,855	-518,252	119,675,603	2,952,671.00	40.53	3.00
4.00	Subtotal other wages & related costs (see inst.)	33,565,332	0	33,565,332	737,089.00	45.54	4.00
5.00	Subtotal wage-related costs (see inst.)	36,481,031	0	36,481,031	0.00	30.48	5.00
6.00	Total (sum of lines 3 thru 5)	190,240,218	-518,252	189,721,966	3,689,760.00	51.42	6.00
7.00	Total overhead cost (see instructions)	25,839,921	-671,681	25,168,240	579,583.60	43.42	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2022 11:50 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		6,750,971	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)		945,320	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)		9,725,230	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		3,789,710	9.00
10.00	Dental, Hearing and Vision Plan		324,396	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		90,455	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)		807,147	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,077,700	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		9,771,789	17.00
18.00	Medicare Taxes - Employers Portion Only		0	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))		764,295	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		623,309	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		34,670,322	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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/27/2022 11:50 am

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	5,431,563	34,670,322	1.00
2.00	Hospital	5,431,563	28,022,731	2.00
3.00	Subprovider - IPF	0	1,594,638	3.00
4.00	Subprovider - IRF	0	793,295	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	4,259,658	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/27/2022 11:50 am	
				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)			0.205614	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			37,580,666	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			308,525,179	6.00
7.00	Medicaid cost (line 1 times line 6)			63,437,096	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)			25,856,430	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			25,856,430	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)	29,427,825	693,989	30,121,814	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,050,773	693,989	6,744,762	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,050,773	693,989	6,744,762	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)			28,812,220	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,120,087	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,723,210	27.01
28.00	Non-Medicare bad debt expense (see instructions)			27,089,010	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			6,173,003	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,917,765	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			38,774,195	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A

Date/Time Prepared:
5/27/2022 11:50 am

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	14,246,780	14,246,780	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,480,442	9,480,442	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,725,559	24,292,612	28,018,171	-1,326,149	26,692,022	4.00
5.01	00540	NONPATIENT TELEPHONES	535,045	2,234,325	2,769,370	-97,392	2,671,978	5.01
5.02	00550	DATA PROCESSING	0	1,138	1,138	-1,370	-232	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,875,269	3,875,269	-102,343	3,772,926	5.03
5.04	00570	ADMITTING	690,816	276,644	967,460	-71,328	896,132	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,627,694	13,627,694	0	13,627,694	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	9,331,194	105,601,360	114,932,554	-13,657,473	101,275,081	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	16,253	18,814,777	18,831,030	-140,646	18,690,384	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,340,102	1,340,102	0	1,340,102	8.00
9.00	00900	HOUSEKEEPING	0	5,944,346	5,944,346	-7,424	5,936,922	9.00
10.00	01000	DIETARY	0	6,807,597	6,807,597	-2,035,420	4,772,177	10.00
11.00	01100	CAFETERIA	0	0	0	1,949,015	1,949,015	11.00
13.00	01300	NURSING ADMINISTRATION	2,442,019	466,698	2,908,717	104,447	3,013,164	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,509,304	4,441,133	5,950,437	-2,135,866	3,814,571	14.00
15.00	01500	PHARMACY	4,088,012	29,019,976	33,107,988	-27,169,299	5,938,689	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	68,145	68,145	-230	67,915	16.00
17.00	01700	SOCIAL SERVICE	2,093,307	408,480	2,501,787	7,127	2,508,914	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,646,365	0	14,646,365	12,433	14,658,798	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,349,224	5,349,224	-38,018	5,311,206	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	502,622	502,622	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,331,072	7,157,663	30,488,735	-4,267,696	26,221,039	30.00
31.00	03100	INTENSIVE CARE UNIT	12,209,573	5,605,732	17,815,305	-2,616,335	15,198,970	31.00
32.00	03200	CORONARY CARE UNIT	4,964,981	1,180,072	6,145,053	-633,066	5,511,987	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,288,795	528,387	3,817,182	-35,886	3,781,296	40.00
41.00	04100	SUBPROVIDER - IRF	1,688,374	1,306,658	2,995,032	-154,278	2,840,754	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,485,920	1,485,920	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,717,536	37,501,315	49,218,851	-30,920,988	18,297,863	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	132,736	1,260,430	1,393,166	-1,064,675	328,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,008,103	5,510,094	11,518,197	-3,092,828	8,425,369	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	479,983	1,332,761	1,812,744	-202,674	1,610,070	56.00
56.01	05601	ULTRA SOUND	1,213,573	720,725	1,934,298	-462,348	1,471,950	56.01
57.00	05700	CT SCAN	1,079,079	1,594,744	2,673,823	-941,375	1,732,448	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,650,202	9,903,182	12,553,384	-9,865,789	2,687,595	59.00
60.00	06000	LABORATORY	0	12,820,411	12,820,411	-1,779,532	11,040,879	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	3,261,333	1,458,605	4,719,938	-775,844	3,944,094	65.00
66.00	06600	PHYSICAL THERAPY	4,485,042	833,619	5,318,661	-24,924	5,293,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	201,032	65,051	266,083	-46,436	219,647	68.01
69.00	06900	ELECTROCARDIOLOGY	857,684	356,399	1,214,083	-237,130	976,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	172,032	743,632	915,664	-32,006	883,658	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	34,329,609	34,329,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	18,193,728	18,193,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,284,095	26,284,095	73.00
74.00	07400	RENAL DIALYSIS	673,262	274,372	947,634	-161,353	786,281	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	307,301	54,674	361,975	-16,447	345,528	76.97

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	716,290	251,079	967,369	-357,433	609,936	90.00
90.01	09001	A.R.C. CLINIC	1,065,183	178,568	1,243,751	-37,961	1,205,790	90.01
90.02	09002	CANCER CTR CLINIC	1,677,494	896,428	2,573,922	-554,942	2,018,980	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	413,287	508,667	921,954	0	921,954	90.04
90.05	09005	EYE CENTER	119,990	345,426	465,416	-266,801	198,615	90.05
90.06	09006	WOUND CARE CLINIC	92,488	331,411	423,899	-149,223	274,676	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	5,700,061	2,510,102	8,210,163	-110	8,210,053	90.07
90.08	09008	ANTICOAGULATION CLINIC	114,995	8,893	123,888	-92	123,796	90.08
90.09	09009	OP IV THERAPY	295,636	51,868	347,504	697,362	1,044,866	90.09
90.10	09010	PARK RIDGE CLINIC	2,624,944	24,774,841	27,399,785	-225,036	27,174,749	90.10
90.11	09011	LIBERTYVILLE CLINIC	2,469,105	13,091,229	15,560,334	-420,711	15,139,623	90.11
90.12	09012	BHORADE CLINIC	2,102,152	10,361,424	12,463,576	-134,722	12,328,854	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	654,532	3,474,185	4,128,717	-44,584	4,084,133	90.14
90.15	09015	PEDIATRIC CLINIC	2,828,059	380,159	3,208,218	-7,786	3,200,432	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	758,611	6,080,653	6,839,264	-54,470	6,784,794	90.16
91.00	09100	EMERGENCY	7,456,639	3,769,140	11,225,779	-924,784	10,300,995	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	146,889,033	379,792,119	526,681,152	357	526,681,509	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	837	837	-357	480	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	146,889,033	379,792,956	526,681,989	0	526,681,989	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,966,939	16,213,719	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,112,314	12,592,756	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,755,325	33,447,347	4.00
5.01	00540	NONPATIENT TELEPHONES	0	2,671,978	5.01
5.02	00550	DATA PROCESSING	19,642,487	19,642,255	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,772,926	5.03
5.04	00570	ADMITTING	0	896,132	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-3,296,794	10,330,900	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-71,855,364	29,419,717	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-345,249	18,345,135	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,340,102	8.00
9.00	00900	HOUSEKEEPING	0	5,936,922	9.00
10.00	01000	DIETARY	-1,148,344	3,623,833	10.00
11.00	01100	CAFETERIA	0	1,949,015	11.00
13.00	01300	NURSING ADMINISTRATION	-1,219	3,011,945	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,814,571	14.00
15.00	01500	PHARMACY	-3,121	5,935,568	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	67,915	16.00
17.00	01700	SOCIAL SERVICE	0	2,508,914	17.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	14,658,798	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-27,025	5,284,181	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	502,622	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,916,966	23,304,073	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,198,970	31.00
32.00	03200	CORONARY CARE UNIT	0	5,511,987	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-55,000	3,726,296	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,840,754	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,485,920	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,193,621	16,104,242	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	328,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-122,628	8,302,741	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,610,070	56.00
56.01	05601	ULTRA SOUND	0	1,471,950	56.01
57.00	05700	CT SCAN	0	1,732,448	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-589,939	2,097,656	59.00
60.00	06000	LABORATORY	0	11,040,879	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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	-1,290	3,942,804	65.00
66.00	06600	PHYSICAL THERAPY	-147,420	5,146,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	0	219,647	68.01
69.00	06900	ELECTROCARDIOLOGY	-31,205	945,748	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	883,658	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	34,329,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,193,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,284,095	73.00
74.00	07400	RENAL DIALYSIS	0	786,281	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	345,528	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-470,852	139,084	90.00
90.01	09001	A.R.C. CLINIC	0	1,205,790	90.01
90.02	09002	CANCER CTR CLINIC	0	2,018,980	90.02
90.03	09003	UROLOGY CLINIC	0	0	90.03
90.04	09004	PAIN CLINIC	0	921,954	90.04
90.05	09005	EYE CENTER	-29,100	169,515	90.05
90.06	09006	WOUND CARE CLINIC	-7,536	267,140	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	8,210,053	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	123,796	90.08
90.09	09009	OP IV THERAPY	-27,460	1,017,406	90.09
90.10	09010	PARK RIDGE CLINIC	0	27,174,749	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	15,139,623	90.11
90.12	09012	BHORADE CLINIC	0	12,328,854	90.12
90.13	09013	DARIEN CLINIC	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	4,084,133	90.14
90.15	09015	PEDIATRIC CLINIC	-104,672	3,095,760	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	6,784,794	90.16
91.00	09100	EMERGENCY	-2,273,511	8,027,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-54,171,251	472,510,258	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	480	190.00
190.01	19001	SUBCORPS	0	0	190.01
190.02	19002	GRANTS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPICE	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-54,171,251	472,510,738	200.00

RECLASSIFICATIONS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/27/2022 11:50 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	1,949,015		1.00
	TOTALS		0	1,949,015		
	B - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,284,095		1.00
	TOTALS		0	26,284,095		
	C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,083,098		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,576,642		2.00
	TOTALS		0	22,659,740		
	D - EQUIPMENT DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	8,112,589		1.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
7.00		0.00	0	0		7.00
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
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
	TOTALS		0	8,112,589		
	E - NURSERY					
1.00	NURSERY	43.00	1,228,956	256,964		1.00
	TOTALS		1,228,956	256,964		
	F - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	52,523,337		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
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

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
5/27/2022 11:50 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
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
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
	TOTALS		0	52,523,337		
	G - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	163,682		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	903,800		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
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
	TOTALS		0	1,067,482		

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
5/27/2022 11:50 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	18,193,728		1.00
	TOTALS		0	18,193,728		
	I - PHARMACY RESIDENT'S COST					
1.00	PARAMED ED PHARMACY	23.03	494,665	7,957		1.00
	TOTALS		494,665	7,957		
	K - OP IV THERAPY					
1.00	OP IV THERAPY	90.09	583,867	157,465		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		583,867	157,465		
	L - MANAGEMENT COMPENSATION					
1.00	PURCHASING RECEIVING AND STORES	5.03	2,067	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	981,702	0		2.00
3.00	NURSING ADMINISTRATION	13.00	126,441	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	10,260	0		4.00
5.00	PHARMACY	15.00	19,592	0		5.00
6.00	SOCIAL SERVICE	17.00	9,041	0		6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	12,433	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	53,978	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	18,418	0		9.00
10.00	CORONARY CARE UNIT	32.00	7,602	0		10.00
11.00	SUBPROVIDER - IPF	40.00	7,601	0		11.00
12.00	SUBPROVIDER - IRF	41.00	3,553	0		12.00
13.00	OPERATING ROOM	50.00	20,358	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	4,818	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	6,616	0		15.00
16.00	RESPIRATORY THERAPY	65.00	7,656	0		16.00
17.00	PHYSICAL THERAPY	66.00	7,482	0		17.00
18.00	CLINIC	90.00	6,263	0		18.00
19.00	CANCER CTR CLINIC	90.02	7,338	0		19.00
20.00	EMERGENCY	91.00	12,900	0		20.00
	TOTALS		1,326,119	0		
500.00	Grand Total: Increases		3,633,607	131,212,372		500.00

RECLASSIFICATIONS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - CAFETERIA COSTS						1.00
	DIETARY	10.00	0	1,949,015	0		
	TOTALS		0	1,949,015			
1.00	B - CHARGEABLE DRUGS						1.00
	PHARMACY	15.00	0	26,284,095	0		
	TOTALS		0	26,284,095			
1.00	C - DEPRECIATION						1.00
	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,083,098	9		
	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,576,642	9		
	TOTALS		0	22,659,740			
D - EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30	0		1.00
3.00	DATA PROCESSING	5.02	0	1,329	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	104,410	0		4.00
7.00	OPERATION OF PLANT	7.00	0	140,130	0		7.00
9.00	HOUSEKEEPING	9.00	0	7,424	0		9.00
10.00	DIETARY	10.00	0	86,405	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	11,232	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	319,520	0		12.00
13.00	PHARMACY	15.00	0	161,689	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	197	0		14.00
15.00	SOCIAL SERVICE	17.00	0	1,329	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	225,842	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	347,271	0		17.00
18.00	CORONARY CARE UNIT	32.00	0	27,309	0		18.00
19.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	32,605	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	11,615	0		20.00
21.00	OPERATING ROOM	50.00	0	2,766,107	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	147,517	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,595,239	0		23.00
24.00	RADIOISOTOPE	56.00	0	186,418	0		24.00
25.00	ULTRA SOUND	56.01	0	82,213	0		25.00
26.00	CT SCAN	57.00	0	362,954	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	176,354	0		27.00
28.00	LABORATORY	60.00	0	9,933	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	190,465	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	15,357	0		30.00
31.00	CARDIOLOGY	68.01	0	17,123	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	185,408	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,101	0		33.00
34.00	RENAL DIALYSIS	74.00	0	8,854	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	14,962	0		35.00
36.00	A.R.C. CLINIC	90.01	0	3,260	0		36.00
37.00	CANCER CTR CLINIC	90.02	0	429,454	0		37.00
39.00	EYE CENTER	90.05	0	131,094	0		39.00
40.00	WOUND CARE CLINIC	90.06	0	969	0		40.00
41.00	OP IV THERAPY	90.09	0	40,266	0		41.00
42.00	PARK RIDGE CLINIC	90.10	0	1,740	0		42.00
43.00	CLINIC	90.00	0	124,682	0		43.00
44.00	SUBPROVIDER - IPF	40.00	0	4,522	0		44.00
45.00	LIBERTYVILLE CLINIC	90.11	0	5,032	0		45.00
46.00	BHORADE CLINIC	90.12	0	2,186	0		46.00
47.00	BEHAVIORAL HEALTH SERVICES	90.07	0	110	0		47.00
48.00	GOOD SHEPHERD INFUSION & DRUGS	90.14	0	19,346	0		48.00
49.00	PEDIATRIC CLINIC	90.15	0	3,876	0		49.00
50.00	EMERGENCY	91.00	0	102,353	0		50.00
51.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	357	0		51.00
	TOTALS		0	8,112,589			
E - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,228,956	256,964	0		1.00
	TOTALS		1,228,956	256,964			
F - SUPPLIES							
1.00	NONPATIENT TELEPHONES	5.01	0	691	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	78,503	0		2.00
3.00	OPERATION OF PLANT	7.00	0	516	0		3.00
7.00	NURSING ADMINISTRATION	13.00	0	10,762	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,826,606	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
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		Decreases					07/27/2022 11:00 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
9.00	PHARMACY	15.00	0	240,485	0		9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	33	0		10.00	
11.00	SOCIAL SERVICE	17.00	0	585	0		11.00	
12.00	I&R SERVICES-OTHER PRGM	22.00	0	2,195	0		12.00	
	COSTS APPRV							
13.00	ADULTS & PEDIATRICS	30.00	0	1,856,931	0		13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	2,128,046	0		14.00	
15.00	CORONARY CARE UNIT	32.00	0	493,263	0		15.00	
16.00	SUBPROVIDER - IPF	40.00	0	38,679	0		16.00	
17.00	SUBPROVIDER - IRF	41.00	0	146,216	0		17.00	
18.00	OPERATING ROOM	50.00	0	28,111,606	0		18.00	
19.00	ANESTHESIOLOGY	53.00	0	917,158	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,240,295	0		20.00	
21.00	RADIOISOTOPE	56.00	0	16,256	0		21.00	
22.00	ULTRA SOUND	56.01	0	362,133	0		22.00	
23.00	CT SCAN	57.00	0	503,566	0		23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	9,695,051	0		24.00	
25.00	LABORATORY	60.00	0	1,769,599	0		25.00	
27.00	RESPIRATORY THERAPY	65.00	0	552,969	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	17,049	0		28.00	
29.00	CARDIOLOGY	68.01	0	29,313	0		29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	51,722	0		30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,542	0		31.00	
32.00	RENAL DIALYSIS	74.00	0	141,697	0		32.00	
33.00	CLINIC	90.00	0	237,927	0		33.00	
34.00	A.R.C. CLINIC	90.01	0	34,701	0		34.00	
35.00	CANCER CTR CLINIC	90.02	0	131,967	0		35.00	
37.00	EMERGENCY	91.00	0	829,904	0		37.00	
38.00	WOUND CARE CLINIC	90.06	0	148,254	0		38.00	
39.00	EYE CENTER	90.05	0	135,707	0		39.00	
40.00	OP IV THERAPY	90.09	0	3,704	0		40.00	
41.00	DATA PROCESSING	5.02	0	41	0		41.00	
42.00	ADMITTING	5.04	0	67,249	0		42.00	
43.00	CARDIAC REHABILITATION	76.97	0	1,485	0		43.00	
44.00	ANTICOAGULATION CLINIC	90.08	0	92	0		44.00	
45.00	PARK RIDGE CLINIC	90.10	0	217,295	0		45.00	
46.00	LIBERTYVILLE CLINIC	90.11	0	251,467	0		46.00	
47.00	BHORADE CLINIC	90.12	0	132,459	0		47.00	
48.00	CONDELL - INFUSION & DRUGS	90.16	0	54,470	0		48.00	
49.00	PEDIATRIC CLINIC	90.15	0	3,910	0		49.00	
50.00	GOOD SHEPHERD INFUSION & DRUGS	90.14	0	25,238	0		50.00	
	TOTALS		0	52,523,337				
G - RENT								
1.00		0.00	0	0	10		1.00	
2.00		0.00	0	0	10		2.00	
3.00	NONPATIENT TELEPHONES	5.01	0	96,701	10		3.00	
4.00	ADMITTING	5.04	0	4,079	0		4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,521	10		5.00	
6.00		0.00	0	0	10		6.00	
7.00		0.00	0	0	10		7.00	
8.00		0.00	0	0	10		8.00	
9.00		0.00	0	0	10		9.00	
10.00		0.00	0	0	10		10.00	
11.00	I&R SERVICES-OTHER PRGM	22.00	0	3,218	10		11.00	
	COSTS APPRV							
12.00	ADULTS & PEDIATRICS	30.00	0	209,767	10		12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	51,458	10		13.00	
14.00	CORONARY CARE UNIT	32.00	0	29,956	10		14.00	
15.00		0.00	0	0	10		15.00	
16.00	SUBPROVIDER - IPF	40.00	0	286	10		16.00	
17.00	OPERATING ROOM	50.00	0	63,633	10		17.00	
18.00		0.00	0	0	10		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	262,112	10		19.00	
20.00	ULTRA SOUND	56.01	0	18,002	10		20.00	
21.00	CT SCAN	57.00	0	74,855	10		21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	1,000	10		22.00	
23.00		0.00	0	0	10		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	40,066	10		24.00	
26.00		0.00	0	0	10		26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,363	10		27.00	
28.00	RENAL DIALYSIS	74.00	0	10,802	10		28.00	
29.00	CANCER CTR CLINIC	90.02	0	859	10		29.00	

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
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Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
30.00	CLINIC	90.00	0	1,087	10		30.00
31.00	LIBERTYVILLE CLINIC	90.11	0	164,212	0		31.00
32.00	EMERGENCY	91.00	0	5,427	10		32.00
33.00	PARK RIDGE CLINIC	90.10	0	6,001	0		33.00
34.00	BHORADE CLINIC	90.12	0	77	0		34.00
	TOTALS		0	1,067,482			
H - IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	18,193,728	0		1.00
	TOTALS		0	18,193,728			
I - PHARMACY RESIDENT'S COST							
1.00	PHARMACY	15.00	494,665	7,957	0		1.00
	TOTALS		494,665	7,957			
K - OP IV THERAPY							
1.00	ADULTS & PEDIATRICS	30.00	435,600	107,614	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	81,607	26,371	0		2.00
3.00	CORONARY CARE UNIT	32.00	66,660	23,480	0		3.00
	TOTALS		583,867	157,465			
L - MANAGEMENT COMPENSATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,326,119	0	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
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
	TOTALS		1,326,119	0			
500.00	Grand Total: Decreases		3,633,607	131,212,372			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/27/2022 11:50 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	38,801,113	0	0	0	0	1.00	
2.00	Land Improvements	4,907,618	147,528	0	147,528	0	2.00	
3.00	Buildings and Fixtures	271,232,287	12,314,895	0	12,314,895	0	3.00	
4.00	Building Improvements	2,207,467	0	0	0	0	4.00	
5.00	Fixed Equipment	62,693,468	6,426,416	0	6,426,416	7,708,897	5.00	
6.00	Movable Equipment	169,122	29,392	0	29,392	147,517	6.00	
7.00	HIT designated Assets	1,230,748	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	381,241,823	18,918,231	0	18,918,231	7,856,414	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	381,241,823	18,918,231	0	18,918,231	7,856,414	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	38,801,113	0					1.00
2.00	Land Improvements	5,055,146	-19,832					2.00
3.00	Buildings and Fixtures	283,547,182	53,193,005					3.00
4.00	Building Improvements	2,207,467	1,406,344					4.00
5.00	Fixed Equipment	61,410,987	-1,116,796					5.00
6.00	Movable Equipment	50,997	1,560,567					6.00
7.00	HIT designated Assets	1,230,748	0					7.00
8.00	Subtotal (sum of lines 1-7)	392,303,640	55,023,288					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	392,303,640	55,023,288					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/27/2022 11:50 am

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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/27/2022 11:50 am

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	290,809,795	0	290,809,795	0.822653	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	62,692,732	0	62,692,732	0.177347	0	2.00
3.00	Total (sum of lines 1-2)	353,502,527	0	353,502,527	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	14,083,098	163,682	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,576,642	903,800	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,659,740	1,067,482	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	1,966,939	16,213,719	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,112,314	12,592,756	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,079,253	28,806,475	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0182

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

Worksheet A-8

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,549,589			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	-12,093,401			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 employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,417,672	CAP REL COSTS-BLDG & FIXT	1.00	14	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	309,463	CAP REL COSTS-MVBLE EQUIP	2.00	14	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-113,126	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0182

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

Worksheet A-8

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	AHA/IHA LOBBYING EXPENSE	A	-58,521	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	REVENUE OFFSET			0 ADMITTING	5.04	0	33.01
33.02	REVENUE OFFSET	B	-3,296,794	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.02
33.03	REVENUE OFFSET	B	-3,302,164	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
34.00	REVENUE OFFSET	B	-711,400	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00	REVENUE OFFSET	B	-345,249	OPERATION OF PLANT	7.00	0	35.00
36.00	REVENUE OFFSET		0		0.00	0	36.00
37.00	REVENUE OFFSET	B	-1,148,344	DIETARY	10.00	0	37.00
38.00	REVENUE OFFSET	B	-1,219	NURSING ADMINISTRATION	13.00	0	38.00
38.01	REVENUE OFFSET	B	-3,121	PHARMACY	15.00	0	38.01
38.02	REVENUE OFFSET		0		0.00	0	38.02
39.00	REVENUE OFFSET		0		0.00	0	39.00
40.00	REVENUE OFFSET	B	-27,025	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.00
41.00	REVENUE OFFSET	B	-229,818	ADULTS & PEDIATRICS	30.00	0	41.00
42.00	REVENUE OFFSET	B	-55,000	SUBPROVIDER - IPF	40.00	0	42.00
43.00	REVENUE OFFSET	B	-75,770	OPERATING ROOM	50.00	0	43.00
44.00	REVENUE OFFSET		0	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
45.00	REVENUE OFFSET		0		0.00	0	45.00
45.01	REVENUE OFFSET		0	LABORATORY	60.00	0	45.01
45.02	REVENUE OFFSET	B	-1,290	RESPIRATORY THERAPY	65.00	0	45.02
45.03	REVENUE OFFSET	B	-147,420	PHYSICAL THERAPY	66.00	0	45.03
45.04	REVENUE OFFSET	B	-29,100	EYE CENTER	90.05	0	45.04
45.05	REVENUE OFFSET	B	-444,602	CLINIC	90.00	0	45.05
45.08	REVENUE OFFSET	B	-47	WOUND CARE CLINIC	90.06	0	45.08
45.09	REVENUE OFFSET	B	-104,672	PEDIATRIC CLINIC	90.15	0	45.09
45.10	REVENUE OFFSET	B	-220,766	EMERGENCY	91.00	0	45.10
45.25	NONALLOWABLE EXPENSES	A	-1,009,888	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.25
45.50	INTEREST	A	-4,144,915	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.50
45.51	PUBLIC AID ASSESSMENT	A	-20,785,145	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-54,171,251				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: 14-0182

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 11:50 am

	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	HOME OFFICE COST	7,466,725	0 1.00
2.00		5.02	DATA PROCESSING	HOME OFFICE COST	19,642,487	0 2.00
3.00		5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COST	11,490,790	54,045,521 3.00
4.00		1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	549,267	0 4.00
4.01		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	2,802,851	0 4.01
4.02		0.00			0	0 4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				41,952,120	54,045,521 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 the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

(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: 14-0182

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 11:50 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	7,466,725	0		1.00
2.00	19,642,487	0		2.00
3.00	-42,554,731	0		3.00
4.00	549,267	14		4.00
4.01	2,802,851	14		4.01
4.02	0	0		4.02
5.00	-12,093,401			5.00

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

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

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

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

6.00	HEALTHCARE		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: 14-0182

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2022 11:50 am

	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	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	2,574,022	2,574,022	0	0	0	2.00
3.00	0.00	DR. C	0	0	0	0	0	3.00
4.00	50.00	DR. D	2,117,851	2,117,851	0	0	0	4.00
5.00	54.00	DR. E	122,628	122,628	0	0	0	5.00
6.00	59.00	DR. F	589,939	589,939	0	0	0	6.00
7.00	69.00	DR. G	31,205	31,205	0	0	0	7.00
8.00	90.00	DR. H	26,250	26,250	0	0	0	8.00
9.00	90.06	DR. I	7,489	7,489	0	0	0	9.00
10.00	91.00	DR. J	2,052,745	2,052,745	0	0	0	10.00
11.00	90.09	DR. K	27,460	27,460	0	0	0	11.00
200.00			7,549,589	7,549,589	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	0.00	DR. C	0	0	0	0	0	3.00
4.00	50.00	DR. D	0	0	0	0	0	4.00
5.00	54.00	DR. E	0	0	0	0	0	5.00
6.00	59.00	DR. F	0	0	0	0	0	6.00
7.00	69.00	DR. G	0	0	0	0	0	7.00
8.00	90.00	DR. H	0	0	0	0	0	8.00
9.00	90.06	DR. I	0	0	0	0	0	9.00
10.00	91.00	DR. J	0	0	0	0	0	10.00
11.00	90.09	DR. K	0	0	0	0	0	11.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	40.00	DR. A	0	0	0	0		1.00
2.00	30.00	DR. B	0	0	0	2,574,022		2.00
3.00	0.00	DR. C	0	0	0	0		3.00
4.00	50.00	DR. D	0	0	0	2,117,851		4.00
5.00	54.00	DR. E	0	0	0	122,628		5.00
6.00	59.00	DR. F	0	0	0	589,939		6.00
7.00	69.00	DR. G	0	0	0	31,205		7.00
8.00	90.00	DR. H	0	0	0	26,250		8.00
9.00	90.06	DR. I	0	0	0	7,489		9.00
10.00	91.00	DR. J	0	0	0	2,052,745		10.00
11.00	90.09	DR. K	0	0	0	27,460		11.00
200.00			0	0	0	7,549,589		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	16,213,719	16,213,719			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,592,756		12,592,756		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	33,447,347	70,723	54,928	33,572,998	4.00
5.01	00540	NONPATIENT TELEPHONES	2,671,978	107,083	83,168	132,758	2,994,987 5.01
5.02	00550	DATA PROCESSING	19,642,255	105,242	81,738	0	109,797 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,772,926	307,860	239,106	0	16,029 5.03
5.04	00570	ADMITTING	896,132	42,228	32,797	171,299	40,874 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	10,330,900	248,029	192,638	0	0 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	29,419,717	811,970	630,635	2,315,412	544,178 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	00700	OPERATION OF PLANT	18,345,135	96,877	75,242	4,033	150,671 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,340,102	82,333	63,946	0	4,809 8.00
9.00	00900	HOUSEKEEPING	5,936,922	307,797	239,058	0	40,874 9.00
10.00	01000	DIETARY	3,623,833	675,612	524,729	0	50,491 10.00
11.00	01100	CAFETERIA	1,949,015	19,382	15,053	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	3,011,945	8,052	6,254	605,926	27,249 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,814,571	208,798	162,168	374,496	36,866 14.00
15.00	01500	PHARMACY	5,935,568	174,529	135,552	891,599	52,094 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,915	50,249	39,027	0	0 16.00
17.00	01700	SOCIAL SERVICE	2,508,914	0	0	519,402	24,845 17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,658,798	0	0	3,634,129	41,675 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,284,181	882,194	685,176	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0 23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0 23.02
23.03	02303	PARAMED ED PHARMACY	502,622	2,497	1,939	122,739	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,304,073	2,600,416	2,019,677	4,737,378	452,013 30.00
31.00	03100	INTENSIVE CARE UNIT	15,198,970	1,162,026	902,514	3,009,252	136,245 31.00
32.00	03200	CORONARY CARE UNIT	5,511,987	488,131	379,118	1,215,396	40,072 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	3,726,296	626,830	486,842	816,032	35,263 40.00
41.00	04100	SUBPROVIDER - IRF	2,840,754	268,316	208,394	418,928	53,697 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,485,920	239,009	185,632	304,935	11,220 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,104,242	2,036,917	1,582,018	2,381,922	322,179 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	328,491	308,702	239,761	32,935	93,769 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,302,741	442,002	343,291	1,460,333	154,678 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	1,610,070	63,763	49,523	119,096	10,419 56.00
56.01	05601	ULTRA SOUND	1,471,950	7,397	5,745	301,118	3,206 56.01
57.00	05700	CT SCAN	1,732,448	55,430	43,051	267,746	4,007 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,097,656	268,129	208,248	511,203	72,931 59.00
60.00	06000	LABORATORY	11,040,879	407,358	316,384	0	68,924 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
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	3,942,804	56,741	44,069	809,218	41,675 65.00
66.00	06600	PHYSICAL THERAPY	5,146,317	358,140	278,157	1,112,851	36,866 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	CARDIOLOGY	219,647	0	0	49,881	0 68.01
69.00	06900	ELECTROCARDIOLOGY	945,748	170,877	132,716	205,070	14,426 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	883,658	0	0	42,685	12,022 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,329,609	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,193,728	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,284,095	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	786,281	17,603	13,672	167,053	4,007 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	345,528	52,933	41,112	0	3,206	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	139,084	114,730	89,107	171,216	0	90.00
90.01	09001	A.R.C. CLINIC	1,205,790	238,822	185,487	264,299	52,094	90.01
90.02	09002	CANCER CTR CLINIC	2,018,980	1,037,653	805,917	416,228	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	921,954	132,551	102,948	102,547	0	90.04
90.05	09005	EYE CENTER	169,515	406	315	29,773	0	90.05
90.06	09006	WOUND CARE CLINIC	267,140	0	0	21,090	3,206	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	8,210,053	0	0	1,414,328	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	123,796	40,293	31,294	28,533	8,014	90.08
90.09	09009	OP IV THERAPY	1,017,406	34,862	27,076	211,413	6,412	90.09
90.10	09010	PARK RIDGE CLINIC	27,174,749	0	0	651,314	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	15,139,623	0	0	612,647	0	90.11
90.12	09012	BHORADE CLINIC	12,328,854	0	0	521,596	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	4,084,133	0	0	162,406	0	90.14
90.15	09015	PEDIATRIC CLINIC	3,095,760	102,277	79,435	701,712	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	6,784,794	0	0	188,230	0	90.16
91.00	09100	EMERGENCY	8,027,484	646,805	502,356	1,340,841	213,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	472,510,258	16,180,574	12,567,013	33,572,998	2,994,186	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	480	33,145	25,743	0	801	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	472,510,738	16,213,719	12,592,756	33,572,998	2,994,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	19,939,032					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	4,335,921				5.03
5.04	00570	ADMITTING	0	5,984	1,189,314			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	10,771,567		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	28,817	0	0	33,750,729	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	124	0	0	18,672,082	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,491,190	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,524,651	9.00
10.00	01000	DIETARY	0	0	0	0	4,874,665	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,983,450	11.00
13.00	01300	NURSING ADMINISTRATION	0	9,021	0	0	3,668,447	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	181,495	0	0	4,778,394	14.00
15.00	01500	PHARMACY	0	36,561	0	0	7,225,903	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3	0	0	157,194	16.00
17.00	01700	SOCIAL SERVICE	0	1,092	0	0	3,054,253	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	18,334,602	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,336	0	0	6,858,887	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	629,797	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,317,363	156,498	164,733	711,658	35,463,809	30.00
31.00	03100	INTENSIVE CARE UNIT	921,169	193,469	115,281	497,628	22,136,554	31.00
32.00	03200	CORONARY CARE UNIT	602,899	41,711	75,450	325,694	8,680,458	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	152,683	4,220	19,108	82,481	5,949,755	40.00
41.00	04100	SUBPROVIDER - IRF	151,950	12,454	19,016	82,085	4,055,594	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	147,143	6,981	18,414	79,489	2,478,743	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,772,326	2,287,139	116,688	1,497,648	29,101,079	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	544,707	74,107	25,226	294,258	1,941,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,417,948	107,966	41,914	765,995	13,036,868	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	246,234	1,278	3,990	133,019	2,237,392	56.00
56.01	05601	ULTRA SOUND	281,549	28,992	2,734	152,097	2,254,788	56.01
57.00	05700	CT SCAN	1,027,092	36,909	45,742	554,849	3,767,274	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	561,277	762,773	25,071	303,210	4,810,498	59.00
60.00	06000	LABORATORY	1,545,577	138,888	94,904	834,942	14,447,856	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	459,777	47,912	51,898	248,378	5,702,472	65.00
66.00	06600	PHYSICAL THERAPY	353,440	3,371	20,522	190,933	7,500,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	16,684	2,339	49	9,013	297,613	68.01
69.00	06900	ELECTROCARDIOLOGY	381,733	5,264	21,491	206,217	2,083,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	104,217	1,376	3,432	56,299	1,103,689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	803,439	0	45,536	434,029	35,612,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,038,119	0	63,420	560,806	19,856,073	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,874,204	0	144,454	1,552,915	30,855,668	73.00
74.00	07400	RENAL DIALYSIS	54,347	11,183	6,427	29,359	1,089,932	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	18,042	419	161	9,747	471,148	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	28,800	23,508	2	15,558	582,005	90.00
90.01	09001	A.R.C. CLINIC	170,884	3,890	340	92,314	2,213,920	90.01
90.02	09002	CANCER CTR CLINIC	161,538	11,277	100	87,265	4,538,958	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	80,950	0	22	43,730	1,384,702	90.04
90.05	09005	EYE CENTER	6,909	14,635	0	3,732	225,285	90.05
90.06	09006	WOUND CARE CLINIC	30,534	11,637	9	16,495	350,111	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	9,624,381	90.07
90.08	09008	ANTICOAGULATION CLINIC	10,828	16	7	5,849	248,630	90.08
90.09	09009	OP IV THERAPY	108,744	345	10	58,745	1,465,013	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	27,826,063	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	15,752,270	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	12,850,450	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	4,246,539	90.14
90.15	09015	PEDIATRIC CLINIC	0	5,439	0	0	3,984,623	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	6,973,024	90.16
91.00	09100	EMERGENCY	1,545,926	69,492	63,163	835,130	13,244,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,939,032	4,335,921	1,189,314	10,771,567	472,450,569	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	60,169	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	19,939,032	4,335,921	1,189,314	10,771,567	472,510,738	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,750,729					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,436,313	0	20,108,395			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	114,707	0	114,782	1,720,679		8.00
9.00	00900	HOUSEKEEPING	501,896	0	429,106	0	7,455,653	9.00
10.00	01000	DIETARY	374,974	0	941,885	0	358,934	10.00
11.00	01100	CAFETERIA	152,573	0	27,020	0	10,297	11.00
13.00	01300	NURSING ADMINISTRATION	282,188	0	11,226	0	4,278	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	367,568	0	291,089	4,576	110,928	14.00
15.00	01500	PHARMACY	555,838	0	243,314	0	92,722	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,092	0	70,053	0	26,696	16.00
17.00	01700	SOCIAL SERVICE	234,942	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,410,353	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	527,606	0	1,229,885	0	468,685	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	48,446	0	3,481	0	1,326	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,727,983	0	3,625,301	595,961	1,381,531	30.00
31.00	03100	INTENSIVE CARE UNIT	1,702,810	0	1,620,005	160,403	617,353	31.00
32.00	03200	CORONARY CARE UNIT	667,727	0	680,514	101,414	259,331	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	457,673	0	873,877	40,408	333,018	40.00
41.00	04100	SUBPROVIDER - IRF	311,968	0	374,065	102,995	142,549	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	190,672	0	333,208	33,588	126,979	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,238,542	0	2,839,709	156,290	1,082,158	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	149,381	0	430,368	0	164,005	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,002,835	0	616,204	152,184	234,823	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	172,107	0	88,893	0	33,875	56.00
56.01	05601	ULTRA SOUND	173,445	0	10,312	0	3,930	56.01
57.00	05700	CT SCAN	289,790	0	77,276	0	29,448	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	370,038	0	373,804	64,341	142,449	59.00
60.00	06000	LABORATORY	1,111,372	0	567,907	0	216,418	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	438,651	0	79,103	0	30,145	65.00
66.00	06600	PHYSICAL THERAPY	576,968	0	499,290	0	190,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	22,893	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	160,272	0	238,223	0	90,782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	84,899	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,739,424	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,527,389	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,373,511	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	83,841	0	24,540	0	9,352	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	36,242	0	73,795	5,886	28,122	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	44,770	0	159,947	0	60,953	90.00
90.01	09001	A.R.C. CLINIC	170,301	0	332,947	0	126,880	90.01
90.02	09002	CANCER CTR CLINIC	349,150	0	1,446,614	55,878	551,276	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	106,515	0	184,792	0	70,421	90.04
90.05	09005	EYE CENTER	17,330	0	566	0	216	90.05
90.06	09006	WOUND CARE CLINIC	26,932	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	740,336	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	19,125	0	56,173	0	21,406	90.08
90.09	09009	OP IV THERAPY	112,693	0	48,602	0	18,521	90.09
90.10	09010	PARK RIDGE CLINIC	2,140,464	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	1,211,712	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	988,495	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	326,657	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	306,509	0	142,586	0	54,337	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	536,386	0	0	0	0	90.16
91.00	09100	EMERGENCY	1,018,797	0	901,724	246,755	343,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,746,101	0	20,062,186	1,720,679	7,438,044	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,628	0	46,209	0	17,609	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	33,750,729	0	20,108,395	1,720,679	7,455,653	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,550,458					10.00
11.00	01100	CAFETERIA	0	2,173,340				11.00
13.00	01300	NURSING ADMINISTRATION	0	29,745	3,995,884			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	52,774	0	5,605,329		14.00
15.00	01500	PHARMACY	0	63,329	0	25,742	8,206,848	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4	0	16.00
17.00	01700	SOCIAL SERVICE	0	23,988	35,449	63	7,101	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	189,987	0	235	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	3,838	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,532,115	453,859	1,817,652	187,457	43,977	30.00
31.00	03100	INTENSIVE CARE UNIT	1,183,559	243,721	703,071	227,790	56,478	31.00
32.00	03200	CORONARY CARE UNIT	1,613,954	118,982	313,132	52,800	17,559	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	694,117	80,601	104,377	4,140	137	40.00
41.00	04100	SUBPROVIDER - IRF	526,713	44,138	200,877	15,651	836	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	25,907	134,009	11,313	2,808	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	219,733	212,694	3,009,133	93,780	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	1,919	0	98,174	39,049	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	111,306	27,571	132,764	10,864	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	7,676	0	1,740	278,725	56.00
56.01	05601	ULTRA SOUND	0	20,150	0	38,763	611	56.01
57.00	05700	CT SCAN	0	23,988	9,847	53,903	8,562	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,341	100,439	1,037,778	10,939	59.00
60.00	06000	LABORATORY	0	0	0	189,421	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	65,248	0	59,191	6,161	65.00
66.00	06600	PHYSICAL THERAPY	0	35,503	0	1,825	2	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	2,879	0	3,138	911	68.01
69.00	06900	ELECTROCARDIOLOGY	0	16,312	13,786	5,536	802	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,879	0	1,664	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	195,524	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,513,259	73.00
74.00	07400	RENAL DIALYSIS	0	12,474	13,786	15,168	6,803	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,838	7,878	159	6	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	33,584	32,495	9,321	2,549	90.00
90.01	09001	A.R.C. CLINIC	0	14,393	5,908	3,714	67	90.01
90.02	09002	CANCER CTR CLINIC	0	23,988	41,357	14,126	16,498	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	7,676	0	16,147	119	90.04
90.05	09005	EYE CENTER	0	1,919	0	14,526	0	90.05
90.06	09006	WOUND CARE CLINIC	0	960	8,862	15,869	1,206	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	960	0	10	18	90.08
90.09	09009	OP IV THERAPY	0	3,838	13,786	396	3,301	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	23,260	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	26,918	0	90.11
90.12	09012	BHORAGE CLINIC	0	0	0	14,179	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	2,702	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	37,422	3,939	419	174	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	5,831	0	90.16
91.00	09100	EMERGENCY	0	154,485	194,969	88,835	83,546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,550,458	2,173,340	3,995,884	5,605,329	8,206,848	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	6,550,458	2,173,340	3,995,884	5,605,329	8,206,848	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	266,039					16.00
17.00	01700	SOCIAL SERVICE	0	3,355,796				17.00
20.00	02000	NURSING PROGRAM	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		19,744,955		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			9,275,285	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03	02303	PARAMED ED PHARMACY	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,585	1,297,200	0	19,703,460	9,255,792	30.00
31.00	03100	INTENSIVE CARE UNIT	12,297	606,337	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	8,048	826,828	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,038	355,596	0	41,495	19,493	40.00
41.00	04100	SUBPROVIDER - IRF	2,028	269,835	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,964	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,008	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	7,271	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,928	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,287	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	3,758	0	0	0	0	56.01
57.00	05700	CT SCAN	13,711	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,492	0	0	0	0	59.00
60.00	06000	LABORATORY	20,632	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	6,138	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,718	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	223	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,096	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,391	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,725	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,858	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,242	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	725	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	241	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

							5/27/2022 11:50 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			16.00	17.00	20.00	21.00	22.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	384	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	2,281	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	2,156	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,081	0	0	0	0	90.04
90.05	09005	EYE CENTER	92	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	408	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	145	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	1,452	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	20,636	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	266,039	3,355,796	0	19,744,955	9,275,285	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0		0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	266,039	3,355,796	0	19,744,955	9,275,285	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
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	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0		0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0			0		23.02
23.03	02303	PARAMED ED PHARMACY	686,888				686,888	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,103,682	0	0	0	49,262	30.00
31.00	03100	INTENSIVE CARE UNIT	29,270,378	0	0	0	2,274	31.00
32.00	03200	CORONARY CARE UNIT	13,340,747	0	0	0	153,596	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,956,725	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,047,249	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,339,191	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,990,126	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	2,832,123	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,344,347	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,823,695	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	2,505,757	0	0	0	0	56.01
57.00	05700	CT SCAN	4,273,799	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,957,119	0	0	0	0	59.00
60.00	06000	LABORATORY	16,553,606	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	6,387,109	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,809,173	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	327,657	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,614,351	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,194,522	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,558,286	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,397,320	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,780,680	0	0	0	340,286	73.00
74.00	07400	RENAL DIALYSIS	1,256,621	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	627,315	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	926,008	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	2,870,411	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	7,040,001	0	0	0	37,641	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,771,453	0	0	0	0	90.04
90.05	09005	EYE CENTER	259,934	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	404,348	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,364,717	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	346,467	0	0	0	24,252	90.08
90.09	09009	OP IV THERAPY	1,667,602	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	29,989,787	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	16,990,900	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	13,853,124	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	4,575,898	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	4,530,009	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	7,515,241	0	0	0	0	90.16
91.00	09100	EMERGENCY	16,297,757	0	0	0	79,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	472,382,123	0	0	0	686,888	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,615	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	472,510,738	0	0	0	686,888	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING PROGRAM				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	79,152,944	-28,959,252	50,193,692	30.00
31.00	03100	INTENSIVE CARE UNIT	29,272,652	0	29,272,652	31.00
32.00	03200	CORONARY CARE UNIT	13,494,343	0	13,494,343	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,956,725	-60,988	8,895,737	40.00
41.00	04100	SUBPROVIDER - IRF	6,047,249	0	6,047,249	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,339,191	0	3,339,191	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,990,126	0	38,990,126	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,832,123	0	2,832,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,344,347	0	15,344,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,823,695	0	2,823,695	56.00
56.01	05601	ULTRA SOUND	2,505,757	0	2,505,757	56.01
57.00	05700	CT SCAN	4,273,799	0	4,273,799	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,957,119	0	6,957,119	59.00
60.00	06000	LABORATORY	16,553,606	0	16,553,606	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,387,109	0	6,387,109	65.00
66.00	06600	PHYSICAL THERAPY	8,809,173	0	8,809,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	327,657	0	327,657	68.01
69.00	06900	ELECTROCARDIOLOGY	2,614,351	0	2,614,351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,194,522	0	1,194,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,558,286	0	38,558,286	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,397,320	0	21,397,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,120,966	0	41,120,966	73.00
74.00	07400	RENAL DIALYSIS	1,256,621	0	1,256,621	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	627,315	0	627,315	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	926,008	0	926,008	90.00
90.01	09001	A.R.C. CLINIC	2,870,411	0	2,870,411	90.01
90.02	09002	CANCER CTR CLINIC	7,077,642	0	7,077,642	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,771,453	0	1,771,453	90.04
90.05	09005	EYE CENTER	259,934	0	259,934	90.05
90.06	09006	WOUND CARE CLINIC	404,348	0	404,348	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,364,717	0	10,364,717	90.07
90.08	09008	ANTICOAGULATION CLINIC	370,719	0	370,719	90.08
90.09	09009	OP IV THERAPY	1,667,602	0	1,667,602	90.09
90.10	09010	PARK RIDGE CLINIC	29,989,787	0	29,989,787	90.10
90.11	09011	LIBERTYVILLE CLINIC	16,990,900	0	16,990,900	90.11
90.12	09012	BHORADE CLINIC	13,853,124	0	13,853,124	90.12
90.13	09013	DARIEN CLINIC	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	4,575,898	0	4,575,898	90.14
90.15	09015	PEDIATRIC CLINIC	4,530,009	0	4,530,009	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	7,515,241	0	7,515,241	90.16
91.00	09100	EMERGENCY	16,377,334	0	16,377,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	472,382,123	-29,020,240	443,361,883	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,615	0	128,615	190.00
190.01	19001	SUBCORPS	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	472,510,738	-29,020,240	443,490,498	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	70,723	54,928	125,651	4.00
5.01	00540	NONPATIENT TELEPHONES	0	107,083	83,168	190,251	5.01
5.02	00550	DATA PROCESSING	0	105,242	81,738	186,980	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	307,860	239,106	546,966	5.03
5.04	00570	ADMITTING	0	42,228	32,797	75,025	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	248,029	192,638	440,667	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	811,970	630,635	1,442,605	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	96,877	75,242	172,119	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	82,333	63,946	146,279	8.00
9.00	00900	HOUSEKEEPING	0	307,797	239,058	546,855	9.00
10.00	01000	DIETARY	0	675,612	524,729	1,200,341	10.00
11.00	01100	CAFETERIA	0	19,382	15,053	34,435	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,052	6,254	14,306	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	208,798	162,168	370,966	14.00
15.00	01500	PHARMACY	0	174,529	135,552	310,081	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	50,249	39,027	89,276	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	882,194	685,176	1,567,370	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	2,497	1,939	4,436	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,600,416	2,019,677	4,620,093	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,162,026	902,514	2,064,540	31.00
32.00	03200	CORONARY CARE UNIT	0	488,131	379,118	867,249	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	626,830	486,842	1,113,672	40.00
41.00	04100	SUBPROVIDER - IRF	0	268,316	208,394	476,710	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	239,009	185,632	424,641	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,036,917	1,582,018	3,618,935	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	308,702	239,761	548,463	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	442,002	343,291	785,293	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	63,763	49,523	113,286	56.00
56.01	05601	ULTRA SOUND	0	7,397	5,745	13,142	56.01
57.00	05700	CT SCAN	0	55,430	43,051	98,481	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	268,129	208,248	476,377	59.00
60.00	06000	LABORATORY	0	407,358	316,384	723,742	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
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	56,741	44,069	100,810	65.00
66.00	06600	PHYSICAL THERAPY	0	358,140	278,157	636,297	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	170,877	132,716	303,593	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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	17,603	13,672	31,275	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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	Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				0	1.00			
76.97	07697	CARDIAC REHABILITATION	0	52,933	41,112	94,045	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	114,730	89,107	203,837	641	90.00
90.01	09001	A.R.C. CLINIC	0	238,822	185,487	424,309	990	90.01
90.02	09002	CANCER CTR CLINIC	0	1,037,653	805,917	1,843,570	1,558	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	132,551	102,948	235,499	384	90.04
90.05	09005	EYE CENTER	0	406	315	721	111	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	79	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	5,295	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	40,293	31,294	71,587	107	90.08
90.09	09009	OP IV THERAPY	0	34,862	27,076	61,938	792	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	2,439	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	2,294	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	1,953	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	608	90.14
90.15	09015	PEDIATRIC CLINIC	0	102,277	79,435	181,712	2,627	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	705	90.16
91.00	09100	EMERGENCY	0	646,805	502,356	1,149,161	5,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,180,574	12,567,013	28,747,587	125,651	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,145	25,743	58,888	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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	16,213,719	12,592,756	28,806,475	125,651	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	190,748					5.01
5.02	00550	DATA PROCESSING	6,993	193,973				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,021	0	547,987			5.03
5.04	00570	ADMITTING	2,603	0	756	79,025		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	440,667	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,661	0	3,642	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	9,596	0	16	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	306	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,603	0	0	0	0	9.00
10.00	01000	DIETARY	3,216	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,735	0	1,140	735	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,348	0	22,939	0	0	14.00
15.00	01500	PHARMACY	3,318	0	4,621	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,582	0	138	0	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,654	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	927	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,788	12,859	19,779	10,720	29,126	30.00
31.00	03100	INTENSIVE CARE UNIT	8,677	8,992	24,452	7,685	20,366	31.00
32.00	03200	CORONARY CARE UNIT	2,552	5,885	5,272	5,030	13,330	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,246	1,490	533	1,274	3,376	40.00
41.00	04100	SUBPROVIDER - IRF	3,420	1,483	1,574	1,268	3,359	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	715	1,436	882	1,228	3,253	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,519	27,062	289,048	7,779	61,294	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	5,972	5,317	9,366	1,682	12,043	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,851	13,841	13,645	2,794	31,350	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	664	2,404	162	266	5,444	56.00
56.01	05601	ULTRA SOUND	204	2,748	3,664	182	6,225	56.01
57.00	05700	CT SCAN	255	10,026	4,665	3,049	22,708	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,645	5,479	96,405	1,671	12,409	59.00
60.00	06000	LABORATORY	4,390	15,087	17,554	6,327	34,171	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	2,654	4,488	6,055	3,460	10,165	65.00
66.00	06600	PHYSICAL THERAPY	2,348	3,450	426	1,368	7,814	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	163	296	3	369	68.01
69.00	06900	ELECTROCARDIOLOGY	919	3,726	665	1,433	8,440	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	766	1,017	174	229	2,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,843	0	3,036	17,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,133	0	4,228	22,952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,399	0	9,630	63,379	73.00
74.00	07400	RENAL DIALYSIS	255	531	1,413	428	1,202	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	204	176	53	11	399	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	281	2,971	0	637	90.00
90.01	09001	A.R.C. CLINIC	3,318	1,668	492	23	3,778	90.01
90.02	09002	CANCER CTR CLINIC	0	1,577	1,425	7	3,571	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	790	0	1	1,790	90.04
90.05	09005	EYE CENTER	0	67	1,850	0	153	90.05
90.06	09006	WOUND CARE CLINIC	204	298	1,471	1	675	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	510	106	2	0	239	90.08
90.09	09009	OP IV THERAPY	408	1,061	44	1	2,404	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORAGE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	687	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	13,577	15,090	8,783	4,211	34,179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	190,697	193,973	547,987	79,025	440,667	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	190,748	193,973	547,987	79,025	440,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,489,577					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	63,392	0	245,138			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,063	0	1,399	153,047		8.00
9.00	00900	HOUSEKEEPING	22,151	0	5,231	0	576,840	9.00
10.00	01000	DIETARY	16,549	0	11,482	0	27,771	10.00
11.00	01100	CAFETERIA	6,734	0	329	0	797	11.00
13.00	01300	NURSING ADMINISTRATION	12,454	0	137	0	331	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,223	0	3,549	407	8,582	14.00
15.00	01500	PHARMACY	24,532	0	2,966	0	7,174	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	534	0	854	0	2,065	16.00
17.00	01700	SOCIAL SERVICE	10,369	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	62,246	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,286	0	14,993	0	36,262	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	2,138	0	42	0	103	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	120,400	0	44,198	53,009	106,890	30.00
31.00	03100	INTENSIVE CARE UNIT	75,154	0	19,749	14,267	47,764	31.00
32.00	03200	CORONARY CARE UNIT	29,470	0	8,296	9,020	20,064	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	20,199	0	10,653	3,594	25,765	40.00
41.00	04100	SUBPROVIDER - IRF	13,769	0	4,560	9,161	11,029	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,415	0	4,062	2,987	9,824	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	98,798	0	34,618	13,901	83,726	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	6,593	0	5,247	0	12,689	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,260	0	7,512	13,536	18,168	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,596	0	1,084	0	2,621	56.00
56.01	05601	ULTRA SOUND	7,655	0	126	0	304	56.01
57.00	05700	CT SCAN	12,790	0	942	0	2,278	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,332	0	4,557	5,723	11,021	59.00
60.00	06000	LABORATORY	49,050	0	6,923	0	16,744	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	19,360	0	964	0	2,332	65.00
66.00	06600	PHYSICAL THERAPY	25,465	0	6,087	0	14,721	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	1,010	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	7,074	0	2,904	0	7,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,747	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	120,891	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,411	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,755	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,700	0	299	0	724	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,600	0	900	524	2,176	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,976	0	1,950	0	4,716	90.00
90.01	09001	A.R.C. CLINIC	7,516	0	4,059	0	9,817	90.01
90.02	09002	CANCER CTR CLINIC	15,410	0	17,635	4,970	42,652	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	4,701	0	2,253	0	5,448	90.04
90.05	09005	EYE CENTER	765	0	7	0	17	90.05
90.06	09006	WOUND CARE CLINIC	1,189	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	32,675	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	844	0	685	0	1,656	90.08
90.09	09009	OP IV THERAPY	4,974	0	592	0	1,433	90.09
90.10	09010	PARK RIDGE CLINIC	94,469	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	53,479	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	43,627	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	14,417	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	13,528	0	1,738	0	4,204	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	23,673	0	0	0	0	90.16
91.00	09100	EMERGENCY	44,965	0	10,993	21,948	26,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,489,373	0	244,575	153,047	575,478	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	204	0	563	0	1,362	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,489,577	0	245,138	153,047	576,840	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,259,359					10.00
11.00	01100	CAFETERIA	0	42,295				11.00
13.00	01300	NURSING ADMINISTRATION	0	579	32,951			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,027	0	427,443		14.00
15.00	01500	PHARMACY	0	1,232	0	1,963	359,225	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	467	292	5	311	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,697	0	18	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	75	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	486,812	8,833	14,988	14,295	1,925	30.00
31.00	03100	INTENSIVE CARE UNIT	227,545	4,743	5,798	17,371	2,472	31.00
32.00	03200	CORONARY CARE UNIT	310,291	2,315	2,582	4,027	769	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	133,448	1,569	861	316	6	40.00
41.00	04100	SUBPROVIDER - IRF	101,263	859	1,657	1,194	37	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	504	1,105	863	123	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,276	1,754	229,455	4,105	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	37	0	7,487	1,709	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,166	227	10,125	476	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	149	0	133	12,200	56.00
56.01	05601	ULTRA SOUND	0	392	0	2,956	27	56.01
57.00	05700	CT SCAN	0	467	81	4,111	375	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	766	828	79,141	479	59.00
60.00	06000	LABORATORY	0	0	0	14,445	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	1,270	0	4,514	270	65.00
66.00	06600	PHYSICAL THERAPY	0	691	0	139	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	56	0	239	40	68.01
69.00	06900	ELECTROCARDIOLOGY	0	317	114	422	35	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	56	0	127	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,911	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	328,863	73.00
74.00	07400	RENAL DIALYSIS	0	243	114	1,157	298	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	75	65	12	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	654	268	711	112	90.00
90.01	09001	A.R.C. CLINIC	0	280	49	283	3	90.01
90.02	09002	CANCER CTR CLINIC	0	467	341	1,077	722	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	149	0	1,231	5	90.04
90.05	09005	EYE CENTER	0	37	0	1,108	0	90.05
90.06	09006	WOUND CARE CLINIC	0	19	73	1,210	53	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	19	0	1	1	90.08
90.09	09009	OP IV THERAPY	0	75	114	30	144	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	1,774	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	2,053	0	90.11
90.12	09012	BHORAGE CLINIC	0	0	0	1,081	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	206	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	728	32	32	8	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	445	0	90.16
91.00	09100	EMERGENCY	0	3,006	1,608	6,775	3,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,259,359	42,295	32,951	427,443	359,225	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,259,359	42,295	32,951	427,443	359,225	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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							5/27/2022 11:50 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	92,729					16.00
17.00	01700	SOCIAL SERVICE	0	15,109				17.00
20.00	02000	NURSING PROGRAM	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		78,506		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			1,646,553	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03	02303	PARAMED ED PHARMACY	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,155	5,840				30.00
31.00	03100	INTENSIVE CARE UNIT	4,304	2,730				31.00
32.00	03200	CORONARY CARE UNIT	2,817	3,723				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - IPF	713	1,601				40.00
41.00	04100	SUBPROVIDER - IRF	710	1,215				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	687	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,953	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	2,545	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,625	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	1,150	0				56.00
56.01	05601	ULTRA SOUND	1,315	0				56.01
57.00	05700	CT SCAN	4,799	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	2,622	0				59.00
60.00	06000	LABORATORY	7,221	0				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0				62.00
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	2,148	0				65.00
66.00	06600	PHYSICAL THERAPY	1,651	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
68.01	06801	CARDIOLOGY	78	0				68.01
69.00	06900	ELECTROCARDIOLOGY	1,784	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	487	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,754	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,850	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,000	0				73.00
74.00	07400	RENAL DIALYSIS	254	0				74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0				76.00
76.97	07697	CARDIAC REHABILITATION	84	0				76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
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Cost Center Description			INTERNS & RESIDENTS					
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	SERVICES-SALAR		SERVICES-OTHER
						Y & FRINGES APPRV		PRGM COSTS APPRV
		16.00	17.00	20.00	21.00	22.00		
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00	
90.00	09000	CLINIC	135	0			90.00	
90.01	09001	A.R.C. CLINIC	798	0			90.01	
90.02	09002	CANCER CTR CLINIC	755	0			90.02	
90.03	09003	UROLOGY CLINIC	0	0			90.03	
90.04	09004	PAIN CLINIC	378	0			90.04	
90.05	09005	EYE CENTER	32	0			90.05	
90.06	09006	WOUND CARE CLINIC	143	0			90.06	
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0			90.07	
90.08	09008	ANTICOAGULATION CLINIC	51	0			90.08	
90.09	09009	OP IV THERAPY	508	0			90.09	
90.10	09010	PARK RIDGE CLINIC	0	0			90.10	
90.11	09011	LIBERTYVILLE CLINIC	0	0			90.11	
90.12	09012	BHORADE CLINIC	0	0			90.12	
90.13	09013	DARIEN CLINIC	0	0			90.13	
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0			90.14	
90.15	09015	PEDIATRIC CLINIC	0	0			90.15	
90.16	09016	CONDELL - INFUSION & DRUGS	0	0			90.16	
91.00	09100	EMERGENCY	7,223	0			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
93.00	04040	FAMILY HEALTH CENTER	0	0			93.00	
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00	
99.10	09910	CORF	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0			111.00	
113.00	11300	INTEREST EXPENSE					113.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0			115.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,729	15,109	0	0	118.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00	
190.01	19001	SUBCORPS	0	0			190.01	
190.02	19002	GRANTS	0	0			190.02	
191.00	19100	RESEARCH	0	0			191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00	
192.01	19201	HOSPICE	0	0			192.01	
193.00	19300	NONPAID WORKERS	0	0			193.00	
200.00		Cross Foot Adjustments			0	78,506	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	92,729	15,109	0	78,506	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
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Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0			23.02
23.03	02303	PARAMED ED PHARMACY				7,254		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					5,602,398	30.00
31.00	03100	INTENSIVE CARE UNIT					2,567,876	31.00
32.00	03200	CORONARY CARE UNIT					1,297,243	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					1,324,371	40.00
41.00	04100	SUBPROVIDER - IRF					634,836	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					461,867	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					4,517,141	50.00
51.00	05100	RECOVERY ROOM					0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					619,273	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					965,337	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					147,605	56.00
56.01	05601	ULTRA SOUND					40,067	56.01
57.00	05700	CT SCAN					166,029	57.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					720,369	59.00
60.00	06000	LABORATORY					895,654	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					161,520	65.00
66.00	06600	PHYSICAL THERAPY					704,624	66.00
67.00	06700	OCCUPATIONAL THERAPY					0	67.00
68.00	06800	SPEECH PATHOLOGY					0	68.00
68.01	06801	CARDIOLOGY					2,441	68.01
69.00	06900	ELECTROCARDIOLOGY					339,218	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					9,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					168,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					109,574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					547,026	73.00
74.00	07400	RENAL DIALYSIS					42,518	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER					0	76.00
76.97	07697	CARDIAC REHABILITATION					100,324	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC					0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					218,889	90.00
90.01	09001	A.R.C. CLINIC					457,383	90.01
90.02	09002	CANCER CTR CLINIC					1,935,737	90.02
90.03	09003	UROLOGY CLINIC					0	90.03
90.04	09004	PAIN CLINIC					252,629	90.04
90.05	09005	EYE CENTER					4,868	90.05
90.06	09006	WOUND CARE CLINIC					5,415	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES					37,970	90.07
90.08	09008	ANTICOAGULATION CLINIC					75,808	90.08
90.09	09009	OP IV THERAPY					74,518	90.09
90.10	09010	PARK RIDGE CLINIC					98,682	90.10
90.11	09011	LIBERTYVILLE CLINIC					57,826	90.11
90.12	09012	BHORADE CLINIC					46,661	90.12
90.13	09013	DARIEN CLINIC					0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS					15,231	90.14
90.15	09015	PEDIATRIC CLINIC					205,296	90.15
90.16	09016	CONDELL - INFUSION & DRUGS					24,823	90.16
91.00	09100	EMERGENCY					1,356,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER					0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	27,013,094	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					61,068	190.00
190.01	19001	SUBCORPS					0	190.01
190.02	19002	GRANTS					0	190.02
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201	HOSPICE					0	192.01
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	7,254	1,732,313	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	7,254	28,806,475	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMED ED ANESTH SCHOOL			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			23.02
23.03	02303	PARAMED ED PHARMACY			23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,602,398	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,567,876	31.00
32.00	03200	CORONARY CARE UNIT	0	1,297,243	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	1,324,371	40.00
41.00	04100	SUBPROVIDER - IRF	0	634,836	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	461,867	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,517,141	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	619,273	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	965,337	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	147,605	56.00
56.01	05601	ULTRA SOUND	0	40,067	56.01
57.00	05700	CT SCAN	0	166,029	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	720,369	59.00
60.00	06000	LABORATORY	0	895,654	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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	161,520	65.00
66.00	06600	PHYSICAL THERAPY	0	704,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	0	2,441	68.01
69.00	06900	ELECTROCARDIOLOGY	0	339,218	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	168,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	109,574	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	547,026	73.00
74.00	07400	RENAL DIALYSIS	0	42,518	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	100,324	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	218,889	90.00
90.01	09001	A.R.C. CLINIC	0	457,383	90.01
90.02	09002	CANCER CTR CLINIC	0	1,935,737	90.02
90.03	09003	UROLOGY CLINIC	0	0	90.03
90.04	09004	PAIN CLINIC	0	252,629	90.04
90.05	09005	EYE CENTER	0	4,868	90.05
90.06	09006	WOUND CARE CLINIC	0	5,415	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	37,970	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	75,808	90.08
90.09	09009	OP IV THERAPY	0	74,518	90.09
90.10	09010	PARK RIDGE CLINIC	0	98,682	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	57,826	90.11
90.12	09012	BHORADE CLINIC	0	46,661	90.12
90.13	09013	DARIEN CLINIC	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	15,231	90.14
90.15	09015	PEDIATRIC CLINIC	0	205,296	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	24,823	90.16
91.00	09100	EMERGENCY	0	1,356,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	27,013,094	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	61,068	190.00
190.01	19001	SUBCORPS	0	0	190.01
190.02	19002	GRANTS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPICE	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	1,732,313	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	28,806,475	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	519,497				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		519,497			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,266	2,266	135,306,582		4.00
5.01	00540	NONPATIENT TELEPHONES	3,431	3,431	535,045	3,737	5.01
5.02	00550	DATA PROCESSING	3,372	3,372	0	137	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	9,864	9,864	0	20	5.03
5.04	00570	ADMITTING	1,353	1,353	690,372	51	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,947	7,947	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	26,016	26,016	9,331,637	679	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,104	3,104	16,253	188	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,638	2,638	0	6	8.00
9.00	00900	HOUSEKEEPING	9,862	9,862	0	51	9.00
10.00	01000	DIETARY	21,647	21,647	0	63	10.00
11.00	01100	CAFETERIA	621	621	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	258	258	2,442,019	34	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,690	6,690	1,509,304	46	14.00
15.00	01500	PHARMACY	5,592	5,592	3,593,347	65	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,610	1,610	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,093,307	31	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	14,646,365	52	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,266	28,266	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	80	80	494,665	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	83,319	83,319	19,092,494	564	30.00
31.00	03100	INTENSIVE CARE UNIT	37,232	37,232	12,127,966	170	31.00
32.00	03200	CORONARY CARE UNIT	15,640	15,640	4,898,320	50	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	20,084	20,084	3,288,795	44	40.00
41.00	04100	SUBPROVIDER - IRF	8,597	8,597	1,688,374	67	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	7,658	7,658	1,228,956	14	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	65,264	65,264	9,599,684	402	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	9,891	9,891	132,736	117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,162	14,162	5,885,475	193	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,043	2,043	479,983	13	56.00
56.01	05601	ULTRA SOUND	237	237	1,213,573	4	56.01
57.00	05700	CT SCAN	1,776	1,776	1,079,079	5	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,591	8,591	2,060,263	91	59.00
60.00	06000	LABORATORY	13,052	13,052	0	86	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
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	1,818	1,818	3,261,333	52	65.00
66.00	06600	PHYSICAL THERAPY	11,475	11,475	4,485,042	46	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	201,032	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,475	5,475	826,479	18	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	172,032	15	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	564	564	673,262	5	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT RE VENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,696	1,696	0	4	1,505,291	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,676	3,676	690,040	0	2,402,839	90.00
90.01	09001	A.R.C. CLINIC	7,652	7,652	1,065,183	65	14,256,971	90.01
90.02	09002	CANCER CTR CLINIC	33,247	33,247	1,677,494	0	13,477,207	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	4,247	4,247	413,287	0	6,753,738	90.04
90.05	09005	EYE CENTER	13	13	119,990	0	576,424	90.05
90.06	09006	WOUND CARE CLINIC	0	0	84,999	4	2,547,504	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	5,700,061	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	1,291	1,291	114,995	10	903,374	90.08
90.09	09009	OP IV THERAPY	1,117	1,117	852,043	8	9,072,563	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	2,624,944	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	2,469,105	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	2,102,152	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	654,532	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	3,277	3,277	2,828,059	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	758,611	0	0	90.16
91.00	09100	EMERGENCY	20,724	20,724	5,403,895	266	128,977,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	518,435	518,435	135,306,582	3,736	1,663,539,080	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062	1,062	0	1	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	16,213,719	12,592,756	33,572,998	2,994,987	19,939,032	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.210419	24.240286	0.248125	801.441531	0.011986	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			125,651	190,748	193,973	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000929	51.043083	0.000117	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE R EQUIST)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (PATIENT RE VENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	55,247,740					5.03
5.04	00570	ADMITTING	76,250	792,961,555				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,663,539,080			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	367,181	0	0	-33,750,729	438,760,009	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,584	0	0	0	18,672,082	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,491,190	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,524,651	9.00
10.00	01000	DIETARY	0	0	0	0	4,874,665	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,983,450	11.00
13.00	01300	NURSING ADMINISTRATION	114,945	0	0	0	3,668,447	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,312,594	0	0	0	4,778,394	14.00
15.00	01500	PHARMACY	465,856	0	0	0	7,225,903	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33	0	0	0	157,194	16.00
17.00	01700	SOCIAL SERVICE	13,918	0	0	0	3,054,253	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	18,334,602	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	93,471	0	0	0	6,858,887	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	629,797	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,994,092	109,908,497	109,908,497	0	35,463,809	30.00
31.00	03100	INTENSIVE CARE UNIT	2,465,174	76,853,747	76,853,747	0	22,136,554	31.00
32.00	03200	CORONARY CARE UNIT	531,478	50,300,257	50,300,257	0	8,680,458	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	53,770	12,738,429	12,738,429	0	5,949,755	40.00
41.00	04100	SUBPROVIDER - IRF	158,685	12,677,267	12,677,267	0	4,055,594	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	88,952	12,276,280	12,276,280	0	2,478,743	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,142,313	77,792,132	231,297,033	0	29,101,079	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	944,272	16,817,521	45,445,303	0	1,941,956	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,375,691	27,942,526	118,300,340	0	13,036,868	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	16,282	2,659,912	20,543,453	0	2,237,392	56.00
56.01	05601	ULTRA SOUND	369,417	1,822,551	23,489,856	0	2,254,788	56.01
57.00	05700	CT SCAN	470,297	30,494,504	85,690,979	0	3,767,274	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,719,204	16,714,085	46,827,743	0	4,810,498	59.00
60.00	06000	LABORATORY	1,769,705	63,269,369	128,948,524	0	14,447,856	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	610,491	34,598,880	38,359,464	0	5,702,472	65.00
66.00	06600	PHYSICAL THERAPY	42,947	13,681,337	29,487,743	0	7,500,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	29,808	32,428	1,391,976	0	297,613	68.01
69.00	06900	ELECTROCARDIOLOGY	67,070	14,327,453	31,848,239	0	2,083,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,531	2,288,187	8,694,853	0	1,103,689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	30,357,285	67,031,458	0	35,612,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	42,279,673	86,610,992	0	19,856,073	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96,302,346	239,808,906	0	30,855,668	73.00
74.00	07400	RENAL DIALYSIS	142,488	4,284,559	4,534,216	0	1,089,932	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,342	107,236	1,505,291	0	471,148	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE R EQUIST)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (PATIENT RE VENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	299,535	1,616	2,402,839	0	582,005	90.00
90.01	09001	A.R.C. CLINIC	49,561	226,410	14,256,971	0	2,213,920	90.01
90.02	09002	CANCER CTR CLINIC	143,688	66,651	13,477,207	0	4,538,958	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	14,749	6,753,738	0	1,384,702	90.04
90.05	09005	EYE CENTER	186,476	0	576,424	0	225,285	90.05
90.06	09006	WOUND CARE CLINIC	148,273	5,715	2,547,504	0	350,111	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	9,624,381	90.07
90.08	09008	ANTICOAGULATION CLINIC	207	4,645	903,374	0	248,630	90.08
90.09	09009	OP IV THERAPY	4,398	6,935	9,072,563	0	1,465,013	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	27,826,063	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	15,752,270	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	12,850,450	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	4,246,539	90.14
90.15	09015	PEDIATRIC CLINIC	69,300	0	0	0	3,984,623	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	6,973,024	90.16
91.00	09100	EMERGENCY	885,461	42,108,373	128,977,614	0	13,244,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,247,740	792,961,555	1,663,539,080	-33,750,729	438,699,840	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	60,169	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,335,921	1,189,314	10,771,567		33,750,729	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.078481	0.001500	0.006475		0.076923	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	547,987	79,025	440,667		1,489,577	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009919	0.000100	0.000265		0.003395	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	465,248				6.00
7.00	00700	OPERATION OF PLANT	3,104	462,144			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,638	2,638	1,821,369		8.00
9.00	00900	HOUSEKEEPING	9,862	9,862	0	449,644	9.00
10.00	01000	DIETARY	21,647	21,647	0	21,647	10.00
11.00	01100	CAFETERIA	621	621	0	621	11.00
13.00	01300	NURSING ADMINISTRATION	258	258	0	258	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,690	6,690	4,844	6,690	14.00
15.00	01500	PHARMACY	5,592	5,592	0	5,592	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,610	1,610	0	1,610	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,266	28,266	0	28,266	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	80	80	0	80	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	83,319	83,319	630,834	83,319	30.00
31.00	03100	INTENSIVE CARE UNIT	37,232	37,232	169,790	37,232	31.00
32.00	03200	CORONARY CARE UNIT	15,640	15,640	107,349	15,640	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	20,084	20,084	42,773	20,084	40.00
41.00	04100	SUBPROVIDER - IRF	8,597	8,597	109,022	8,597	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	7,658	7,658	35,553	7,658	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	65,264	65,264	165,436	65,264	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	9,891	9,891	0	9,891	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,162	14,162	161,089	14,162	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,043	2,043	0	2,043	56.00
56.01	05601	ULTRA SOUND	237	237	0	237	56.01
57.00	05700	CT SCAN	1,776	1,776	0	1,776	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,591	8,591	68,106	8,591	59.00
60.00	06000	LABORATORY	13,052	13,052	0	13,052	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
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	1,818	1,818	0	1,818	65.00
66.00	06600	PHYSICAL THERAPY	11,475	11,475	0	11,475	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,475	5,475	0	5,475	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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	564	564	0	564	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,696	1,696	6,230	1,696	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	3,676	3,676	0	3,676	0	90.00
90.01	09001 A.R.C. CLINIC	7,652	7,652	0	7,652	0	90.01
90.02	09002 CANCER CTR CLINIC	33,247	33,247	59,148	33,247	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	4,247	4,247	0	4,247	0	90.04
90.05	09005 EYE CENTER	13	13	0	13	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	1,291	1,291	0	1,291	0	90.08
90.09	09009 OP IV THERAPY	1,117	1,117	0	1,117	0	90.09
90.10	09010 PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012 BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013 DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	3,277	3,277	0	3,277	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100 EMERGENCY	20,724	20,724	261,195	20,724	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	464,186	461,082	1,821,369	448,582	62,568	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062	1,062	0	1,062	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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	20,108,395	1,720,679	7,455,653	6,550,458	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	43.511103	0.944717	16.581235	104.693422	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	245,138	153,047	576,840	1,259,359	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.530436	0.084029	1.282882	20.127845	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (PATIENT RE VENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,265					11.00
13.00	01300	NURSING ADMINISTRATION	31	4,220,320				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	55	0	52,365,576			14.00
15.00	01500	PHARMACY	66	0	240,485	28,689,427		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	33	0	1,663,539,080	16.00
17.00	01700	SOCIAL SERVICE	25	37,440	585	24,822	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	198	0	2,195	1	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	4	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	473	1,919,744	1,751,246	153,736	109,908,497	30.00
31.00	03100	INTENSIVE CARE UNIT	254	742,560	2,128,046	197,437	76,853,747	31.00
32.00	03200	CORONARY CARE UNIT	124	330,720	493,263	61,384	50,300,257	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	84	110,240	38,679	478	12,738,429	40.00
41.00	04100	SUBPROVIDER - IRF	46	212,160	146,216	2,924	12,677,267	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	27	141,536	105,685	9,817	12,276,280	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	229	224,640	28,111,606	327,835	231,297,033	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	2	0	917,158	136,507	45,445,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	116	29,120	1,240,295	37,977	118,300,340	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8	0	16,256	974,366	20,543,453	56.00
56.01	05601	ULTRA SOUND	21	0	362,133	2,137	23,489,856	56.01
57.00	05700	CT SCAN	25	10,400	503,566	29,932	85,690,979	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41	106,080	9,695,051	38,241	46,827,743	59.00
60.00	06000	LABORATORY	0	0	1,769,599	0	128,948,524	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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	68	0	552,969	21,538	38,359,464	65.00
66.00	06600	PHYSICAL THERAPY	37	0	17,049	6	29,487,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	3	0	29,313	3,184	1,391,976	68.01
69.00	06900	ELECTROCARDIOLOGY	17	14,560	51,722	2,805	31,848,239	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	0	15,542	0	8,694,853	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,826,606	0	67,031,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	86,610,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,264,777	239,808,906	73.00
74.00	07400	RENAL DIALYSIS	13	14,560	141,697	23,781	4,534,216	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4	8,320	1,485	21	1,505,291	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (PATIENT RE VENUE)	
		11.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	35	34,320	87,080	8,910	2,402,839	90.00
90.01	09001 A.R.C. CLINIC	15	6,240	34,701	235	14,256,971	90.01
90.02	09002 CANCER CTR CLINIC	25	43,680	131,967	57,673	13,477,207	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	8	0	150,847	417	6,753,738	90.04
90.05	09005 EYE CENTER	2	0	135,707	0	576,424	90.05
90.06	09006 WOUND CARE CLINIC	1	9,360	148,254	4,216	2,547,504	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	1	0	92	63	903,374	90.08
90.09	09009 OP IV THERAPY	4	14,560	3,704	11,540	9,072,563	90.09
90.10	09010 PARK RIDGE CLINIC	0	0	217,295	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0	0	251,467	0	0	90.11
90.12	09012 BHORADE CLINIC	0	0	132,459	0	0	90.12
90.13	09013 DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0	0	25,238	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	39	4,160	3,910	609	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0	0	54,471	0	0	90.16
91.00	09100 EMERGENCY	161	205,920	829,904	292,058	128,977,614	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,265	4,220,320	52,365,576	28,689,427	1,663,539,080	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	2,173,340	3,995,884	5,605,329	8,206,848	266,039	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	959.532009	0.946820	0.107042	0.286058	0.000160	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,295	32,951	427,443	359,225	92,729	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	18.673289	0.007808	0.008163	0.012521	0.000056	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			SOCIAL SERVICE (PATIENT DA YS)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
					SERVICES-SALAR	SERVICES-OTHER		
					Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00	21.00	22.00	23A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	62,568					17.00
20.00	02000	NURSING PROGRAM	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		17,606			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			17,606		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0				0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0				0	23.02
23.03	02303	PARAMED ED PHARMACY	0				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,186	0	17,569	17,569	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,305	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	15,416	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,630	0	37	37	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,031	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
					21.00	22.00		
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	0	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
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	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,568	0	17,606	17,606	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,355,796	0	19,744,955	9,275,285		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	53.634382	0.000000	1,121.490117	526.825230		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	15,109	0	78,506	1,646,553		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.241481	0.000000	4.459048	93.522265		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000				207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	
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	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING PROGRAM					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	472,510,738				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0		23.02
23.03	02303	PARAMED ED PHARMACY				2,719	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,103,682	0	0	195	30.00
31.00	03100	INTENSIVE CARE UNIT	29,270,378	0	0	9	31.00
32.00	03200	CORONARY CARE UNIT	13,340,747	0	0	608	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,956,725	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,047,249	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,339,191	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,990,126	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	2,832,123	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,344,347	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,823,695	0	0	0	56.00
56.01	05601	ULTRA SOUND	2,505,757	0	0	0	56.01
57.00	05700	CT SCAN	4,273,799	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,957,119	0	0	0	59.00
60.00	06000	LABORATORY	16,553,606	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
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	6,387,109	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,809,173	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	327,657	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,614,351	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,194,522	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,558,286	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,397,320	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,780,680	0	0	1,347	73.00
74.00	07400	RENAL DIALYSIS	1,256,621	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	627,315	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	926,008	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	2,870,411	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	7,040,001	0	0	149	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,771,453	0	0	0	90.04
90.05	09005	EYE CENTER	259,934	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	404,348	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,364,717	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	346,467	0	0	96	90.08
90.09	09009	OP IV THERAPY	1,667,602	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	29,989,787	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	16,990,900	0	0	0	90.11
90.12	09012	BHORADE CLINIC	13,853,124	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	4,575,898	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	4,530,009	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	7,515,241	0	0	0	90.16
91.00	09100	EMERGENCY	16,297,757	0	0	315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	472,382,123	0	0	2,719	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,615	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
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	0	686,888	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	252.625230	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	7,254	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	2.667893	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,193,692		50,193,692	0	50,193,692	30.00
31.00	03100	INTENSIVE CARE UNIT	29,272,652		29,272,652	0	29,272,652	31.00
32.00	03200	CORONARY CARE UNIT	13,494,343		13,494,343	0	13,494,343	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,895,737		8,895,737	0	8,895,737	40.00
41.00	04100	SUBPROVIDER - IRF	6,047,249		6,047,249	0	6,047,249	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,339,191		3,339,191	0	3,339,191	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,990,126		38,990,126	0	38,990,126	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	2,832,123		2,832,123	0	2,832,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,344,347		15,344,347	0	15,344,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,823,695		2,823,695	0	2,823,695	56.00
56.01	05601	ULTRA SOUND	2,505,757		2,505,757	0	2,505,757	56.01
57.00	05700	CT SCAN	4,273,799		4,273,799	0	4,273,799	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,957,119		6,957,119	0	6,957,119	59.00
60.00	06000	LABORATORY	16,553,606		16,553,606	0	16,553,606	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
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	6,387,109	0	6,387,109	0	6,387,109	65.00
66.00	06600	PHYSICAL THERAPY	8,809,173	0	8,809,173	0	8,809,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	327,657	0	327,657	0	327,657	68.01
69.00	06900	ELECTROCARDIOLOGY	2,614,351		2,614,351	0	2,614,351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,194,522		1,194,522	0	1,194,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,558,286		38,558,286	0	38,558,286	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,397,320		21,397,320	0	21,397,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,120,966		41,120,966	0	41,120,966	73.00
74.00	07400	RENAL DIALYSIS	1,256,621		1,256,621	0	1,256,621	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	627,315		627,315	0	627,315	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	926,008		926,008	0	926,008	90.00
90.01	09001	A.R.C. CLINIC	2,870,411		2,870,411	0	2,870,411	90.01
90.02	09002	CANCER CTR CLINIC	7,077,642		7,077,642	0	7,077,642	90.02
90.03	09003	UROLOGY CLINIC	0		0	0	0	90.03
90.04	09004	PAIN CLINIC	1,771,453		1,771,453	0	1,771,453	90.04
90.05	09005	EYE CENTER	259,934		259,934	0	259,934	90.05
90.06	09006	WOUND CARE CLINIC	404,348		404,348	0	404,348	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,364,717		10,364,717	0	10,364,717	90.07
90.08	09008	ANTICOAGULATION CLINIC	370,719		370,719	0	370,719	90.08
90.09	09009	OP IV THERAPY	1,667,602		1,667,602	0	1,667,602	90.09
90.10	09010	PARK RIDGE CLINIC	29,989,787		29,989,787	0	29,989,787	90.10
90.11	09011	LIBERTYVILLE CLINIC	16,990,900		16,990,900	0	16,990,900	90.11
90.12	09012	BHORADE CLINIC	13,853,124		13,853,124	0	13,853,124	90.12
90.13	09013	DARIEN CLINIC	0		0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	4,575,898		4,575,898	0	4,575,898	90.14
90.15	09015	PEDIATRIC CLINIC	4,530,009		4,530,009	0	4,530,009	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	7,515,241		7,515,241	0	7,515,241	90.16
91.00	09100	EMERGENCY	16,377,334		16,377,334	0	16,377,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,465,132		10,465,132	0	10,465,132	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

					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			
99.10	09910	CORF	0		0		0	99.10		
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00		
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00		
SPECIAL PURPOSE COST CENTERS										
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00		
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00		
111.00	11100	ISLET ACQUISITION	0		0		0	111.00		
113.00	11300	INTEREST EXPENSE						113.00		
114.00	11400	UTILIZATION REVIEW-SNF						114.00		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00		
200.00		Subtotal (see instructions)	453,827,015	0	453,827,015	0	453,827,015	200.00		
201.00		Less Observation Beds	10,465,132		10,465,132		10,465,132	201.00		
202.00		Total (see instructions)	443,361,883	0	443,361,883	0	443,361,883	202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/27/2022 11:50 am		
				Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
			Inpatient	Outpatient	Total (col. 6 + col. 7)					
			6.00	7.00	8.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	109,908,497		109,908,497				30.00	
31.00	03100	INTENSIVE CARE UNIT	76,853,747		76,853,747				31.00	
32.00	03200	CORONARY CARE UNIT	50,300,257		50,300,257				32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00	
40.00	04000	SUBPROVIDER - IPF	12,738,429		12,738,429				40.00	
41.00	04100	SUBPROVIDER - IRF	12,677,267		12,677,267				41.00	
42.00	04200	SUBPROVIDER	0		0				42.00	
43.00	04300	NURSERY	12,276,280		12,276,280				43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	77,792,132	153,504,901	231,297,033	0.168572	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	16,817,521	28,627,782	45,445,303	0.062319	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,942,526	90,357,814	118,300,340	0.129707	0.000000		54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00	
56.00	05600	RADIOISOTOPE	2,659,912	17,883,541	20,543,453	0.137450	0.000000		56.00	
56.01	05601	ULTRA SOUND	1,822,551	21,667,305	23,489,856	0.106674	0.000000		56.01	
57.00	05700	CT SCAN	30,494,504	55,196,475	85,690,979	0.049875	0.000000		57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00	
59.00	05900	CARDIAC CATHETERIZATION	16,714,085	30,113,658	46,827,743	0.148568	0.000000		59.00	
60.00	06000	LABORATORY	63,269,369	65,679,155	128,948,524	0.128374	0.000000		60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00	
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	34,598,880	3,760,584	38,359,464	0.166507	0.000000		65.00	
66.00	06600	PHYSICAL THERAPY	13,681,337	15,806,609	29,487,946	0.298738	0.000000		66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00	
68.01	06801	CARDIOLOGY	32,428	1,359,548	1,391,976	0.235390	0.000000		68.01	
69.00	06900	ELECTROCARDIOLOGY	14,327,453	17,520,786	31,848,239	0.082088	0.000000		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	2,288,187	6,406,666	8,694,853	0.137383	0.000000		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,357,285	36,674,173	67,031,458	0.575227	0.000000		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,279,673	44,331,319	86,610,992	0.247051	0.000000		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	96,302,346	143,506,560	239,808,906	0.171474	0.000000		73.00	
74.00	07400	RENAL DIALYSIS	4,534,216	0	4,534,216	0.277142	0.000000		74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000		76.00	
76.97	07697	CARDIAC REHABILITATION	107,236	1,398,055	1,505,291	0.416740	0.000000		76.97	
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00	
90.00	09000	CLINIC	1,616	2,231,048	2,232,664	0.414755	0.000000		90.00	
90.01	09001	A.R.C. CLINIC	226,410	14,030,561	14,256,971	0.201334	0.000000		90.01	
90.02	09002	CANCER CTR CLINIC	66,651	13,410,556	13,477,207	0.525156	0.000000		90.02	
90.03	09003	UROLOGY CLINIC	0	0	0	0.000000	0.000000		90.03	
90.04	09004	PAIN CLINIC	14,750	6,738,989	6,753,739	0.262292	0.000000		90.04	
90.05	09005	EYE CENTER	0	576,424	576,424	0.450942	0.000000		90.05	
90.06	09006	WOUND CARE CLINIC	5,715	2,541,789	2,547,504	0.158723	0.000000		90.06	
90.07	09007	BEHAVIORAL HEALTH SERVICES	430,441	19,342,766	19,773,207	0.524180	0.000000		90.07	
90.08	09008	ANTICOAGULATION CLINIC	4,645	898,729	903,374	0.410372	0.000000		90.08	
90.09	09009	OP IV THERAPY	6,935	9,065,628	9,072,563	0.183807	0.000000		90.09	
90.10	09010	PARK RIDGE CLINIC	52,368	182,133,793	182,186,161	0.164611	0.000000		90.10	
90.11	09011	LIBERTYVILLE CLINIC	44,511	101,900,467	101,944,978	0.166667	0.000000		90.11	
90.12	09012	BHORADE CLINIC	66,390	81,799,589	81,865,979	0.169217	0.000000		90.12	
90.13	09013	DARIEN CLINIC	0	0	0	0.000000	0.000000		90.13	
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	61,257	29,566,610	29,627,867	0.154446	0.000000		90.14	
90.15	09015	PEDIATRIC CLINIC	0	10,037,983	10,037,983	0.451287	0.000000		90.15	
90.16	09016	CONDELL - INFUSION & DRUGS	39,218	46,793,753	46,832,971	0.160469	0.000000		90.16	
91.00	09100	EMERGENCY	42,108,373	86,869,241	128,977,614	0.126978	0.000000		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,699,631	14,945,297	20,644,928	0.506911	0.000000		92.00	
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000		93.00	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00	
99.10	09910	CORF	0	0	0				99.10	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

			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
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	799,605,029	1,356,678,154	2,156,283,183		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	799,605,029	1,356,678,154	2,156,283,183		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.168572			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	0.062319			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129707			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.137450			56.00
56.01	05601	ULTRA SOUND	0.106674			56.01
57.00	05700	CT SCAN	0.049875			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.148568			59.00
60.00	06000	LABORATORY	0.128374			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
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	0.166507			65.00
66.00	06600	PHYSICAL THERAPY	0.298738			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	CARDIOLOGY	0.235390			68.01
69.00	06900	ELECTROCARDIOLOGY	0.082088			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137383			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247051			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171474			73.00
74.00	07400	RENAL DIALYSIS	0.277142			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.416740			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.414755			90.00
90.01	09001	A.R.C. CLINIC	0.201334			90.01
90.02	09002	CANCER CTR CLINIC	0.525156			90.02
90.03	09003	UROLOGY CLINIC	0.000000			90.03
90.04	09004	PAIN CLINIC	0.262292			90.04
90.05	09005	EYE CENTER	0.450942			90.05
90.06	09006	WOUND CARE CLINIC	0.158723			90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.524180			90.07
90.08	09008	ANTICOAGULATION CLINIC	0.410372			90.08
90.09	09009	OP IV THERAPY	0.183807			90.09
90.10	09010	PARK RIDGE CLINIC	0.164611			90.10
90.11	09011	LIBERTYVILLE CLINIC	0.166667			90.11
90.12	09012	BHORADE CLINIC	0.169217			90.12
90.13	09013	DARIEN CLINIC	0.000000			90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.154446			90.14
90.15	09015	PEDIATRIC CLINIC	0.451287			90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.160469			90.16
91.00	09100	EMERGENCY	0.126978			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.506911			92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,193,692		50,193,692	30.00
31.00	03100	INTENSIVE CARE UNIT	29,272,652		29,272,652	31.00
32.00	03200	CORONARY CARE UNIT	13,494,343		13,494,343	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	8,895,737		8,895,737	40.00
41.00	04100	SUBPROVIDER - IRF	6,047,249		6,047,249	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	3,339,191		3,339,191	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,990,126		38,990,126	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	2,832,123		2,832,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,344,347		15,344,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	55.00
56.00	05600	RADIOISOTOPE	2,823,695		2,823,695	56.00
56.01	05601	ULTRA SOUND	2,505,757		2,505,757	56.01
57.00	05700	CT SCAN	4,273,799		4,273,799	57.00
58.00	05800	MRI	0		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,957,119		6,957,119	59.00
60.00	06000	LABORATORY	16,553,606		16,553,606	60.00
60.01	06001	BLOOD LABORATORY	0		0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	62.00
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	6,387,109	0	6,387,109	65.00
66.00	06600	PHYSICAL THERAPY	8,809,173	0	8,809,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	327,657	0	327,657	68.01
69.00	06900	ELECTROCARDIOLOGY	2,614,351		2,614,351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,194,522		1,194,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,558,286		38,558,286	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,397,320		21,397,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,120,966		41,120,966	73.00
74.00	07400	RENAL DIALYSIS	1,256,621		1,256,621	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	627,315		627,315	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	89.00
90.00	09000	CLINIC	926,008		926,008	90.00
90.01	09001	A.R.C. CLINIC	2,870,411		2,870,411	90.01
90.02	09002	CANCER CTR CLINIC	7,077,642		7,077,642	90.02
90.03	09003	UROLOGY CLINIC	0		0	90.03
90.04	09004	PAIN CLINIC	1,771,453		1,771,453	90.04
90.05	09005	EYE CENTER	259,934		259,934	90.05
90.06	09006	WOUND CARE CLINIC	404,348		404,348	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,364,717		10,364,717	90.07
90.08	09008	ANTICOAGULATION CLINIC	370,719		370,719	90.08
90.09	09009	OP IV THERAPY	1,667,602		1,667,602	90.09
90.10	09010	PARK RIDGE CLINIC	29,989,787		29,989,787	90.10
90.11	09011	LIBERTYVILLE CLINIC	16,990,900		16,990,900	90.11
90.12	09012	BHORADE CLINIC	13,853,124		13,853,124	90.12
90.13	09013	DARIEN CLINIC	0		0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	4,575,898		4,575,898	90.14
90.15	09015	PEDIATRIC CLINIC	4,530,009		4,530,009	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	7,515,241		7,515,241	90.16
91.00	09100	EMERGENCY	16,377,334		16,377,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,465,132		10,465,132	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	97.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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				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	
99.10	09910	CORF	0		0		0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00	
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00	
200.00		Subtotal (see instructions)	453,827,015	0	453,827,015	0	453,827,015	200.00	
201.00		Less Observation Beds	10,465,132		10,465,132		10,465,132	201.00	
202.00		Total (see instructions)	443,361,883	0	443,361,883	0	443,361,883	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
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To 12/31/2021Worksheet C
Part I
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			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	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,908,497		109,908,497			30.00
31.00	03100	INTENSIVE CARE UNIT	76,853,747		76,853,747			31.00
32.00	03200	CORONARY CARE UNIT	50,300,257		50,300,257			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	12,738,429		12,738,429			40.00
41.00	04100	SUBPROVIDER - IRF	12,677,267		12,677,267			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	12,276,280		12,276,280			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,792,132	153,504,901	231,297,033	0.168572	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	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,817,521	28,627,782	45,445,303	0.062319	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,942,526	90,357,814	118,300,340	0.129707	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,659,912	17,883,541	20,543,453	0.137450	0.000000	56.00
56.01	05601	ULTRA SOUND	1,822,551	21,667,305	23,489,856	0.106674	0.000000	56.01
57.00	05700	CT SCAN	30,494,504	55,196,475	85,690,979	0.049875	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,714,085	30,113,658	46,827,743	0.148568	0.000000	59.00
60.00	06000	LABORATORY	63,269,369	65,679,155	128,948,524	0.128374	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
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	34,598,880	3,760,584	38,359,464	0.166507	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	13,681,337	15,806,609	29,487,946	0.298738	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	32,428	1,359,548	1,391,976	0.235390	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	14,327,453	17,520,786	31,848,239	0.082088	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,288,187	6,406,666	8,694,853	0.137383	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,357,285	36,674,173	67,031,458	0.575227	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,279,673	44,331,319	86,610,992	0.247051	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,302,346	143,506,560	239,808,906	0.171474	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,534,216	0	4,534,216	0.277142	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	107,236	1,398,055	1,505,291	0.416740	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	1,616	2,231,048	2,232,664	0.414755	0.000000	90.00
90.01	09001	A.R.C. CLINIC	226,410	14,030,561	14,256,971	0.201334	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	66,651	13,410,556	13,477,207	0.525156	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0.000000	0.000000	90.03
90.04	09004	PAIN CLINIC	14,750	6,738,989	6,753,739	0.262292	0.000000	90.04
90.05	09005	EYE CENTER	0	576,424	576,424	0.450942	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	5,715	2,541,789	2,547,504	0.158723	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	430,441	19,342,766	19,773,207	0.524180	0.000000	90.07
90.08	09008	ANTICOAGULATION CLINIC	4,645	898,729	903,374	0.410372	0.000000	90.08
90.09	09009	OP IV THERAPY	6,935	9,065,628	9,072,563	0.183807	0.000000	90.09
90.10	09010	PARK RIDGE CLINIC	52,368	182,133,793	182,186,161	0.164611	0.000000	90.10
90.11	09011	LIBERTYVILLE CLINIC	44,511	101,900,467	101,944,978	0.166667	0.000000	90.11
90.12	09012	BHORADE CLINIC	66,390	81,799,589	81,865,979	0.169217	0.000000	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	61,257	29,566,610	29,627,867	0.154446	0.000000	90.14
90.15	09015	PEDIATRIC CLINIC	0	10,037,983	10,037,983	0.451287	0.000000	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	39,218	46,793,753	46,832,971	0.160469	0.000000	90.16
91.00	09100	EMERGENCY	42,108,373	86,869,241	128,977,614	0.126978	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,699,631	14,945,297	20,644,928	0.506911	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

			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		10.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00		Subtotal (see instructions)	799,605,029	1,356,678,154	2,156,283,183			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	799,605,029	1,356,678,154	2,156,283,183			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05601	ULTRA SOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	CARDIOLOGY	0.000000			68.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	A.R.C. CLINIC	0.000000			90.01
90.02	09002	CANCER CTR CLINIC	0.000000			90.02
90.03	09003	UROLOGY CLINIC	0.000000			90.03
90.04	09004	PAIN CLINIC	0.000000			90.04
90.05	09005	EYE CENTER	0.000000			90.05
90.06	09006	WOUND CARE CLINIC	0.000000			90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000			90.07
90.08	09008	ANTICOAGULATION CLINIC	0.000000			90.08
90.09	09009	OP IV THERAPY	0.000000			90.09
90.10	09010	PARK RIDGE CLINIC	0.000000			90.10
90.11	09011	LIBERTYVILLE CLINIC	0.000000			90.11
90.12	09012	BHORADE CLINIC	0.000000			90.12
90.13	09013	DARIEN CLINIC	0.000000			90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.000000			90.14
90.15	09015	PEDIATRIC CLINIC	0.000000			90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.000000			90.16
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

			Title V	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,193,692		50,193,692	30.00
31.00	03100	INTENSIVE CARE UNIT	29,272,652		29,272,652	31.00
32.00	03200	CORONARY CARE UNIT	13,494,343		13,494,343	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	8,895,737		8,895,737	40.00
41.00	04100	SUBPROVIDER - IRF	6,047,249		6,047,249	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	3,339,191		3,339,191	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,990,126		38,990,126	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	2,832,123		2,832,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,344,347		15,344,347	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	55.00
56.00	05600	RADIOISOTOPE	2,823,695		2,823,695	56.00
56.01	05601	ULTRA SOUND	2,505,757		2,505,757	56.01
57.00	05700	CT SCAN	4,273,799		4,273,799	57.00
58.00	05800	MRI	0		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,957,119		6,957,119	59.00
60.00	06000	LABORATORY	16,553,606		16,553,606	60.00
60.01	06001	BLOOD LABORATORY	0		0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	62.00
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	6,387,109	0	6,387,109	65.00
66.00	06600	PHYSICAL THERAPY	8,809,173	0	8,809,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	327,657	0	327,657	68.01
69.00	06900	ELECTROCARDIOLOGY	2,614,351		2,614,351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,194,522		1,194,522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,558,286		38,558,286	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,397,320		21,397,320	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,120,966		41,120,966	73.00
74.00	07400	RENAL DIALYSIS	1,256,621		1,256,621	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	627,315		627,315	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	89.00
90.00	09000	CLINIC	926,008		926,008	90.00
90.01	09001	A.R.C. CLINIC	2,870,411		2,870,411	90.01
90.02	09002	CANCER CTR CLINIC	7,077,642		7,077,642	90.02
90.03	09003	UROLOGY CLINIC	0		0	90.03
90.04	09004	PAIN CLINIC	1,771,453		1,771,453	90.04
90.05	09005	EYE CENTER	259,934		259,934	90.05
90.06	09006	WOUND CARE CLINIC	404,348		404,348	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,364,717		10,364,717	90.07
90.08	09008	ANTICOAGULATION CLINIC	370,719		370,719	90.08
90.09	09009	OP IV THERAPY	1,667,602		1,667,602	90.09
90.10	09010	PARK RIDGE CLINIC	29,989,787		29,989,787	90.10
90.11	09011	LIBERTYVILLE CLINIC	16,990,900		16,990,900	90.11
90.12	09012	BHORADE CLINIC	13,853,124		13,853,124	90.12
90.13	09013	DARIEN CLINIC	0		0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	4,575,898		4,575,898	90.14
90.15	09015	PEDIATRIC CLINIC	4,530,009		4,530,009	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	7,515,241		7,515,241	90.16
91.00	09100	EMERGENCY	16,377,334		16,377,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,465,132		10,465,132	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	97.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title V		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	
			1.00	2.00	3.00	4.00	5.00
99.10	09910	CORF	0		0		0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0 100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0 109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0 110.00
111.00	11100	ISLET ACQUISITION	0		0		0 111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0 115.00
200.00		Subtotal (see instructions)	453,827,015	0	453,827,015	0	453,827,015 200.00
201.00		Less Observation Beds	10,465,132		10,465,132		10,465,132 201.00
202.00		Total (see instructions)	443,361,883	0	443,361,883	0	443,361,883 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title V			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	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,908,497		109,908,497			30.00
31.00	03100	INTENSIVE CARE UNIT	76,853,747		76,853,747			31.00
32.00	03200	CORONARY CARE UNIT	50,300,257		50,300,257			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	12,738,429		12,738,429			40.00
41.00	04100	SUBPROVIDER - IRF	12,677,267		12,677,267			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	12,276,280		12,276,280			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,792,132	153,504,901	231,297,033	0.168572	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	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,817,521	28,627,782	45,445,303	0.062319	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,942,526	90,357,814	118,300,340	0.129707	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,659,912	17,883,541	20,543,453	0.137450	0.000000	56.00
56.01	05601	ULTRA SOUND	1,822,551	21,667,305	23,489,856	0.106674	0.000000	56.01
57.00	05700	CT SCAN	30,494,504	55,196,475	85,690,979	0.049875	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,714,085	30,113,658	46,827,743	0.148568	0.000000	59.00
60.00	06000	LABORATORY	63,269,369	65,679,155	128,948,524	0.128374	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
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	34,598,880	3,760,584	38,359,464	0.166507	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	13,681,337	15,806,609	29,487,946	0.298738	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	32,428	1,359,548	1,391,976	0.235390	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	14,327,453	17,520,786	31,848,239	0.082088	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,288,187	6,406,666	8,694,853	0.137383	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,357,285	36,674,173	67,031,458	0.575227	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,279,673	44,331,319	86,610,992	0.247051	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,302,346	143,506,560	239,808,906	0.171474	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,534,216	0	4,534,216	0.277142	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	107,236	1,398,055	1,505,291	0.416740	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	1,616	2,231,048	2,232,664	0.414755	0.000000	90.00
90.01	09001	A.R.C. CLINIC	226,410	14,030,561	14,256,971	0.201334	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	66,651	13,410,556	13,477,207	0.525156	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0.000000	0.000000	90.03
90.04	09004	PAIN CLINIC	14,750	6,738,989	6,753,739	0.262292	0.000000	90.04
90.05	09005	EYE CENTER	0	576,424	576,424	0.450942	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	5,715	2,541,789	2,547,504	0.158723	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	430,441	19,342,766	19,773,207	0.524180	0.000000	90.07
90.08	09008	ANTICOAGULATION CLINIC	4,645	898,729	903,374	0.410372	0.000000	90.08
90.09	09009	OP IV THERAPY	6,935	9,065,628	9,072,563	0.183807	0.000000	90.09
90.10	09010	PARK RIDGE CLINIC	52,368	182,133,793	182,186,161	0.164611	0.000000	90.10
90.11	09011	LIBERTYVILLE CLINIC	44,511	101,900,467	101,944,978	0.166667	0.000000	90.11
90.12	09012	BHORADE CLINIC	66,390	81,799,589	81,865,979	0.169217	0.000000	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0.000000	0.000000	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	61,257	29,566,610	29,627,867	0.154446	0.000000	90.14
90.15	09015	PEDIATRIC CLINIC	0	10,037,983	10,037,983	0.451287	0.000000	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	39,218	46,793,753	46,832,971	0.160469	0.000000	90.16
91.00	09100	EMERGENCY	42,108,373	86,869,241	128,977,614	0.126978	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,699,631	14,945,297	20,644,928	0.506911	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

			Title V			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		10.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00		Subtotal (see instructions)	799,605,029	1,356,678,154	2,156,283,183			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	799,605,029	1,356,678,154	2,156,283,183			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05601	ULTRA SOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	CARDIOLOGY	0.000000			68.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	A.R.C. CLINIC	0.000000			90.01
90.02	09002	CANCER CTR CLINIC	0.000000			90.02
90.03	09003	UROLOGY CLINIC	0.000000			90.03
90.04	09004	PAIN CLINIC	0.000000			90.04
90.05	09005	EYE CENTER	0.000000			90.05
90.06	09006	WOUND CARE CLINIC	0.000000			90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000			90.07
90.08	09008	ANTICOAGULATION CLINIC	0.000000			90.08
90.09	09009	OP IV THERAPY	0.000000			90.09
90.10	09010	PARK RIDGE CLINIC	0.000000			90.10
90.11	09011	LIBERTYVILLE CLINIC	0.000000			90.11
90.12	09012	BHORADE CLINIC	0.000000			90.12
90.13	09013	DARIEN CLINIC	0.000000			90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.000000			90.14
90.15	09015	PEDIATRIC CLINIC	0.000000			90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.000000			90.16
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/27/2022 11:50 am

Title XVIII			Hospital		PPS			
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,602,398	0	5,602,398	30,557	183.34	30.00	
31.00	INTENSIVE CARE UNIT	2,567,876		2,567,876	11,305	227.15	31.00	
32.00	CORONARY CARE UNIT	1,297,243		1,297,243	15,416	84.15	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	1,324,371	0	1,324,371	6,630	199.75	40.00	
41.00	SUBPROVIDER - IRF	634,836	0	634,836	5,031	126.18	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	461,867		461,867	2,451	188.44	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	11,888,591		11,888,591	71,390		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,419	810,179					30.00
31.00	INTENSIVE CARE UNIT	1,573	357,307					31.00
32.00	CORONARY CARE UNIT	4,627	389,362					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	812	162,197					40.00
41.00	SUBPROVIDER - IRF	1,810	228,386					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	13,241	1,947,431					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/27/2022 11:50 am

				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	4,517,141	231,297,033	0.019530	12,902,239	251,981	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	619,273	45,445,303	0.013627	2,641,680	35,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	965,337	118,300,340	0.008160	6,321,109	51,580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	147,605	20,543,453	0.007185	851,743	6,120	56.00
56.01	05601	ULTRA SOUND	40,067	23,489,856	0.001706	318,529	543	56.01
57.00	05700	CT SCAN	166,029	85,690,979	0.001938	7,373,416	14,290	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	720,369	46,827,743	0.015383	5,567,554	85,646	59.00
60.00	06000	LABORATORY	895,654	128,948,524	0.006946	12,438,591	86,398	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	161,520	38,359,464	0.004211	7,445,205	31,352	65.00
66.00	06600	PHYSICAL THERAPY	704,624	29,487,946	0.023895	2,040,435	48,756	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801	CARDIOLOGY	2,441	1,391,976	0.001754	10,879	19	68.01
69.00	06900	ELECTROCARDIOLOGY	339,218	31,848,239	0.010651	4,167,608	44,389	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,067	8,694,853	0.001043	572,826	597	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	168,198	67,031,458	0.002509	7,005,798	17,578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,574	86,610,992	0.001265	9,981,701	12,627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	547,026	239,808,906	0.002281	18,132,329	41,360	73.00
74.00	07400	RENAL DIALYSIS	42,518	4,534,216	0.009377	1,795,758	16,839	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	100,324	1,505,291	0.066648	22,596	1,506	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	218,889	2,232,664	0.098039	0	0	90.00
90.01	09001	A.R.C. CLINIC	457,383	14,256,971	0.032081	0	0	90.01
90.02	09002	CANCER CTR CLINIC	1,935,737	13,477,207	0.143630	19,154	2,751	90.02
90.03	09003	UROLOGY CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PAIN CLINIC	252,629	6,753,739	0.037406	5,112	191	90.04
90.05	09005	EYE CENTER	4,868	576,424	0.008445	0	0	90.05
90.06	09006	WOUND CARE CLINIC	5,415	2,547,504	0.002126	3,818	8	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	37,970	19,773,207	0.001920	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	75,808	903,374	0.083917	1,569	132	90.08
90.09	09009	OP IV THERAPY	74,518	9,072,563	0.008214	3,456	28	90.09
90.10	09010	PARK RIDGE CLINIC	98,682	182,186,161	0.000542	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	57,826	101,944,978	0.000567	0	0	90.11
90.12	09012	BHORADE CLINIC	46,661	81,865,979	0.000570	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0.000000	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	15,231	29,627,867	0.000514	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	205,296	10,037,983	0.020452	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	24,823	46,832,971	0.000530	0	0	90.16
91.00	09100	EMERGENCY	1,356,782	128,977,614	0.010520	10,116,849	106,429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,168,076	20,644,928	0.056579	1,435,702	81,231	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	16,292,579	1,881,528,706		111,175,656	938,349	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/27/2022 11:50 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	49,262	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,274	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	153,596	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00		
200.00	Total (lines 30 through 199)		0	0	0	205,132	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	49,262	30,557	1.61	4,419	30.00		
31.00	03100	INTENSIVE CARE UNIT		2,274	11,305	0.20	1,573	31.00		
32.00	03200	CORONARY CARE UNIT		153,596	15,416	9.96	4,627	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	6,630	0.00	812	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	5,031	0.00	1,810	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		0	2,451	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00		
200.00	Total (lines 30 through 199)			205,132	71,390		13,241	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	7,115						30.00	
31.00	03100	INTENSIVE CARE UNIT	315						31.00	
32.00	03200	CORONARY CARE UNIT	46,085						32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
200.00	Total (lines 30 through 199)		53,515						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	340,286	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	37,641	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	0	24,252	90.08
90.09	09009	OP IV THERAPY	0	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	0	0	0	0	79,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	10,266	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	492,022	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:50 am		
					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	231,297,033	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	45,445,303	0.000000		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	118,300,340	0.000000		54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000		55.00	
56.00	05600	RADIOISOTOPE	0	0	0	20,543,453	0.000000		56.00	
56.01	05601	ULTRA SOUND	0	0	0	23,489,856	0.000000		56.01	
57.00	05700	CT SCAN	0	0	0	85,690,979	0.000000		57.00	
58.00	05800	MRI	0	0	0	0	0.000000		58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	46,827,743	0.000000		59.00	
60.00	06000	LABORATORY	0	0	0	128,948,524	0.000000		60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000		60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0.000000		61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000		62.00	
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	38,359,464	0.000000		65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	29,487,946	0.000000		66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000		67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000		68.00	
68.01	06801	CARDIOLOGY	0	0	0	1,391,976	0.000000		68.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,848,239	0.000000		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,694,853	0.000000		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	67,031,458	0.000000		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	86,610,992	0.000000		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		340,286	340,286	239,808,906	0.001419		73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	4,534,216	0.000000		74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000		75.00	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000		76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,505,291	0.000000		76.97	
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000		88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000		89.00	
90.00	09000	CLINIC	0	0	0	2,232,664	0.000000		90.00	
90.01	09001	A.R.C. CLINIC	0	0	0	14,256,971	0.000000		90.01	
90.02	09002	CANCER CTR CLINIC	0	37,641	37,641	13,477,207	0.002793		90.02	
90.03	09003	UROLOGY CLINIC	0	0	0	0	0.000000		90.03	
90.04	09004	PAIN CLINIC	0	0	0	6,753,739	0.000000		90.04	
90.05	09005	EYE CENTER	0	0	0	576,424	0.000000		90.05	
90.06	09006	WOUND CARE CLINIC	0	0	0	2,547,504	0.000000		90.06	
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	19,773,207	0.000000		90.07	
90.08	09008	ANTICOAGULATION CLINIC	0	24,252	24,252	903,374	0.026846		90.08	
90.09	09009	OP IV THERAPY	0	0	0	9,072,563	0.000000		90.09	
90.10	09010	PARK RIDGE CLINIC	0	0	0	182,186,161	0.000000		90.10	
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	101,944,978	0.000000		90.11	
90.12	09012	BHORADE CLINIC	0	0	0	81,865,979	0.000000		90.12	
90.13	09013	DARIEN CLINIC	0	0	0	0	0.000000		90.13	
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	29,627,867	0.000000		90.14	
90.15	09015	PEDIATRIC CLINIC	0	0	0	10,037,983	0.000000		90.15	
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	46,832,971	0.000000		90.16	
91.00	09100	EMERGENCY	0	79,577	79,577	128,977,614	0.000617		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,266	10,266	20,644,928	0.000497		92.00	
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000		93.00	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES		0	0	0	0.000000		95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000		96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000		97.00	
200.00		Total (lines 50 through 199)	0	492,022	492,022	1,881,528,706			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:50 am	
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		12,902,239	0	17,294,001	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		2,641,680	0	3,091,070	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		6,321,109	0	14,170,076	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		851,743	0	3,184,238	0	56.00
56.01	05601	ULTRA SOUND	0.000000		318,529	0	1,243,281	0	56.01
57.00	05700	CT SCAN	0.000000		7,373,416	0	8,075,457	0	57.00
58.00	05800	MRI	0.000000		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		5,567,554	0	6,795,860	0	59.00
60.00	06000	LABORATORY	0.000000		12,438,591	0	13,844,430	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		0	0	0	0	62.00
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		7,445,205	0	597,019	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		2,040,435	0	264,740	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0.000000		10,879	0	320,835	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		4,167,608	0	2,638,356	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		572,826	0	782,288	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		7,005,798	0	5,018,642	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		9,981,701	0	7,110,047	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001419		18,132,329	25,730	31,197,555	44,269	73.00
74.00	07400	RENAL DIALYSIS	0.000000		1,795,758	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		22,596	0	380,598	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		0	0	1,378,161	0	90.00
90.01	09001	A.R.C. CLINIC	0.000000		0	0	37,673	0	90.01
90.02	09002	CANCER CTR CLINIC	0.002793		19,154	53	2,375,162	6,634	90.02
90.03	09003	UROLOGY CLINIC	0.000000		0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0.000000		5,112	0	1,341,700	0	90.04
90.05	09005	EYE CENTER	0.000000		0	0	18,140	0	90.05
90.06	09006	WOUND CARE CLINIC	0.000000		3,818	0	716,249	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000		0	0	1,799,514	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0.026846		1,569	42	256,130	6,876	90.08
90.09	09009	OP IV THERAPY	0.000000		3,456	0	1,211,398	0	90.09
90.10	09010	PARK RIDGE CLINIC	0.000000		0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0.000000		0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0.000000		0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0.000000		0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.000000		0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0.000000		0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.000000		0	0	0	0	90.16
91.00	09100	EMERGENCY	0.000617		10,116,849	6,242	8,965,417	5,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000497		1,435,702	714	648,481	322	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000		0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0	0	0	0	97.00
200.00		Total (lines 50 through 199)			111,175,656	32,781	134,756,518	63,633	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/27/2022 11:50 am	
				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		0.168572	17,294,001	0	0	2,915,284	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		0.062319	3,091,070	0	0	192,632	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.129707	14,170,076	0	0	1,837,958	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.137450	3,184,238	0	0	437,674	56.00
56.01	05601	ULTRA SOUND		0.106674	1,243,281	0	0	132,626	56.01
57.00	05700	CT SCAN		0.049875	8,075,457	0	0	402,763	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.148568	6,795,860	0	0	1,009,647	59.00
60.00	06000	LABORATORY		0.128374	13,844,430	276	0	1,777,265	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
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		0.166507	597,019	0	0	99,408	65.00
66.00	06600	PHYSICAL THERAPY		0.298738	264,740	0	0	79,088	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY		0.235390	320,835	0	0	75,521	68.01
69.00	06900	ELECTROCARDIOLOGY		0.082088	2,638,356	0	0	216,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.137383	782,288	0	0	107,473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.575227	5,018,642	31,189	0	2,886,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.247051	7,110,047	0	0	1,756,544	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.171474	31,197,555	0	95,200	5,349,570	73.00
74.00	07400	RENAL DIALYSIS		0.277142	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.416740	380,598	0	0	158,610	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC		0.414755	1,378,161	0	0	571,599	90.00
90.01	09001	A.R.C. CLINIC		0.201334	37,673	0	0	7,585	90.01
90.02	09002	CANCER CTR CLINIC		0.525156	2,375,162	0	0	1,247,331	90.02
90.03	09003	UROLOGY CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	PAIN CLINIC		0.262292	1,341,700	0	0	351,917	90.04
90.05	09005	EYE CENTER		0.450942	18,140	0	0	8,180	90.05
90.06	09006	WOUND CARE CLINIC		0.158723	716,249	0	0	113,685	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES		0.524180	1,799,514	0	0	943,269	90.07
90.08	09008	ANTICOAGULATION CLINIC		0.410372	256,130	0	0	105,109	90.08
90.09	09009	OP IV THERAPY		0.183807	1,211,398	0	0	222,663	90.09
90.10	09010	PARK RIDGE CLINIC		0.164611	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC		0.166667	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC		0.169217	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS		0.154446	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC		0.451287	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS		0.160469	0	0	0	0	90.16
91.00	09100	EMERGENCY		0.126978	8,965,417	0	0	1,138,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.506911	648,481	0	0	328,722	92.00
93.00	04040	FAMILY HEALTH CENTER		0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)			134,756,518	31,465	95,200	24,473,969	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			134,756,518	31,465	95,200	24,473,969	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/27/2022 11:50 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRA SOUND	0	0		56.01
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	35	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	06801	CARDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,941	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,324		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	A.R.C. CLINIC	0	0		90.01
90.02	09002	CANCER CTR CLINIC	0	0		90.02
90.03	09003	UROLOGY CLINIC	0	0		90.03
90.04	09004	PAIN CLINIC	0	0		90.04
90.05	09005	EYE CENTER	0	0		90.05
90.06	09006	WOUND CARE CLINIC	0	0		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0		90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0		90.08
90.09	09009	OP IV THERAPY	0	0		90.09
90.10	09010	PARK RIDGE CLINIC	0	0		90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0		90.11
90.12	09012	BHORADE CLINIC	0	0		90.12
90.13	09013	DARIEN CLINIC	0	0		90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0		90.14
90.15	09015	PEDIATRIC CLINIC	0	0		90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0		90.16
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	17,976	16,324		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	17,976	16,324		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0182

Period:

Worksheet D

Component CCN: 14-S182

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:50 am

				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,517,141	231,297,033	0.019530	18,043	352	50.00	
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	619,273	45,445,303	0.013627	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	965,337	118,300,340	0.008160	17,280	141	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00	
56.00	05600	RADIOISOTOPE	147,605	20,543,453	0.007185	0	0	56.00	
56.01	05601	ULTRA SOUND	40,067	23,489,856	0.001706	2,405	4	56.01	
57.00	05700	CT SCAN	166,029	85,690,979	0.001938	27,838	54	57.00	
58.00	05800	MRI	0	0	0.000000	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	720,369	46,827,743	0.015383	0	0	59.00	
60.00	06000	LABORATORY	895,654	128,948,524	0.006946	191,832	1,332	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	161,520	38,359,464	0.004211	11,299	48	65.00	
66.00	06600	PHYSICAL THERAPY	704,624	29,487,946	0.023895	3,691	88	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00	
68.01	06801	CARDIOLOGY	2,441	1,391,976	0.001754	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	339,218	31,848,239	0.010651	18,683	199	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	9,067	8,694,853	0.001043	4,076	4	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	168,198	67,031,458	0.002509	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,574	86,610,992	0.001265	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	547,026	239,808,906	0.002281	288,069	657	73.00	
74.00	07400	RENAL DIALYSIS	42,518	4,534,216	0.009377	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	100,324	1,505,291	0.066648	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	218,889	2,232,664	0.098039	0	0	90.00	
90.01	09001	A.R.C. CLINIC	457,383	14,256,971	0.032081	0	0	90.01	
90.02	09002	CANCER CTR CLINIC	1,935,737	13,477,207	0.143630	0	0	90.02	
90.03	09003	UROLOGY CLINIC	0	0	0.000000	0	0	90.03	
90.04	09004	PAIN CLINIC	252,629	6,753,739	0.037406	0	0	90.04	
90.05	09005	EYE CENTER	4,868	576,424	0.008445	0	0	90.05	
90.06	09006	WOUND CARE CLINIC	5,415	2,547,504	0.002126	0	0	90.06	
90.07	09007	BEHAVIORAL HEALTH SERVICES	37,970	19,773,207	0.001920	9,697	19	90.07	
90.08	09008	ANTICOAGULATION CLINIC	75,808	903,374	0.083917	0	0	90.08	
90.09	09009	OP IV THERAPY	74,518	9,072,563	0.008214	0	0	90.09	
90.10	09010	PARK RIDGE CLINIC	98,682	182,186,161	0.000542	0	0	90.10	
90.11	09011	LIBERTYVILLE CLINIC	57,826	101,944,978	0.000567	0	0	90.11	
90.12	09012	BHORADE CLINIC	46,661	81,865,979	0.000570	0	0	90.12	
90.13	09013	DARIEN CLINIC	0	0	0.000000	0	0	90.13	
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	15,231	29,627,867	0.000514	0	0	90.14	
90.15	09015	PEDIATRIC CLINIC	205,296	10,037,983	0.020452	0	0	90.15	
90.16	09016	CONDELL - INFUSION & DRUGS	24,823	46,832,971	0.000530	0	0	90.16	
91.00	09100	EMERGENCY	1,356,782	128,977,614	0.010520	180,698	1,901	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	20,644,928	0.000000	0	0	92.00	
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00	
200.00		Total (lines 50 through 199)	15,124,503	1,881,528,706		773,611	4,799	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:50 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	340,286	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	37,641	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	0	0	24,252	90.08
90.09	09009	OP IV THERAPY	0	0	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	0	0	0	0	0	79,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	481,756	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:50 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	231,297,033	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	45,445,303	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	118,300,340	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	20,543,453	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	23,489,856	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0	85,690,979	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	46,827,743	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	128,948,524	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	38,359,464	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	29,487,946	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	1,391,976	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	31,848,239	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	8,694,853	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	67,031,458	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	86,610,992	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	340,286	340,286	239,808,906	0.001419	73.00	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,534,216	0.000000	74.00	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,505,291	0.000000	76.97	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	2,232,664	0.000000	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	14,256,971	0.000000	90.01	90.01
90.02	09002	CANCER CTR CLINIC	0	37,641	37,641	13,477,207	0.002793	90.02	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	6,753,739	0.000000	90.04	90.04
90.05	09005	EYE CENTER	0	0	0	576,424	0.000000	90.05	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	2,547,504	0.000000	90.06	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	19,773,207	0.000000	90.07	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	24,252	24,252	903,374	0.026846	90.08	90.08
90.09	09009	OP IV THERAPY	0	0	0	9,072,563	0.000000	90.09	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	182,186,161	0.000000	90.10	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	101,944,978	0.000000	90.11	90.11
90.12	09012	BHORADE CLINIC	0	0	0	81,865,979	0.000000	90.12	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0.000000	90.13	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	29,627,867	0.000000	90.14	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	10,037,983	0.000000	90.15	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	46,832,971	0.000000	90.16	90.16
91.00	09100	EMERGENCY	0	79,577	79,577	128,977,614	0.000617	91.00	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	20,644,928	0.000000	92.00	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	481,756	481,756	1,881,528,706			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:50 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	18,043	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	17,280	0	0	0	54.00
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
56.01	05601	ULTRA SOUND		0.000000	2,405	0	652	0	56.01
57.00	05700	CT SCAN		0.000000	27,838	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	191,832	0	512	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
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	11,299	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	3,691	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY		0.000000	0	0	1,576	0	68.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	18,683	0	1,338	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,076	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001419	288,069	409	10,284	15	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC		0.002793	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	PAIN CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	EYE CENTER		0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC		0.000000	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES		0.000000	9,697	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC		0.026846	0	0	0	0	90.08
90.09	09009	OP IV THERAPY		0.000000	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS		0.000000	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC		0.000000	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS		0.000000	0	0	0	0	90.16
91.00	09100	EMERGENCY		0.000617	180,698	111	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER		0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)			773,611	520	14,362	15	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 11:50 am
			Component CCN: 14-S182		
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.168572	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	0.062319	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.129707	0	0	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.137450	0	0	0	0 56.00
56.01 05601 ULTRA SOUND	0.106674	652	0	0	70 56.01
57.00 05700 CT SCAN	0.049875	0	0	0	0 57.00
58.00 05800 MRI	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.148568	0	0	0	0 59.00
60.00 06000 LABORATORY	0.128374	512	0	0	66 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
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	0.166507	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.298738	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
68.01 06801 CARDIOLOGY	0.235390	1,576	0	0	371 68.01
69.00 06900 ELECTROCARDIOLOGY	0.082088	1,338	0	0	110 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.137383	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.247051	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.171474	10,284	0	0	1,763 73.00
74.00 07400 RENAL DIALYSIS	0.277142	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.416740	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.414755	0	0	0	0 90.00
90.01 09001 A.R.C. CLINIC	0.201334	0	0	0	0 90.01
90.02 09002 CANCER CTR CLINIC	0.525156	0	0	0	0 90.02
90.03 09003 UROLOGY CLINIC	0.000000	0	0	0	0 90.03
90.04 09004 PAIN CLINIC	0.262292	0	0	0	0 90.04
90.05 09005 EYE CENTER	0.450942	0	0	0	0 90.05
90.06 09006 WOUND CARE CLINIC	0.158723	0	0	0	0 90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0.524180	0	0	0	0 90.07
90.08 09008 ANTICOAGULATION CLINIC	0.410372	0	0	0	0 90.08
90.09 09009 OP IV THERAPY	0.183807	0	0	0	0 90.09
90.10 09010 PARK RIDGE CLINIC	0.164611	0	0	0	0 90.10
90.11 09011 LIBERTYVILLE CLINIC	0.166667	0	0	0	0 90.11
90.12 09012 BHORADE CLINIC	0.169217	0	0	0	0 90.12
90.13 09013 DARIEN CLINIC	0.000000	0	0	0	0 90.13
90.14 09014 GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	0	0	0 90.14
90.15 09015 PEDIATRIC CLINIC	0.451287	0	0	0	0 90.15
90.16 09016 CONDELL - INFUSION & DRUGS	0.160469	0	0	0	0 90.16
91.00 09100 EMERGENCY	0.126978	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.506911	0	0	0	0 92.00
93.00 04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000		0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
200.00 Subtotal (see instructions)		14,362	0	0	2,380 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 - line 201)		14,362	0	0	2,380 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:

Worksheet D

Component CCN: 14-S182

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/27/2022 11:50 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	68.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	A.R.C. CLINIC	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	90.03
90.04	09004	PAIN CLINIC	0	0	90.04
90.05	09005	EYE CENTER	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	90.08
90.09	09009	OP IV THERAPY	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	90.16
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0182

Period:

Worksheet D

Component CCN: 14-T182

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/27/2022 11:50 am

				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,517,141	231,297,033	0.019530	4,611	90	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	619,273	45,445,303	0.013627	1,474	20	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	965,337	118,300,340	0.008160	106,257	867	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	147,605	20,543,453	0.007185	3,857	28	56.00
56.01	05601	ULTRA SOUND	40,067	23,489,856	0.001706	1,577	3	56.01
57.00	05700	CT SCAN	166,029	85,690,979	0.001938	27,423	53	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	720,369	46,827,743	0.015383	0	0	59.00
60.00	06000	LABORATORY	895,654	128,948,524	0.006946	203,536	1,414	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	161,520	38,359,464	0.004211	251,740	1,060	65.00
66.00	06600	PHYSICAL THERAPY	704,624	29,487,946	0.023895	2,317,170	55,369	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801	CARDIOLOGY	2,441	1,391,976	0.001754	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	339,218	31,848,239	0.010651	19,549	208	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,067	8,694,853	0.001043	4,418	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	168,198	67,031,458	0.002509	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,574	86,610,992	0.001265	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	547,026	239,808,906	0.002281	857,730	1,956	73.00
74.00	07400	RENAL DIALYSIS	42,518	4,534,216	0.009377	195,438	1,833	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	100,324	1,505,291	0.066648	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	218,889	2,232,664	0.098039	0	0	90.00
90.01	09001	A.R.C. CLINIC	457,383	14,256,971	0.032081	0	0	90.01
90.02	09002	CANCER CTR CLINIC	1,935,737	13,477,207	0.143630	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PAIN CLINIC	252,629	6,753,739	0.037406	0	0	90.04
90.05	09005	EYE CENTER	4,868	576,424	0.008445	0	0	90.05
90.06	09006	WOUND CARE CLINIC	5,415	2,547,504	0.002126	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	37,970	19,773,207	0.001920	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	75,808	903,374	0.083917	0	0	90.08
90.09	09009	OP IV THERAPY	74,518	9,072,563	0.008214	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	98,682	182,186,161	0.000542	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	57,826	101,944,978	0.000567	0	0	90.11
90.12	09012	BHORADE CLINIC	46,661	81,865,979	0.000570	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0.000000	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	15,231	29,627,867	0.000514	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	205,296	10,037,983	0.020452	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	24,823	46,832,971	0.000530	0	0	90.16
91.00	09100	EMERGENCY	1,356,782	128,977,614	0.010520	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	20,644,928	0.000000	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	15,124,503	1,881,528,706		3,994,780	62,906	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:50 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND		0	0	0	0	0	56.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY		0	0	0	0	0	68.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	340,286	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC		0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC		0	0	0	0	37,641	90.02
90.03	09003	UROLOGY CLINIC		0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC		0	0	0	0	0	90.04
90.05	09005	EYE CENTER		0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC		0	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES		0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC		0	0	0	0	24,252	90.08
90.09	09009	OP IV THERAPY		0	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC		0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC		0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC		0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC		0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS		0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC		0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS		0	0	0	0	0	90.16
91.00	09100	EMERGENCY		0	0	0	0	79,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER		0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		0	0	0	0	481,756	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:50 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	231,297,033	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	45,445,303	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	118,300,340	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	20,543,453	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	23,489,856	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0	85,690,979	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	46,827,743	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	128,948,524	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	38,359,464	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	29,487,946	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	1,391,976	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	31,848,239	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	8,694,853	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	67,031,458	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	86,610,992	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	340,286	340,286	239,808,906	0.001419	73.00	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,534,216	0.000000	74.00	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,505,291	0.000000	76.97	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	2,232,664	0.000000	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	14,256,971	0.000000	90.01	90.01
90.02	09002	CANCER CTR CLINIC	0	37,641	37,641	13,477,207	0.002793	90.02	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	6,753,739	0.000000	90.04	90.04
90.05	09005	EYE CENTER	0	0	0	576,424	0.000000	90.05	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	2,547,504	0.000000	90.06	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	19,773,207	0.000000	90.07	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	24,252	24,252	903,374	0.026846	90.08	90.08
90.09	09009	OP IV THERAPY	0	0	0	9,072,563	0.000000	90.09	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	182,186,161	0.000000	90.10	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	101,944,978	0.000000	90.11	90.11
90.12	09012	BHORADE CLINIC	0	0	0	81,865,979	0.000000	90.12	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0.000000	90.13	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	29,627,867	0.000000	90.14	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	10,037,983	0.000000	90.15	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	46,832,971	0.000000	90.16	90.16
91.00	09100	EMERGENCY	0	79,577	79,577	128,977,614	0.000617	91.00	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	20,644,928	0.000000	92.00	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	481,756	481,756	1,881,528,706		200.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 11:50 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	4,611	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	1,474	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	106,257	0	796	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	3,857	0	0	0	56.00
56.01	05601	ULTRA SOUND		0.000000	1,577	0	0	0	56.01
57.00	05700	CT SCAN		0.000000	27,423	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	203,536	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
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	251,740	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,317,170	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY		0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	19,549	0	589	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,418	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	415	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001419	857,730	1,217	1,462	2	73.00
74.00	07400	RENAL DIALYSIS		0.000000	195,438	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC		0.002793	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	PAIN CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	EYE CENTER		0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC		0.000000	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES		0.000000	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC		0.026846	0	0	0	0	90.08
90.09	09009	OP IV THERAPY		0.000000	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS		0.000000	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC		0.000000	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS		0.000000	0	0	0	0	90.16
91.00	09100	EMERGENCY		0.000617	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER		0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)			3,994,780	1,217	3,262	2	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/27/2022 11:50 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.168572	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	0.062319	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129707	796	0	0	103	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.137450	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0.106674	0	0	0	0	56.01
57.00	05700	CT SCAN	0.049875	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.148568	0	0	0	0	59.00
60.00	06000	LABORATORY	0.128374	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
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	0.166507	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.298738	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0.235390	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.082088	589	0	0	48	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137383	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	415	0	0	239	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247051	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171474	1,462	0	0	251	73.00
74.00	07400	RENAL DIALYSIS	0.277142	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.416740	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.414755	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	0.201334	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0.525156	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0.262292	0	0	0	0	90.04
90.05	09005	EYE CENTER	0.450942	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0.158723	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.524180	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0.410372	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	0.183807	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0.164611	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0.166667	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0.169217	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0.000000	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0.451287	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.160469	0	0	0	0	90.16
91.00	09100	EMERGENCY	0.126978	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506911	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		3,262	0	0	641	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		3,262	0	0	641	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:

Worksheet D

Component CCN: 14-T182

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/27/2022 11:50 am

Title XVIII

Subprovider -
IRF

PPS

		Cost Center Description	Costs			
			Cost	Cost		
			Reimbursed	Reimbursed		
			Services	Services Not		
			Subject To	Subject To		
			Ded. & Coins.	Ded. & Coins.		
			(see inst.)	(see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRA SOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	06801	CARDIOLOGY	0	0		68.01
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
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	A.R.C. CLINIC	0	0		90.01
90.02	09002	CANCER CTR CLINIC	0	0		90.02
90.03	09003	UROLOGY CLINIC	0	0		90.03
90.04	09004	PAIN CLINIC	0	0		90.04
90.05	09005	EYE CENTER	0	0		90.05
90.06	09006	WOUND CARE CLINIC	0	0		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0		90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0		90.08
90.09	09009	OP IV THERAPY	0	0		90.09
90.10	09010	PARK RIDGE CLINIC	0	0		90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0		90.11
90.12	09012	BHORADE CLINIC	0	0		90.12
90.13	09013	DARIEN CLINIC	0	0		90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0		90.14
90.15	09015	PEDIATRIC CLINIC	0	0		90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0		90.16
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/27/2022 11:50 am

			Title XIX		Hospital	Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.168572	0	1,344,661	0	0
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0.062319	0	197,682	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129707	0	880,586	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600	RADIOISOTOPE	0.137450	0	198,539	0	0
56.01	05601	ULTRA SOUND	0.106674	0	288,031	0	0
57.00	05700	CT SCAN	0.049875	0	1,164,651	0	0
58.00	05800	MRI	0.000000	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0.148568	0	175,329	0	0
60.00	06000	LABORATORY	0.128374	0	1,229,075	0	0
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.166507	0	82,013	0	0
66.00	06600	PHYSICAL THERAPY	0.298738	0	13,207	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0
68.01	06801	CARDIOLOGY	0.235390	0	19,946	0	0
69.00	06900	ELECTROCARDIOLOGY	0.082088	0	241,244	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137383	0	30,659	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	0	263,929	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247051	0	196,002	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171474	0	3,563,172	0	0
74.00	07400	RENAL DIALYSIS	0.277142	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.416740	0	17,442	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000	CLINIC	0.414755	0	164,791	0	0
90.01	09001	A.R.C. CLINIC	0.201334	0	427,505	0	0
90.02	09002	CANCER CTR CLINIC	0.525156	0	414,197	0	0
90.03	09003	UROLOGY CLINIC	0.000000	0	0	0	0
90.04	09004	PAIN CLINIC	0.262292	0	16,989	0	0
90.05	09005	EYE CENTER	0.450942	0	1,500	0	0
90.06	09006	WOUND CARE CLINIC	0.158723	0	24,773	0	0
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.524180	0	0	0	0
90.08	09008	ANTICOAGULATION CLINIC	0.410372	0	4,468	0	0
90.09	09009	OP IV THERAPY	0.183807	0	199,024	0	0
90.10	09010	PARK RIDGE CLINIC	0.164611	0	1,465,920	0	0
90.11	09011	LIBERTYVILLE CLINIC	0.166667	0	715,377	0	0
90.12	09012	BHORADE CLINIC	0.169217	0	557,197	0	0
90.13	09013	DARIEN CLINIC	0.000000	0	0	0	0
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	191,707	0	0
90.15	09015	PEDIATRIC CLINIC	0.451287	0	3,653	0	0
90.16	09016	CONDELL - INFUSION & DRUGS	0.160469	0	3,740,627	0	0
91.00	09100	EMERGENCY	0.126978	0	2,712,003	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506911	0	387,079	0	0
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00		Subtotal (see instructions)		0	20,932,978	0	0
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00		Net Charges (line 200 - line 201)		0	20,932,978	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/27/2022 11:50 am

			Title XIX		Hospital	Cost
	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	226,672	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	12,319	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,218	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	27,289	0		56.00
56.01	05601	ULTRA SOUND	30,725	0		56.01
57.00	05700	CT SCAN	58,087	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	26,048	0		59.00
60.00	06000	LABORATORY	157,781	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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	13,656	0		65.00
66.00	06600	PHYSICAL THERAPY	3,945	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	06801	CARDIOLOGY	4,695	0		68.01
69.00	06900	ELECTROCARDIOLOGY	19,803	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,212	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	151,819	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,422	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	610,991	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	7,269	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	68,348	0		90.00
90.01	09001	A.R.C. CLINIC	86,071	0		90.01
90.02	09002	CANCER CTR CLINIC	217,518	0		90.02
90.03	09003	UROLOGY CLINIC	0	0		90.03
90.04	09004	PAIN CLINIC	4,456	0		90.04
90.05	09005	EYE CENTER	676	0		90.05
90.06	09006	WOUND CARE CLINIC	3,932	0		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0		90.07
90.08	09008	ANTICOAGULATION CLINIC	1,834	0		90.08
90.09	09009	OP IV THERAPY	36,582	0		90.09
90.10	09010	PARK RIDGE CLINIC	241,307	0		90.10
90.11	09011	LIBERTYVILLE CLINIC	119,230	0		90.11
90.12	09012	BHORADE CLINIC	94,287	0		90.12
90.13	09013	DARIEN CLINIC	0	0		90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	29,608	0		90.14
90.15	09015	PEDIATRIC CLINIC	1,649	0		90.15
90.16	09016	CONDELL - INFUSION & DRUGS	600,255	0		90.16
91.00	09100	EMERGENCY	344,365	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	196,215	0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	3,564,284	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	3,564,284	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 11:50 am	
Cost Center Description		Title XVIII	Hospital	PPS	
PART I - ALL PROVIDER COMPONENTS				1.00	
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			30,557	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			30,557	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)			24,186	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			4,419	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)			50,193,692	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)			50,193,692	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)			50,193,692	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,642.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,258,738	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)			7,258,738	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0182

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

Worksheet D-1

Date/Time Prepared:
5/27/2022 11:50 am

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	29,272,652	11,305	2,589.35	1,573	4,073,048	43.00
44.00	CORONARY CARE UNIT	13,494,343	15,416	875.35	4,627	4,050,244	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,512,738	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					35,894,768	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,610,363	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					971,130	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,581,493	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					33,313,275	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)					6,371	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,642.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,465,132	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0182

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

Worksheet D-1

Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,602,398	50,193,692	0.111616	10,465,132	1,168,076
91.00	Nursing Program cost	0	50,193,692	0.000000	10,465,132	0
92.00	Allied health cost	49,262	50,193,692	0.000981	10,465,132	10,266
93.00	All other Medical Education	0	50,193,692	0.000000	10,465,132	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 11:50 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,630	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,630	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)		6,630	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)		812	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)		8,895,737	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)		8,895,737	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)		8,895,737	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)		1,341.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,089,493	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,089,493	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-S182		Date/Time Prepared: 5/27/2022 11:50 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					114,056	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,203,549	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)					162,197	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,319	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					167,516	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,036,033	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: 14-0182 Component CCN: 14-S182		Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 11:50 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,324,371	8,895,737	0.148877	0	0	90.00
91.00 Nursing Program cost	0	8,895,737	0.000000	0	0	91.00
92.00 Allied health cost	0	8,895,737	0.000000	0	0	92.00
93.00 All other Medical Education	0	8,895,737	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 11:50 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,031	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,031	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,031	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)		1,810	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,047,249	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,047,249	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,047,249	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,202.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,175,620	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)		2,175,620	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-T182		Date/Time Prepared: 5/27/2022 11:50 am	
				Title XVIII		Subprovider - IRF	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		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					980,443	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,156,063	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)					228,386	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,123	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					292,509	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,863,554	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: 14-0182

Period:

Worksheet D-1

Component CCN: 14-T182

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 11:50 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	634,836	6,047,249	0.104979	0	0	90.00
91.00	Nursing Program cost	0	6,047,249	0.000000	0	0	91.00
92.00	Allied health cost	0	6,047,249	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,047,249	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am
			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		16,616,039	30.00
31.00	03100	INTENSIVE CARE UNIT		12,441,753	31.00
32.00	03200	CORONARY CARE UNIT		15,295,711	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168572	12,902,239	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062319	2,641,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129707	6,321,109	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.137450	851,743	56.00
56.01	05601	ULTRA SOUND	0.106674	318,529	56.01
57.00	05700	CT SCAN	0.049875	7,373,416	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.148568	5,567,554	59.00
60.00	06000	LABORATORY	0.128374	12,438,591	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.166507	7,445,205	65.00
66.00	06600	PHYSICAL THERAPY	0.298738	2,040,435	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.235390	10,879	68.01
69.00	06900	ELECTROCARDIOLOGY	0.082088	4,167,608	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137383	572,826	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	7,005,798	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247051	9,981,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171474	18,132,329	73.00
74.00	07400	RENAL DIALYSIS	0.277142	1,795,758	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.416740	22,596	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.414755	0	90.00
90.01	09001	A.R.C. CLINIC	0.201334	0	90.01
90.02	09002	CANCER CTR CLINIC	0.525156	19,154	90.02
90.03	09003	UROLOGY CLINIC	0.000000	0	90.03
90.04	09004	PAIN CLINIC	0.262292	5,112	90.04
90.05	09005	EYE CENTER	0.450942	0	90.05
90.06	09006	WOUND CARE CLINIC	0.158723	3,818	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.524180	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0.410372	1,569	90.08
90.09	09009	OP IV THERAPY	0.183807	3,456	90.09
90.10	09010	PARK RIDGE CLINIC	0.164611	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0.166667	0	90.11
90.12	09012	BHORADE CLINIC	0.169217	0	90.12
90.13	09013	DARIEN CLINIC	0.000000	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	90.14
90.15	09015	PEDIATRIC CLINIC	0.451287	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.160469	0	90.16
91.00	09100	EMERGENCY	0.126978	10,116,849	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.506911	1,435,702	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		111,175,656	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
		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	
202.00	Net charges (line 200 minus line 201)		111,175,656		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
		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
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF	1,578,753		40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168572	18,043	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062319	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129707	17,280	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.137450	0	56.00
56.01	05601	ULTRA SOUND	0.106674	2,405	56.01
57.00	05700	CT SCAN	0.049875	27,838	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.148568	0	59.00
60.00	06000	LABORATORY	0.128374	191,832	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.166507	11,299	65.00
66.00	06600	PHYSICAL THERAPY	0.298738	3,691	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.235390	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.082088	18,683	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137383	4,076	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247051	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171474	288,069	73.00
74.00	07400	RENAL DIALYSIS	0.277142	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.416740	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.414755	0	90.00
90.01	09001	A.R.C. CLINIC	0.201334	0	90.01
90.02	09002	CANCER CTR CLINIC	0.525156	0	90.02
90.03	09003	UROLOGY CLINIC	0.000000	0	90.03
90.04	09004	PAIN CLINIC	0.262292	0	90.04
90.05	09005	EYE CENTER	0.450942	0	90.05
90.06	09006	WOUND CARE CLINIC	0.158723	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.524180	9,697	90.07
90.08	09008	ANTICOAGULATION CLINIC	0.410372	0	90.08
90.09	09009	OP IV THERAPY	0.183807	0	90.09
90.10	09010	PARK RIDGE CLINIC	0.164611	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0.166667	0	90.11
90.12	09012	BHORADE CLINIC	0.169217	0	90.12
90.13	09013	DARIEN CLINIC	0.000000	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	90.14
90.15	09015	PEDIATRIC CLINIC	0.451287	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.160469	0	90.16
91.00	09100	EMERGENCY	0.126978	180,698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.506911	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		773,611	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
			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	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		773,611		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		4,664,679		41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.168572	4,611	777	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.062319	1,474	92	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129707	106,257	13,782	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.137450	3,857	530	56.00
56.01	05601 ULTRA SOUND	0.106674	1,577	168	56.01
57.00	05700 CT SCAN	0.049875	27,423	1,368	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.148568	0	0	59.00
60.00	06000 LABORATORY	0.128374	203,536	26,129	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.166507	251,740	41,916	65.00
66.00	06600 PHYSICAL THERAPY	0.298738	2,317,170	692,227	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.235390	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.082088	19,549	1,605	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137383	4,418	607	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.247051	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171474	857,730	147,078	73.00
74.00	07400 RENAL DIALYSIS	0.277142	195,438	54,164	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.416740	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.414755	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.201334	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.525156	0	0	90.02
90.03	09003 UROLOGY CLINIC	0.000000	0	0	90.03
90.04	09004 PAIN CLINIC	0.262292	0	0	90.04
90.05	09005 EYE CENTER	0.450942	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.158723	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.524180	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	0.410372	0	0	90.08
90.09	09009 OP IV THERAPY	0.183807	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	0.164611	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0.166667	0	0	90.11
90.12	09012 BHORADE CLINIC	0.169217	0	0	90.12
90.13	09013 DARIEN CLINIC	0.000000	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0.451287	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0.160469	0	0	90.16
91.00	09100 EMERGENCY	0.126978	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.506911	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,994,780	980,443	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Ratio of Cost To Charges		Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00		2.00	3.00	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0		201.00
202.00		Net charges (line 200 minus line 201)			3,994,780		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
Cost Center Description		Title XIX	Hospital	Cost	
		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		4,026,315	30.00
31.00	03100	INTENSIVE CARE UNIT		3,017,188	31.00
32.00	03200	CORONARY CARE UNIT		1,189,911	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		755,150	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168572	3,029,788	510,737 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.062319	673,284	41,958 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129707	1,430,993	185,610 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.137450	72,198	9,924 56.00
56.01	05601	ULTRA SOUND	0.106674	72,210	7,703 56.01
57.00	05700	CT SCAN	0.049875	1,408,323	70,240 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.148568	426,358	63,343 59.00
60.00	06000	LABORATORY	0.128374	2,302,829	295,623 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.166507	1,740,811	289,857 65.00
66.00	06600	PHYSICAL THERAPY	0.298738	355,741	106,273 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.235390	643	151 68.01
69.00	06900	ELECTROCARDIOLOGY	0.082088	437,271	35,895 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137383	115,778	15,906 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	1,060,176	609,842 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247051	1,176,978	290,774 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171474	4,359,660	747,568 73.00
74.00	07400	RENAL DIALYSIS	0.277142	110,250	30,555 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.416740	3,230	1,346 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.414755		0 90.00
90.01	09001	A.R.C. CLINIC	0.201334	11,837	2,383 90.01
90.02	09002	CANCER CTR CLINIC	0.525156	1,198	629 90.02
90.03	09003	UROLOGY CLINIC	0.000000	0	0 90.03
90.04	09004	PAIN CLINIC	0.262292	0	0 90.04
90.05	09005	EYE CENTER	0.450942	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.158723	0	0 90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.524180	0	0 90.07
90.08	09008	ANTICOAGULATION CLINIC	0.410372	0	0 90.08
90.09	09009	OP IV THERAPY	0.183807	0	0 90.09
90.10	09010	PARK RIDGE CLINIC	0.164611	0	0 90.10
90.11	09011	LIBERTYVILLE CLINIC	0.166667	0	0 90.11
90.12	09012	BHORADE CLINIC	0.169217	0	0 90.12
90.13	09013	DARIEN CLINIC	0.000000	0	0 90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	0 90.14
90.15	09015	PEDIATRIC CLINIC	0.451287	0	0 90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.160469	0	0 90.16
91.00	09100	EMERGENCY	0.126978	1,843,546	234,090 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.506911	167,938	85,130 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		20,801,040	3,635,537 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
		Title XIX	Hospital	Cost	
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	
202.00	Net charges (line 200 minus line 201)		20,801,040		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
		Title XIX	Subprovider - IPF	Cost	
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
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF		1,148,506		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.168572	18,919	3,189	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.062319	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129707	3,119	405	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.137450	0	0	56.00
56.01	05601 ULTRA SOUND	0.106674	1,533	164	56.01
57.00	05700 CT SCAN	0.049875	16,127	804	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.148568	0	0	59.00
60.00	06000 LABORATORY	0.128374	195,366	25,080	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.166507	552	92	65.00
66.00	06600 PHYSICAL THERAPY	0.298738	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.235390	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.082088	14,272	1,172	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.137383	2,393	329	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.247051	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171474	170,462	29,230	73.00
74.00	07400 RENAL DIALYSIS	0.277142	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.416740	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.414755	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.201334	1,422	286	90.01
90.02	09002 CANCER CTR CLINIC	0.525156	0	0	90.02
90.03	09003 UROLOGY CLINIC	0.000000	0	0	90.03
90.04	09004 PAIN CLINIC	0.262292	0	0	90.04
90.05	09005 EYE CENTER	0.450942	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.158723	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.524180	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	0.410372	0	0	90.08
90.09	09009 OP IV THERAPY	0.183807	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	0.164611	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0.166667	0	0	90.11
90.12	09012 BHORADE CLINIC	0.169217	0	0	90.12
90.13	09013 DARIEN CLINIC	0.000000	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0.451287	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0.160469	0	0	90.16
91.00	09100 EMERGENCY	0.126978	226,689	28,785	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.506911	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		650,854	89,536	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182	Period: From 01/01/2021	Worksheet D-3	
			Component CCN: 14-S182	To 12/31/2021	Date/Time Prepared: 5/27/2022 11:50 am	
			Title XIX	Subprovider - IPF	Cost	
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	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		650,854		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
		Title XIX	Subprovider - IRF	Cost	
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
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF	429,429		41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168572	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062319	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129707	419	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.137450	0	56.00
56.01	05601	ULTRA SOUND	0.106674	0	56.01
57.00	05700	CT SCAN	0.049875	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.148568	0	59.00
60.00	06000	LABORATORY	0.128374	11,483	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.166507	1,740	65.00
66.00	06600	PHYSICAL THERAPY	0.298738	223,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.235390	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.082088	1,035	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.137383	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575227	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247051	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171474	81,620	73.00
74.00	07400	RENAL DIALYSIS	0.277142	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.416740	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.414755	0	90.00
90.01	09001	A.R.C. CLINIC	0.201334	0	90.01
90.02	09002	CANCER CTR CLINIC	0.525156	0	90.02
90.03	09003	UROLOGY CLINIC	0.000000	0	90.03
90.04	09004	PAIN CLINIC	0.262292	0	90.04
90.05	09005	EYE CENTER	0.450942	0	90.05
90.06	09006	WOUND CARE CLINIC	0.158723	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.524180	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0.410372	0	90.08
90.09	09009	OP IV THERAPY	0.183807	0	90.09
90.10	09010	PARK RIDGE CLINIC	0.164611	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0.166667	0	90.11
90.12	09012	BHORADE CLINIC	0.169217	0	90.12
90.13	09013	DARIEN CLINIC	0.000000	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.154446	0	90.14
90.15	09015	PEDIATRIC CLINIC	0.451287	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.160469	0	90.16
91.00	09100	EMERGENCY	0.126978	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.506911	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		319,625	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 11:50 am	
			Title XIX	Subprovider - IRF	Cost	
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	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		319,625		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 11:50 am
		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)		19,618,630	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,165,612	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)		504,930	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		329,573	2.04
3.00	Managed Care Simulated Payments		25,740,529	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		224.38	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)		216.57	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)		14.84	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).		-33.18	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		168.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		168.44	10.00
11.00	FTE count for residents in dental and podiatric programs.		17.46	11.00
12.00	Current year allowable FTE (see instructions)		185.90	12.00
13.00	Total allowable FTE count for the prior year.		184.52	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.		182.12	14.00
15.00	Sum of lines 12 through 14 divided by 3.		184.18	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		184.18	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.820840	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.773831	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.773831	21.00
22.00	IME payment adjustment (see instructions)		9,094,618	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		9,079,199	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.11	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)		9,094,618	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		9,079,199	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.91	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.74	31.00
32.00	Sum of lines 30 and 31		33.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.98	33.00
34.00	Disproportionate share adjustment (see instructions)		1,094,541	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 11:50 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)		0.000374550	0.000462881	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,105,027	3,329,041	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,322,389	839,101	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,161,490		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		39,969,394		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			49,048,593	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,010,201	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			5,547,081	52.00
53.00	Nursing and Allied Health Managed Care payment			12,124	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			53,515	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			32,781	58.00
59.00	Total (sum of amounts on lines 49 through 58)			57,704,295	59.00
60.00	Primary payer payments			12,967	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			57,691,328	61.00
62.00	Deductibles billed to program beneficiaries			2,171,132	62.00
63.00	Coinsurance billed to program beneficiaries			130,754	63.00
64.00	Allowable bad debts (see instructions)			944,035	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			613,623	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			775,650	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			56,003,065	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			13,639	70.93
70.94	HRR adjustment amount (see instructions)			-50,847	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 11:50 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		55,965,857	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		55,480,159	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)		485,698	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		1,281,552	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	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

Health Financial Systems		ADVOCATE NORTHSIDE HEALTH SYSTEM		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 11:50 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		34,300	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,410,336	2.00	
3.00	OPPS payments		21,204,159	3.00	
4.00	Outlier payment (see instructions)		271,773	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00	
6.00	Line 2 times line 5		20,968,479	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		63,633	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		34,300	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		126,665	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)		126,665	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		126,665	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		92,365	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)		34,300	21.00	
22.00	Interns and residents (see instructions)		0	22.00	
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		21,539,565	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,513,206	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)		18,060,659	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,378,761	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)		21,439,420	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		21,439,420	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)		685,936	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		445,858	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		488,985	36.00	
37.00	Subtotal (see instructions)		21,885,278	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)		21,885,278	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		21,071,687	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)		813,591	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		261,361	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	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 11:50 am
		Component CCN: 14-S182		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,365	2.00
3.00	OPPS payments		600	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		15	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)		615	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)		120	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)		495	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)		495	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		495	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)		495	37.00
38.00	MSP-LCC reconciliation amount from PS&R		499	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)		-4	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		600	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)		-604	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 11:50 am
		Component CCN: 14-T182		
		Title XVIII	Subprovider - IRF	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)		639	2.00
3.00	OPPS payments		165	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		2	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)		167	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)		33	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)		134	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)		134	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		134	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)		134	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)		134	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		165	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)		-31	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/27/2022 11:50 am

		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		54,746,610		21,370,988	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		05/03/2021	161,452		0	3.02
3.03		11/01/2021	572,097		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	11/01/2021	299,301	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)		733,549		-299,301	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)		55,480,159		21,071,687	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		485,698		813,591	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		55,965,857		21,885,278	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: 14-0182

Period:

Worksheet E-1

Component CCN: 14-S182

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:50 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		686,058		600	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)		686,058		600	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		69,096		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		604	6.02
7.00	Total Medicare program liability (see instructions)		755,154		-4	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: 14-0182

Period:

Worksheet E-1

Component CCN: 14-T182

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/27/2022 11:50 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,122,689		165	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)		3,122,689		165	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		31,235		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		31	6.02
7.00	Total Medicare program liability (see instructions)		3,153,924		134	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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/27/2022 11:50 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/27/2022 11:50 am
		Component CCN: 14-S182		
		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)			771,864 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			1.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.50 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.50 8.00
9.00	Average Daily Census (see instructions)			18.164384 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.014083 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			10,870 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			782,734 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)			782,734 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			782,734 18.00
19.00	Deductibles			69,520 19.00
20.00	Subtotal (line 18 minus line 19)			713,214 20.00
21.00	Coinsurance			16,286 21.00
22.00	Subtotal (line 20 minus line 21)			696,928 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			88,778 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			57,706 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			67,150 25.00
26.00	Subtotal (sum of lines 22 and 24)			754,634 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			520 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			755,154 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			686,058 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)			69,096 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			78,266 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.014083 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.014083 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/27/2022 11:50 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,961,097 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0502 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			161,380 3.00
4.00	Outlier Payments			42,541 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.783562 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,165,018 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,165,018 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,165,018 19.00
20.00	Deductibles			13,356 20.00
21.00	Subtotal (line 19 minus line 20)			3,151,662 21.00
22.00	Coinsurance			1,855 22.00
23.00	Subtotal (line 21 minus line 22)			3,149,807 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,461 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,900 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,461 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,152,707 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,217 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,153,924 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,122,689 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			31,235 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			42,140 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			42,541 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 11:50 am	
		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.			217.60	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			11.62	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))			-66.88	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			139.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			169.17	6.00
7.00	Enter the lesser of line 5 or line 6			139.10	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.	90.20	66.17	156.37	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.	74.17	54.41	128.58	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		17.46		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	74.17	71.87		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	74.12	72.75		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	76.89	73.42		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	75.06	72.68		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	75.06	72.68		17.00
18.00	Per resident amount	149,113.50	141,268.78		18.00
19.00	Approved amount for resident costs	11,192,459	10,267,415	21,459,874	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			30.07	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)			21,459,874	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	13,241	13,644		26.00
27.00	Total Inpatient Days (see instructions)	63,303	63,303		27.00
28.00	Ratio of inpatient days to total inpatient days	0.209169	0.215535		28.00
29.00	Program direct GME amount	4,488,740	4,625,354	9,114,094	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		188,252	188,252	30.00
31.00	Net Program direct GME amount			8,925,842	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 11:50 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,534,216	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)			40,254,380	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			12,967	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			40,241,413	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			24,511,290	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			24,511,290	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			64,752,703	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.621463	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.378537	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			8,925,842	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,547,081	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			3,378,761	50.00

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

Provider CCN: 14-0182

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

Worksheet G

Date/Time Prepared:

5/27/2022 11:50 am

		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	703,725,000	0	0	0	1.00
2.00	Temporary investments	139,742,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,838,859,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	724,803,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	3,407,129,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	470,257,000	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	8,448,955,000	0	0	0	15.00
16.00	Accumulated depreciation	-5,530,416,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,554,215,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,943,011,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	12,394,605,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,393,816,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,788,421,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	23,138,561,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,562,089,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,296,458,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	68,247,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	786,501,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,713,295,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	3,298,508,000	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	1,795,779,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,094,287,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,807,582,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,330,979,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,330,979,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	23,138,561,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0182

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

Worksheet G-1

Date/Time Prepared:
5/27/2022 11:50 am

		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		14,218,122,806		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		112,856,194				2.00
3.00	Total (sum of line 1 and line 2)		14,330,979,000		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)		14,330,979,000		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)		14,330,979,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			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: 14-0182

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2022 11:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	122,184,777		122,184,777	1.00
2.00	SUBPROVIDER - IPF	12,738,429		12,738,429	2.00
3.00	SUBPROVIDER - IRF	12,677,267		12,677,267	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	147,600,473		147,600,473	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	76,853,747		76,853,747	11.00
12.00	CORONARY CARE UNIT	50,300,257		50,300,257	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	127,154,004		127,154,004	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	274,754,477		274,754,477	17.00
18.00	Ancillary services	524,600,895	0	524,600,895	18.00
19.00	Outpatient services		1,356,915,595	1,356,915,595	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	799,355,372	1,356,915,595	2,156,270,967	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		526,681,989		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)		526,681,989		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0182

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

Worksheet G-3

Date/Time Prepared:
5/27/2022 11:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,156,270,967	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,532,692,329	2.00
3.00	Net patient revenues (line 1 minus line 2)	623,578,638	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	526,681,989	4.00
5.00	Net income from service to patients (line 3 minus line 4)	96,896,649	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	15,959,545	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	15,959,545	25.00
26.00	Total (line 5 plus line 25)	112,856,194	26.00
27.00	NEG. INCOME RELATED TO OVERHEAD CC	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)	112,856,194	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0182	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/27/2022 11:50 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,987,587	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		141.48	3.00
4.00	Number of interns & residents (see instructions)		184.18	4.00
5.00	Indirect medical education percentage (see instructions)		44.40	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)		882,489	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.91	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.74	8.00
9.00	Sum of lines 7 and 8		33.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.05	10.00
11.00	Disproportionate share adjustment (see instructions)		140,125	11.00
12.00	Total prospective capital payments (see instructions)		3,010,201	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