

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: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/26/2022 6:35 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/26/2022	Time: 6:35 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CONDELL MEDICAL CENTER (14-0202) 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 electronically)		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	922,247	125,672	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		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
8.00 NURSING FACILITY	0				0	8.00
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	922,247	125,672	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: 14-0202		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:35 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 900 GARFIELD AVE			PO Box:				1.00			
2.00	City: LIBERTYVILLE			State: IL		Zip Code: 60648-		County: LAKE			
		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			CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	O	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
10.01	ICF/IID										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA			CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1996	N	P	N
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
17.20	Hospital-Based (OPT) I										
17.30	Hospital-Based (OOT) I										
17.40	Hospital-Based (OSP) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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.					1	N				23.00

Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:35 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:35 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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.			N	N	N	N
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			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
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:			337,717	0	1,425,000	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: 14-0202		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:35 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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 HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:				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.	N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
161.20	OPT			N		N	
161.30	OOT			N		N	
161.40	OSP			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						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: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/26/2022 6:35 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	12,983	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0202		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/26/2022 6:35 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	03/22/2022	Y	03/22/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAMELA		DYE	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.	630.637.9522		PAMELA.DYE@AAH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	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	240	88,336	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)		240	88,336	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		257	94,541	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
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)		257				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,884	4,237	61,788			1.00
2.00	HMO and other (see instructions)	12,983	4,286				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	24,884	4,237	61,788			7.00
8.00	INTENSIVE CARE UNIT	1,690	743	5,207			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		94	2,549			13.00
14.00	Total (see instructions)	26,574	5,074	69,544	0.00	1,290.65	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
20.01	ICF/MR	0	0	0	0.00	0.00	20.01
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.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)			873			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30	CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40	CMHC - OSP	0	0	0	0.00	0.00	25.40
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)				0.00	1,290.65	27.00
28.00	Observation Bed Days		213	9,855			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	24	302			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: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,835	372	13,379	1.00
2.00 HMO and other (see instructions)			2,257	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,835	372	13,379	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
20.01 ICF/MR	0.00	0	0	0	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OPT	0.00					25.20
25.30 CMHC - OOT	0.00					25.30
25.40 CMHC - OSP	0.00					25.40
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: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	105,278,378	0	105,278,378	2,684,552.00	39.22
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		6,257	0	6,257	42.00	148.98
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		389,704	0	389,704	9,768.00	39.90
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	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		381,140	29,831	410,971	14,586.00	28.18
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,297,734	0	4,297,734	30,033.00	143.10
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		346,935	0	346,935	2,192.00	158.27
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		19,264,222	0	19,264,222	450,495.00	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)		27,808,344	0	27,808,344		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		119,384	0	119,384		
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		1,213	0	1,213		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		75,533	0	75,533		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		5,791,708	0	5,791,708		
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: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,101,821	-1,101,821	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	12,793,221	109,506	12,902,727	289,718.00	44.54	27.00
28.00	Administrative & General under contract (see inst.)		925,730	0	925,730	4,864.00	190.32	28.00
29.00	Maintenance & Repairs	6.00	313	3	316	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	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	2,453,895	25,954	2,479,849	47,341.00	52.38	38.00
39.00	Central Services and Supply	14.00	923,660	9,769	933,429	37,149.00	25.13	39.00
40.00	Pharmacy	15.00	4,305,578	45,538	4,351,116	88,837.00	48.98	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	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/26/2022 6:35 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	105,814,404	0	105,814,404	2,679,648.00	39.49	1.00
2.00	Excluded area salaries (see instructions)	381,140	29,831	410,971	14,586.00	28.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,433,264	-29,831	105,403,433	2,665,062.00	39.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,908,891	0	23,908,891	482,720.00	49.53	4.00
5.00	Subtotal wage-related costs (see inst.)	33,601,265	0	33,601,265	0.00	31.88	5.00
6.00	Total (sum of lines 3 thru 5)	162,943,420	-29,831	162,913,589	3,147,782.00	51.76	6.00
7.00	Total overhead cost (see instructions)	22,504,218	-911,051	21,593,167	467,909.00	46.15	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/26/2022 6:35 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,211,094	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)	791,698	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	35,451	6.00
7.00	Employee Managed Care Program Administration Fees	928,414	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	7,107,498	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,599,258	9.00
10.00	Dental, Hearing and Vision Plan	317,746	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	66,841	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,070,111	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,144,000	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	7,599,364	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	43,285	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))	176,569	21.00
22.00	Day Care Cost and Allowances	385,047	22.00
23.00	Tuition Reimbursement	528,098	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	28,004,474	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: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,297,734	28,004,474	1.00
2.00	Hospital	4,297,734	27,808,344	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	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
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	196,130	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/26/2022 6:35 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.197302		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		34,887,999		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		210,276,429		6.00
7.00	Medicaid cost (line 1 times line 6)		41,487,960		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)		6,599,961		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)		6,599,961		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)	39,006,389	1,629,116	40,635,505	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,696,039	1,629,116	9,325,155	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)	7,696,039	1,629,116	9,325,155	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)		19,039,406		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,041,278		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,601,966		27.01
28.00	Non-Medicare bad debt expense (see instructions)		17,437,440		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,001,130		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		13,326,285		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,926,246		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	10,346,064	10,346,064	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	7,411,642	7,411,642	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,101,821	18,237,657	19,339,478	-716,343	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,793,221	92,937,742	105,730,963	-12,165,439	5.00
6.00	00600	MAINTENANCE & REPAIRS	313	15,007,924	15,008,237	-44,493	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,201,191	1,201,191	0	8.00
9.00	00900	HOUSEKEEPING	0	4,564,199	4,564,199	-8,138	9.00
10.00	01000	DIETARY	0	4,701,348	4,701,348	-812,951	10.00
11.00	01100	CAFETERIA	0	0	0	778,132	11.00
13.00	01300	NURSING ADMINISTRATION	2,453,895	1,105,734	3,559,629	-572,365	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	923,660	640,338	1,563,998	-375,836	14.00
15.00	01500	PHARMACY	4,305,578	15,714,630	20,020,208	-11,892,999	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,337	26,337	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	318,151	435,501	753,652	-431,566	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	148,799	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,194,853	10,138,776	46,333,629	-9,719,552	30.00
31.00	03100	INTENSIVE CARE UNIT	5,918,300	4,756,826	10,675,126	-1,382,738	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,115,118	216,063	1,331,181	2,273,754	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,313,470	28,899,447	38,212,917	-23,855,905	50.00
51.00	05100	RECOVERY ROOM	1,107,635	142,576	1,250,211	-26,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,014,829	52.00
53.00	05300	ANESTHESIOLOGY	131,475	1,192,688	1,324,163	-512,320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,001,863	1,387,731	4,389,594	-686,690	54.00
56.00	05600	RADIOISOTOPE	904,024	2,068,147	2,972,171	-1,314,262	56.00
56.01	05603	ULTRASOUND	1,216,340	397,267	1,613,607	-222,989	56.01
57.00	05700	CT SCAN	1,168,349	1,437,432	2,605,781	-1,054,902	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	716,400	385,174	1,101,574	-304,964	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,782,791	11,004,844	13,787,635	-9,572,053	59.00
60.00	06000	LABORATORY	0	12,781,753	12,781,753	-1,476,834	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,617,304	64.00
65.00	06500	RESPIRATORY THERAPY	2,225,509	1,567,847	3,793,356	-658,274	65.00
65.01	06501	STRESS TEST	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,599,719	932,719	5,532,438	-8,277	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	959,148	242,775	1,201,923	-127,923	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	47,222	11,339	58,561	-7,467	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,799,914	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,781,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,420,771	73.00
74.00	07400	RENAL DIALYSIS	0	1,162,764	1,162,764	-9,379	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	464,405	69,982	534,387	-19,278	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	1,033,541	1,110,185	2,143,726	-898,360	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	8,354,598	6,679,456	15,034,054	-1,459,489	91.00
91.20	09101	ACUTE CARE CENTER	2,063,990	1,241,227	3,305,217	-251,757	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,215,389	242,399,619	347,615,008	2,596	347,617,604	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,989	859,748	922,737	-2,596	920,141	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	105,278,378	243,259,367	348,537,745	0	348,537,745	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,081,698	13,427,762	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,903,102	9,314,744	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,423,749	24,046,884	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-33,942,337	59,623,187	5.00
6.00	00600	MAINTENANCE & REPAIRS	-79,487	14,884,257	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,201,191	8.00
9.00	00900	HOUSEKEEPING	-17,804	4,538,257	9.00
10.00	01000	DIETARY	0	3,888,397	10.00
11.00	01100	CAFETERIA	-291,318	486,814	11.00
13.00	01300	NURSING ADMINISTRATION	-1,014	2,986,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,188,162	14.00
15.00	01500	PHARMACY	-2,200	8,125,009	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,337	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	-123,135	198,951	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	148,799	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,459,541	35,154,536	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,238,964	8,053,424	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	3,604,935	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-508	14,356,504	50.00
51.00	05100	RECOVERY ROOM	0	1,223,770	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,014,829	52.00
53.00	05300	ANESTHESIOLOGY	-554,445	257,398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-200	3,702,704	54.00
56.00	05600	RADIOISOTOPE	0	1,657,909	56.00
56.01	05603	ULTRASOUND	0	1,390,618	56.01
57.00	05700	CT SCAN	0	1,550,879	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	796,610	58.00
59.00	05900	CARDIAC CATHETERIZATION	-536,438	3,679,144	59.00
60.00	06000	LABORATORY	0	11,304,919	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,617,304	64.00
65.00	06500	RESPIRATORY THERAPY	-510	3,134,572	65.00
65.01	06501	STRESS TEST	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	5,524,161	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,074,000	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	51,094	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,799,914	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,781,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,420,771	73.00
74.00	07400	RENAL DIALYSIS	0	1,153,385	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	515,109	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	-47,627	1,197,739	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	90.03
91.00	09100	EMERGENCY	-3,313,592	10,260,973	91.00
91.20	09101	ACUTE CARE CENTER	-54,936	2,998,524	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0202

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

Worksheet A

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
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
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,255,507	316,362,097	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	920,141	190.00
194.00	07950	FUNDRAISING	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
194.06	07956	NE IL MRI	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,255,507	317,282,238	200.00

RECLASSIFICATIONS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/26/2022 6:35 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	127,169	20,285		1.00
	0		127,169	20,285		
	B - EMS RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	101,639	0		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,678		2.00
	0		101,639	27,678		
	C - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,346,064		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,411,642		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	0		0	17,757,706		
	D - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,393,093		1.00
	0		0	11,393,093		
	E - NURSERY AND LABOR/DELIVERY					
1.00	NURSERY	43.00	1,796,581	563,406		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	766,385	240,338		2.00
	0		2,562,966	803,744		
	F - CAFE/DIETARY					
1.00	CAFETERIA	11.00	0	778,132		1.00
	0		0	778,132		
	G - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	44,581,285		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 6:35 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
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
0		0	44,581,285		
H - IMPLANT					
1.00	IMPL. DEV. CHARGED TO	72.00	0	16,781,371	1.00
	PATIENT				
0			0	16,781,371	
I - INCENTIVE					
1.00	ADMINISTRATIVE & GENERAL	5.00	135,036	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	3	0	2.00
3.00	NURSING ADMINISTRATION	13.00	25,954	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	9,769	0	4.00
5.00	PHARMACY	15.00	45,538	0	5.00
6.00	PARAMED EDUCATION EMS	23.00	2,290	0	6.00
7.00	CLINICAL PASTORAL EDUCATION	23.01	1,345	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	332,773	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	62,336	0	9.00
10.00	NURSERY	43.00	30,796	0	10.00
11.00	OPERATING ROOM	50.00	98,504	0	11.00
12.00	RECOVERY ROOM	51.00	11,715	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	8,106	0	13.00
14.00	ANESTHESIOLOGY	53.00	1,391	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	31,749	0	15.00
16.00	RADIOISOTOPE	56.00	9,561	0	16.00
17.00	ULTRASOUND	56.01	12,865	0	17.00
18.00	CT SCAN	57.00	12,357	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	7,577	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	29,432	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	23,193	0	21.00
22.00	RESPIRATORY THERAPY	65.00	23,538	0	22.00
23.00	PHYSICAL THERAPY	66.00	48,649	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	10,144	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	499	0	25.00
26.00	CARDIAC REHABILITATION	76.97	4,912	0	26.00
27.00	CLINIC	90.00	10,931	0	27.00
28.00	EMERGENCY	91.00	88,362	0	28.00
29.00	ACUTE CARE CENTER	91.20	21,830	0	29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	666	0	30.00
0			1,101,821	0	
J - COVID-19 COSTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	385,509	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	6,252	2.00
	TOTALS		0	391,761	
K - OP IV THERAPY COSTS					
1.00	INTRAVENOUS THERAPY	64.00	2,192,840	401,271	1.00
2.00		0.00	0	0	2.00
	TOTALS		2,192,840	401,271	
500.00	Grand Total: Increases		6,086,435	92,936,326	500.00

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 6:35 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - CLINICAL PASTORAL EDUCATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	127,169	20,285	0	1.00		
	0		127,169	20,285				
B - EMS RECLASS								
1.00	PARAMED EDUCATION EMS	23.00	101,639	27,678	0	1.00		
2.00		0.00	0	0	0	2.00		
	0		101,639	27,678				
C - DEPRECIATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31	9	1.00		
2.00	ADMINISTRATIVE & GENERAL	5.00	0	11,830,064	9	2.00		
3.00	MAINTENANCE & REPAIRS	6.00	0	50,748	0	3.00		
4.00	HOUSEKEEPING	9.00	0	8,138	0	4.00		
5.00	DIETARY	10.00	0	34,819	0	5.00		
6.00	NURSING ADMINISTRATION	13.00	0	594,037	0	6.00		
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	89,906	0	7.00		
8.00	PHARMACY	15.00	0	158,835	0	8.00		
9.00	PARAMED EDUCATION EMS	23.00	0	16,920	0	9.00		
10.00	ADULTS & PEDIATRICS	30.00	0	227,725	0	10.00		
11.00	INTENSIVE CARE UNIT	31.00	0	147,474	0	11.00		
12.00	NURSERY	43.00	0	92,916	0	12.00		
13.00	OPERATING ROOM	50.00	0	1,445,385	0	13.00		
14.00	RECOVERY ROOM	51.00	0	3,312	0	14.00		
15.00	ANESTHESIOLOGY	53.00	0	28,806	0	15.00		
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	546,787	0	16.00		
17.00	RADIOISOTOPE	56.00	0	206,196	0	17.00		
18.00	ULTRASOUND	56.01	0	77,487	0	18.00		
19.00	CT SCAN	57.00	0	551,633	0	19.00		
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	140,888	0	20.00		
21.00	CARDIAC CATHETERIZATION	59.00	0	1,170,365	0	21.00		
22.00	RESPIRATORY THERAPY	65.00	0	80,525	0	22.00		
23.00	PHYSICAL THERAPY	66.00	0	7,727	0	23.00		
24.00	ELECTROCARDIOLOGY	69.00	0	90,464	0	24.00		
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,245	0	25.00		
26.00	CARDIAC REHABILITATION	76.97	0	2,690	0	26.00		
27.00	CLINIC	90.00	0	22,353	0	27.00		
28.00	EMERGENCY	91.00	0	119,635	0	28.00		
29.00	ACUTE CARE CENTER	91.20	0	5,046	0	29.00		
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,549	0	30.00		
	0		0	17,757,706				
D - DRUG RECLASS								
1.00	PHARMACY	15.00	0	11,393,093	0	1.00		
	0		0	11,393,093				
E - NURSERY AND LABOR/DELIVERY								
1.00	ADULTS & PEDIATRICS	30.00	2,562,966	803,744	0	1.00		
2.00		0.00	0	0	0	2.00		
	0		2,562,966	803,744				
F - CAFE/DIETARY								
1.00	DIETARY	10.00	0	778,132	0	1.00		
	0		0	778,132				
G - SUPPLIES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	32,835	0	1.00		
2.00	NURSING ADMINISTRATION	13.00	0	4,282	0	2.00		
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	295,699	0	3.00		
4.00	PHARMACY	15.00	0	386,609	0	4.00		
5.00	PARAMED EDUCATION EMS	23.00	0	287,619	0	5.00		
6.00	ADULTS & PEDIATRICS	30.00	0	3,902,103	0	6.00		
7.00	INTENSIVE CARE UNIT	31.00	0	1,259,276	0	7.00		
8.00	NURSERY	43.00	0	24,113	0	8.00		
9.00	OPERATING ROOM	50.00	0	22,509,024	0	9.00		
10.00	RECOVERY ROOM	51.00	0	34,844	0	10.00		
11.00	ANESTHESIOLOGY	53.00	0	484,905	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,652	0	12.00		
13.00	RADIOISOTOPE	56.00	0	1,117,627	0	13.00		
14.00	ULTRASOUND	56.01	0	158,367	0	14.00		
15.00	CT SCAN	57.00	0	515,626	0	15.00		
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	171,653	0	16.00		
17.00	CARDIAC CATHETERIZATION	59.00	0	8,431,120	0	17.00		
18.00	LABORATORY	60.00	0	1,476,834	0	18.00		
19.00	RESPIRATORY THERAPY	65.00	0	601,287	0	19.00		
20.00	PHYSICAL THERAPY	66.00	0	49,199	0	20.00		
21.00	ELECTROCARDIOLOGY	69.00	0	47,603	0	21.00		

RECLASSIFICATIONS

Provider CCN: 14-0202

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

Worksheet A-6

Date/Time Prepared:
5/26/2022 6:35 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,721	0		22.00
23.00	RENAL DIALYSIS	74.00	0	9,379	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	21,500	0		24.00
25.00	CLINIC	90.00	0	886,938	0		25.00
26.00	EMERGENCY	91.00	0	1,428,216	0		26.00
27.00	ACUTE CARE CENTER	91.20	0	268,541	0		27.00
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	713	0		28.00
	0		0	44,581,285			
H - IMPLANT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,781,371	0		1.00
	0		0	16,781,371			
I - INCENTIVE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,101,821	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
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
	0		1,101,821	0			
J - COVID-19 COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	391,761	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	391,761			
K - OP IV THERAPY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	2,168,368	387,419	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	24,472	13,852	0		2.00
	TOTALS		2,192,840	401,271			
500.00	Grand Total: Decreases		6,086,435	92,936,326			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	47,114,080	0	0	0	2,299,203	1.00	
2.00	Land Improvements	6,711,726	61,505	0	61,505	0	2.00	
3.00	Buildings and Fixtures	244,478,211	17,235,737	0	17,235,737	0	3.00	
4.00	Building Improvements	804,375	7,693	0	7,693	0	4.00	
5.00	Fixed Equipment	87,838,917	6,130,079	0	6,130,079	5,709,777	5.00	
6.00	Movable Equipment	51,004	46,947	0	46,947	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	386,998,313	23,481,961	0	23,481,961	8,008,980	8.00	
9.00	Reconciling Items	-7,166,836	-1,060,585	0	-1,060,585	0	9.00	
10.00	Total (line 8 minus line 9)	394,165,149	24,542,546	0	24,542,546	8,008,980	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	44,814,877	0				1.00	
2.00	Land Improvements	6,773,231	9,506,885				2.00	
3.00	Buildings and Fixtures	261,713,948	48,528,011				3.00	
4.00	Building Improvements	812,068	67,403				4.00	
5.00	Fixed Equipment	88,259,219	43,855,703				5.00	
6.00	Movable Equipment	97,951	21,893				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	402,471,294	101,979,895				8.00	
9.00	Reconciling Items	-8,227,421	0				9.00	
10.00	Total (line 8 minus line 9)	410,698,715	101,979,895				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW 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	NEW 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: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,400,923	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,314,744	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,715,667	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	26,839	0	0	0	13,427,762	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,314,744	2.00
3.00	Total (sum of lines 1-2)	26,839	0	0	0	22,742,506	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 CAP 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	-6,734,689			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	-1,114,645			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-291,318	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	2,678,756	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-16,113	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	MISC INCOME	B	-152,900	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISC INCOME	B	-740,889	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MISC INCOME	B	-47,945	MAINTENANCE & REPAIRS	6.00	0	33.02
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	MISC INCOME	B	-17,804	HOUSEKEEPING	9.00	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
37.00	MISC INCOME	B	-2,200	PHARMACY	15.00	0	37.00
37.01	MISC INCOME	B	-123,135	PARAMED EDUCATION EMS	23.00	0	37.01
37.02	MISC INCOME	B	-54,745	ADULTS & PEDIATRICS	30.00	0	37.02
37.03	MISC INCOME	B	-508	OPERATING ROOM	50.00	0	37.03
37.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.04
37.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.05
37.06	MISC INCOME	B	-838	NURSING ADMINISTRATION	13.00	0	37.06
37.07	MISC INCOME	B	-510	RESPIRATORY THERAPY	65.00	0	37.07
37.08	MISC INCOME	B	-31,002	CLINIC	90.00	0	37.08
37.09	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.09
37.10	MISC INCOME	B	-2,932	ACUTE CARE CENTER	91.20	0	37.10
38.00	INTERCOMPANY INTEREST	A	-3,954,546	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	A	-18,064,407	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	TELEPHONE	A	-22,137	MAINTENANCE & REPAIRS	6.00	0	40.00
41.00	TV	A	-9,405	MAINTENANCE & REPAIRS	6.00	0	41.00
41.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.01
41.02	REAL ESTATE TAX	A	-26,237	ADMINISTRATIVE & GENERAL	5.00	0	41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	A	26,839	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	A	-404	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	HOSPICE UNDER CONTRACT	A	-436,500	ADULTS & PEDIATRICS	30.00	0	44.00
45.00	NON ALLOWABLE	A	-2,062,387	ADMINISTRATIVE & GENERAL	5.00	0	45.00
45.01	NON ALLOWABLE LOBBYING FEES	A	-50,237	ADMINISTRATIVE & GENERAL	5.00	0	45.01
45.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.02
45.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.03
45.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.04
45.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.05
45.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.06
45.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.07
45.08	NON ALLOWABLE	A	-1,528	ADULTS & PEDIATRICS	30.00	0	45.08
45.09	NON ALLOWABLE	A	-37	INTENSIVE CARE UNIT	31.00	0	45.09
45.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.10
45.11	NON ALLOWABLE	A	-176	NURSING ADMINISTRATION	13.00	0	45.11
45.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.12
45.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.13
45.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.14
45.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.15
45.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.16
45.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.17
45.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.18
45.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.19
45.20	NON ALLOWABLE	A	-200	RADIOLOGY-DIAGNOSTIC	54.00	0	45.20

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0202

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

Worksheet A-8

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
45.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.21
45.22	NON ALLOWABLE	A	0	CARDIAC REHABILITATION	76.97	0	45.22
45.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.23
45.24	NON ALLOWABLE	A	-728	EMERGENCY	91.00	0	45.24
45.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.25
45.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,255,507				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: 14-0202

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 6:35 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	376,103	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	1,919,215	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	5,576,649	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	A&G	23,133,703	32,120,315	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
5.00	0		0	31,005,670	32,120,315	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	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	ADVOCATE HEALTH CARE	100.00	6.00
7.00	B		0.00	ADVOCATE HEALTH CARE	100.00	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: 14-0202

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

Worksheet A-8-1

Date/Time Prepared:
5/26/2022 6:35 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	376,103	9		1.00
2.00	1,919,215	9		2.00
3.00	5,576,649	0		3.00
4.00	-8,986,612	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	-1,114,645			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	HEALTH CARE		6.00
7.00	HEALTH CARE		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: 14-0202

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

Worksheet A-8-2

Date/Time Prepared:
5/26/2022 6:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	56,618	56,618	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	966,768	966,768	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,238,927	1,238,927	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	554,445	554,445	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	536,438	536,438	0	0	0	5.00
6.00	90.00	CLINIC	16,625	16,625	0	0	0	6.00
7.00	91.00	EMERGENCY	3,312,864	3,312,864	0	0	0	7.00
8.00	91.20	ACUTE CARE CENTER	52,004	52,004	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,734,689	6,734,689	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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	91.20	ACUTE CARE CENTER	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	56,618		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	966,768		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,238,927		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	554,445		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	536,438		5.00
6.00	90.00	CLINIC	0	0	0	16,625		6.00
7.00	91.00	EMERGENCY	0	0	0	3,312,864		7.00
8.00	91.20	ACUTE CARE CENTER	0	0	0	52,004		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	6,734,689		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	13,427,762	13,427,762			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,314,744	9,314,744			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,046,884	15,002	10,407	24,072,293	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,623,187	1,482,165	1,028,167	2,950,260	5.00
6.00	00600	MAINTENANCE & REPAIRS	14,884,257	4,288,452	2,974,869	72	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,201,191	28,678	19,893	0	8.00
9.00	00900	HOUSEKEEPING	4,538,257	168,361	116,791	0	9.00
10.00	01000	DIETARY	3,888,397	118,064	81,901	0	10.00
11.00	01100	CAFETERIA	486,814	94,160	65,318	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,986,250	163,311	113,288	567,027	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,188,162	127,261	88,280	213,432	14.00
15.00	01500	PHARMACY	8,125,009	96,132	66,686	994,900	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,337	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	198,951	17,656	12,248	50,030	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	148,799	31,295	21,709	29,385	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,154,536	2,793,867	1,938,086	7,270,320	30.00
31.00	03100	INTENSIVE CARE UNIT	8,053,424	231,282	160,439	1,361,901	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,604,935	128,533	89,162	672,813	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,356,504	654,294	453,879	2,152,086	50.00
51.00	05100	RECOVERY ROOM	1,223,770	63,511	44,057	255,944	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,014,829	272,345	188,923	177,090	52.00
53.00	05300	ANESTHESIOLOGY	257,398	11,040	7,658	30,380	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,702,704	293,502	203,601	693,648	54.00
56.00	05600	RADIOISOTOPE	1,657,909	46,721	32,410	208,895	56.00
56.01	05603	ULTRASOUND	1,390,618	36,824	25,544	281,063	56.01
57.00	05700	CT SCAN	1,550,879	53,835	37,345	269,973	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	796,610	58,166	40,349	165,540	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,679,144	333,699	231,485	643,026	59.00
60.00	06000	LABORATORY	11,304,919	16,974	11,775	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,617,304	151,405	105,029	506,705	64.00
65.00	06500	RESPIRATORY THERAPY	3,134,572	75,546	52,406	514,254	65.00
65.01	06501	STRESS TEST	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,524,161	217,035	150,556	1,062,868	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,074,000	10,137	7,032	221,632	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	51,094	27,830	19,305	10,912	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,799,914	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,781,371	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,420,771	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,153,385	87,618	60,780	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	515,109	221,293	153,509	107,311	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	1,197,739	174,019	120,716	238,823	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	10,260,973	782,108	542,543	1,930,517	91.00
91.20	09101	ACUTE CARE CENTER	2,998,524	0	0	476,931	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	316,362,097	13,372,121	9,276,146	24,057,738	316,253,303
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	920,141	55,641	38,598	14,555	1,028,935
194.00	07950	FUNDRAISING	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	194.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	317,282,238	13,427,762	9,314,744	24,072,293	317,282,238

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL	65,083,779					5.00
6.00	00600	MAINTENANCE & REPAIRS	5,715,555	27,863,205				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	322,521	104,558	1,676,841			8.00
9.00	00900	HOUSEKEEPING	1,244,758	613,842	0	6,682,009		9.00
10.00	01000	DIETARY	1,055,067	430,462	0	105,963	5,679,854	10.00
11.00	01100	CAFETERIA	166,786	343,308	0	84,509	0	11.00
13.00	01300	NURSING ADMINISTRATION	988,361	595,431	0	146,572	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	417,328	463,994	0	114,217	0	14.00
15.00	01500	PHARMACY	2,395,556	350,498	0	86,279	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,797	0	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	71,971	64,374	0	15,847	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	59,662	114,100	0	28,087	0	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,169,500	10,186,426	1,489,829	2,507,509	5,046,400	30.00
31.00	03100	INTENSIVE CARE UNIT	2,530,865	843,252	125,551	207,576	425,270	31.00
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	1,160,121	468,630	61,461	115,359	208,184	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,546,288	2,385,552	0	587,231	0	50.00
51.00	05100	RECOVERY ROOM	409,624	231,560	0	57,001	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	426,631	992,967	0	244,430	0	52.00
53.00	05300	ANESTHESIOLOGY	79,091	40,251	0	9,908	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,262,834	1,070,108	0	263,420	0	54.00
56.00	05600	RADIOISOTOPE	502,180	170,344	0	41,932	0	56.00
56.01	05603	ULTRASOUND	447,499	134,259	0	33,049	0	56.01
57.00	05700	CT SCAN	493,430	196,282	0	48,317	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	273,722	212,073	0	52,204	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,261,260	1,216,665	0	299,496	0	59.00
60.00	06000	LABORATORY	2,924,834	61,888	0	15,235	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	872,377	552,021	0	135,886	0	64.00
65.00	06500	RESPIRATORY THERAPY	974,658	275,440	0	67,803	0	65.00
65.01	06501	STRESS TEST	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,794,751	791,309	0	194,790	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	338,789	36,958	0	9,098	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	28,166	101,467	0	24,977	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,174,213	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,330,701	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,947,313	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	335,946	319,453	0	78,637	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	257,349	806,832	0	198,611	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	446,789	634,472	0	156,183	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,488,056	2,851,562	0	701,945	0	91.00
91.20	09101	ACUTE CARE CENTER	896,897	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,818,246	27,660,338	1,676,841	6,632,071	5,679,854	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	265,533	202,867	0	49,938	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
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)	65,083,779	27,863,205	1,676,841	6,682,009	5,679,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,240,895					11.00
13.00	01300	NURSING ADMINISTRATION	33,312	5,593,552				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,539	0	2,625,213			14.00
15.00	01500	PHARMACY	58,449	0	7,874	12,181,383		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	33,134	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	2,939	7,076	19,869	25,366	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,726	0	0	0	0	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	427,137	2,515,923	599,712	330,831	4,633	30.00
31.00	03100	INTENSIVE CARE UNIT	80,009	587,117	182,820	69,613	641	31.00
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	39,527	272,294	45,521	11,816	254	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	126,431	589,867	837,272	240,582	3,611	50.00
51.00	05100	RECOVERY ROOM	15,036	100,877	12,614	9,757	453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,404	64,031	18,207	4,880	93	52.00
53.00	05300	ANESTHESIOLOGY	1,785	0	8,924	100,963	409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,751	14,609	56,947	10,516	790	54.00
56.00	05600	RADIOISOTOPE	12,272	268	17,316	5,635	1,180	56.00
56.01	05603	ULTRASOUND	16,512	21	9,489	2,622	539	56.01
57.00	05700	CT SCAN	15,860	86	9,246	65,770	2,319	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,725	0	8,453	10,957	782	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,777	142,983	158,018	43,477	1,732	59.00
60.00	06000	LABORATORY	0	0	423	0	3,066	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	29,768	445,584	46,286	24,213	282	64.00
65.00	06500	RESPIRATORY THERAPY	30,211	1,030	38,863	14,117	763	65.00
65.01	06501	STRESS TEST	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	62,442	0	46,673	22	769	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,020	18,661	28,560	8,609	708	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	641	0	0	0	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	45,987	0	1,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	27,759	0	1,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,800,554	3,543	73.00
74.00	07400	RENAL DIALYSIS	0	0	353	3,362	123	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,304	15,962	9,050	101	56	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	14,030	41,833	42,567	11,509	282	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	113,414	659,847	152,000	376,208	2,746	91.00
91.20	09101	ACUTE CARE CENTER	28,019	115,483	61,933	9,903	260	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,240,040	5,593,552	2,492,736	12,181,383	33,134	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	855	0	132,477	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
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)	1,240,895	5,593,552	2,625,213	12,181,383	33,134	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING PROGRAM		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00	02302	PARAMED EDUCATION EMS				486,327	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					23.01
23.02	02300	PARAMED ED PRGM-PHARMACY					23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05603	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	STRESS TEST	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	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	0	0	0	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	486,327	91.00
91.20	09101	ACUTE CARE CENTER	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	486,327	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	486,327	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			CLINICAL PASTORAL EDUCATION	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02302	PARAMED EDUCATION EMS						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	434,763					23.01
23.02	02300	PARAMED ED PRGM-PHARMACY		0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	391,287	0	82,825,996	0	82,825,996	30.00
31.00	03100	INTENSIVE CARE UNIT	30,433	0	14,890,193	0	14,890,193	31.00
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	13,043	0	6,891,653	0	6,891,653	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	26,933,597	0	26,933,597	50.00
51.00	05100	RECOVERY ROOM	0	0	2,424,204	0	2,424,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,414,830	0	3,414,830	52.00
53.00	05300	ANESTHESIOLOGY	0	0	547,807	0	547,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,613,430	0	7,613,430	54.00
56.00	05600	RADIOISOTOPE	0	0	2,697,062	0	2,697,062	56.00
56.01	05603	ULTRASOUND	0	0	2,378,039	0	2,378,039	56.01
57.00	05700	CT SCAN	0	0	2,743,342	0	2,743,342	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,628,581	0	1,628,581	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,048,762	0	8,048,762	59.00
60.00	06000	LABORATORY	0	0	14,339,114	0	14,339,114	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	5,486,860	0	5,486,860	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,179,663	0	5,179,663	65.00
65.01	06501	STRESS TEST	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	9,845,376	0	9,845,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,767,204	0	1,767,204	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	264,405	0	264,405	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	35,021,399	0	35,021,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	21,141,633	0	21,141,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	25,172,181	0	25,172,181	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,039,657	0	2,039,657	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,291,487	0	2,291,487	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	3,078,962	0	3,078,962	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	22,348,246	0	22,348,246	91.00
91.20	09101	ACUTE CARE CENTER	0	0	4,587,950	0	4,587,950	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			CLINICAL PASTORAL EDUCATION	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	434,763	0	315,601,633	0	315,601,633	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,680,605	0	1,680,605	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
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)	434,763	0	317,282,238	0	317,282,238	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	15,002	10,407	25,409	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,832	1,482,165	1,028,167	2,545,164	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,288,452	2,974,869	7,263,321	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	28,678	19,893	48,571	8.00
9.00	00900	HOUSEKEEPING	0	168,361	116,791	285,152	9.00
10.00	01000	DIETARY	0	118,064	81,901	199,965	10.00
11.00	01100	CAFETERIA	0	94,160	65,318	159,478	11.00
13.00	01300	NURSING ADMINISTRATION	107,451	163,311	113,288	384,050	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	127,261	88,280	215,541	14.00
15.00	01500	PHARMACY	0	96,132	66,686	162,818	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,337	0	0	26,337	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	0	17,656	12,248	29,904	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	31,295	21,709	53,004	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,993	2,793,867	1,938,086	4,736,946	30.00
31.00	03100	INTENSIVE CARE UNIT	166,718	231,282	160,439	558,439	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	128,533	89,162	217,695	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	70,239	654,294	453,879	1,178,412	50.00
51.00	05100	RECOVERY ROOM	0	63,511	44,057	107,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	272,345	188,923	461,268	52.00
53.00	05300	ANESTHESIOLOGY	0	11,040	7,658	18,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	131,382	293,502	203,601	628,485	54.00
56.00	05600	RADIOISOTOPE	33,242	46,721	32,410	112,373	56.00
56.01	05603	ULTRASOUND	0	36,824	25,544	62,368	56.01
57.00	05700	CT SCAN	0	53,835	37,345	91,180	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58,166	40,349	98,515	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	333,699	231,485	565,184	59.00
60.00	06000	LABORATORY	0	16,974	11,775	28,749	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	151,405	105,029	256,434	64.00
65.00	06500	RESPIRATORY THERAPY	2,265	75,546	52,406	130,217	65.00
65.01	06501	STRESS TEST	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	356,255	217,035	150,556	723,846	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,137	7,032	17,169	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,830	19,305	47,135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	87,618	60,780	148,398	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	221,293	153,509	374,802	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	0	174,019	120,716	294,735	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	782,108	542,543	1,324,651	91.00
91.20	09101	ACUTE CARE CENTER	414,136	0	0	414,136	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,347,850	13,372,121	9,276,146	23,996,117	25,394	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	55,641	38,598	94,239	15	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,347,850	13,427,762	9,314,744	24,090,356	25,409	202.00

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL	2,548,274					5.00
6.00	00600	MAINTENANCE & REPAIRS	223,780	7,487,101				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,628	28,096	89,295			8.00
9.00	00900	HOUSEKEEPING	48,736	164,945	0	498,833		9.00
10.00	01000	DIETARY	41,309	115,669	0	7,910	364,853	10.00
11.00	01100	CAFETERIA	6,530	92,250	0	6,309	0	11.00
13.00	01300	NURSING ADMINISTRATION	38,697	159,998	0	10,942	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,340	124,679	0	8,527	0	14.00
15.00	01500	PHARMACY	93,793	94,182	0	6,441	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	266	0	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	2,818	17,298	0	1,183	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	2,336	30,660	0	2,097	0	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	476,532	2,737,188	79,336	187,194	324,162	30.00
31.00	03100	INTENSIVE CARE UNIT	99,090	226,590	6,686	15,496	27,318	31.00
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	45,422	125,925	3,273	8,612	13,373	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	178,000	641,020	0	43,839	0	50.00
51.00	05100	RECOVERY ROOM	16,038	62,222	0	4,255	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,704	266,819	0	18,247	0	52.00
53.00	05300	ANESTHESIOLOGY	3,097	10,816	0	740	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,443	287,548	0	19,665	0	54.00
56.00	05600	RADIOISOTOPE	19,662	45,773	0	3,130	0	56.00
56.01	05603	ULTRASOUND	17,521	36,077	0	2,467	0	56.01
57.00	05700	CT SCAN	19,319	52,743	0	3,607	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,717	56,986	0	3,897	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,382	326,929	0	22,358	0	59.00
60.00	06000	LABORATORY	114,515	16,630	0	1,137	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	34,156	148,333	0	10,144	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,161	74,013	0	5,062	0	65.00
65.01	06501	STRESS TEST	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	70,269	212,632	0	14,542	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,265	9,931	0	679	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,103	27,265	0	1,865	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	280,890	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	169,559	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,395	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,153	85,840	0	5,871	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,076	216,803	0	14,827	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	17,493	170,488	0	11,660	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	136,567	766,241	0	52,402	0	91.00
91.20	09101	ACUTE CARE CENTER	35,116	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,537,878	7,432,589	89,295	495,105	364,853	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,396	54,512	0	3,728	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
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)	2,548,274	7,487,101	89,295	498,833	364,853	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	264,567					11.00
13.00	01300	NURSING ADMINISTRATION	7,102	601,387				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,673	0	367,985			14.00
15.00	01500	PHARMACY	12,462	0	1,104	371,849		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	26,603	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	627	761	2,785	774	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	368	0	0	0	0	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,069	270,497	84,064	10,099	3,533	30.00
31.00	03100	INTENSIVE CARE UNIT	17,058	63,123	25,627	2,125	519	31.00
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	8,427	29,276	6,381	361	206	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,956	63,419	117,363	7,344	2,923	50.00
51.00	05100	RECOVERY ROOM	3,206	10,846	1,768	298	367	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,218	6,884	2,552	149	75	52.00
53.00	05300	ANESTHESIOLOGY	381	0	1,251	3,082	331	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,688	1,571	7,982	321	639	54.00
56.00	05600	RADIOISOTOPE	2,617	29	2,427	172	956	56.00
56.01	05603	ULTRASOUND	3,520	2	1,330	80	436	56.01
57.00	05700	CT SCAN	3,382	9	1,296	2,008	1,877	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,073	0	1,185	334	633	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,054	15,373	22,150	1,327	1,402	59.00
60.00	06000	LABORATORY	0	0	59	0	2,482	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	6,347	47,907	6,488	739	228	64.00
65.00	06500	RESPIRATORY THERAPY	6,441	111	5,448	431	618	65.00
65.01	06501	STRESS TEST	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	13,313	0	6,542	1	622	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,776	2,006	4,003	263	573	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	137	0	0	0	10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,446	0	1,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	3,891	0	1,459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	329,698	2,868	73.00
74.00	07400	RENAL DIALYSIS	0	0	50	103	99	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,344	1,716	1,269	3	45	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	2,991	4,498	5,967	351	229	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	24,181	70,943	21,306	11,484	2,223	91.00
91.20	09101	ACUTE CARE CENTER	5,974	12,416	8,681	302	210	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	264,385	601,387	349,415	371,849	26,603	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	182	0	18,570	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
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)	264,567	601,387	367,985	371,849	26,603	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00	02000	NURSING PROGRAM		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00	02302	PARAMED EDUCATION EMS					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					23.01
23.02	02300	PARAMED ED PRGM-PHARMACY					23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
41.00	04100	SUBPROVIDER - IRF					41.00
42.00	04200	SUBPROVIDER					42.00
43.00	04300	NURSERY					43.00
45.00	04500	NURSING FACILITY					45.00
45.01	04510	ICF/MR					45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00	05600	RADIOISOTOPE					56.00
56.01	05603	ULTRASOUND					56.01
57.00	05700	CT SCAN					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00	06400	INTRAVENOUS THERAPY					64.00
65.00	06500	RESPIRATORY THERAPY					65.00
65.01	06501	STRESS TEST					65.01
66.00	06600	PHYSICAL THERAPY					66.00
67.00	06700	OCCUPATIONAL THERAPY					67.00
68.00	06800	SPEECH PATHOLOGY					68.00
69.00	06900	ELECTROCARDIOLOGY					69.00
69.01	06901	ECHOCARDIOGRAM					69.01
69.02	06902	CARDIOLOGY					69.02
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
75.02	07501	OUTPATIENT SURGERY					75.02
76.00	03290	ELECTROMYOGRAPHY					76.00
76.97	07697	CARDIAC REHABILITATION					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					90.00
90.01	09001	ADDICTION RECOVERY CLINIC					90.01
90.03	09002	LITHOTRIPS					90.03
91.00	09100	EMERGENCY					91.00
91.20	09101	ACUTE CARE CENTER					91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF					99.10
99.20	09920	OPT					99.20
99.30	09930	OOT					99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		PARAMED EDUCATION EMS	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00	21.00	22.00	23.00	
99.40	09940	OSP						99.40
101.00	10100	HOME HEALTH AGENCY						101.00
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
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00	07950	FUNDRAISING						194.00
194.01	07951	MANAGED CARE ADMINISTRATION						194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES						194.02
194.03	07953	HOME MEDICAL EQUIPMENT						194.03
194.04	07954	HOME PHARMACY						194.04
194.05	07955	HOSPICE						194.05
194.06	07956	NE IL MRI						194.06
200.00		Cross Foot Adjustments	0	0	0	0	56,203	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	0	56,203	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			CLINICAL PASTORAL EDUCATION	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02302	PARAMED EDUCATION EMS						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	88,496					23.01
23.02	02300	PARAMED ED PRGM-PHARMACY		0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			9,008,318	0	9,008,318	30.00
31.00	03100	INTENSIVE CARE UNIT			1,043,506	0	1,043,506	31.00
41.00	04100	SUBPROVIDER - IRF			0	0	0	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			459,660	0	459,660	43.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
45.01	04510	ICF/MR			0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			2,261,544	0	2,261,544	50.00
51.00	05100	RECOVERY ROOM			206,838	0	206,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			775,103	0	775,103	52.00
53.00	05300	ANESTHESIOLOGY			38,428	0	38,428	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,005,073	0	1,005,073	54.00
56.00	05600	RADIOISOTOPE			187,359	0	187,359	56.00
56.01	05603	ULTRASOUND			124,097	0	124,097	56.01
57.00	05700	CT SCAN			175,706	0	175,706	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			174,514	0	174,514	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,012,837	0	1,012,837	59.00
60.00	06000	LABORATORY			163,572	0	163,572	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY			511,310	0	511,310	64.00
65.00	06500	RESPIRATORY THERAPY			261,044	0	261,044	65.00
65.01	06501	STRESS TEST			0	0	0	65.01
66.00	06600	PHYSICAL THERAPY			1,042,887	0	1,042,887	66.00
67.00	06700	OCCUPATIONAL THERAPY			0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY			0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY			50,899	0	50,899	69.00
69.01	06901	ECHOCARDIOGRAM			0	0	0	69.01
69.02	06902	CARDIOLOGY			0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY			77,527	0	77,527	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			288,376	0	288,376	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			174,909	0	174,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			447,961	0	447,961	73.00
74.00	07400	RENAL DIALYSIS			253,514	0	253,514	74.00
75.02	07501	OUTPATIENT SURGERY			0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY			0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION			620,998	0	620,998	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			508,664	0	508,664	90.00
90.01	09001	ADDICTION RECOVERY CLINIC			0	0	0	90.01
90.03	09002	LITHOTRIPSY			0	0	0	90.03
91.00	09100	EMERGENCY			2,412,033	0	2,412,033	91.00
91.20	09101	ACUTE CARE CENTER			477,338	0	477,338	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
99.20	09920	OPT			0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			CLINICAL PASTORAL EDUCATION	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
99.30	09930	OOT			0	0	0	99.30
99.40	09940	OSP			0	0	0	99.40
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
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	23,764,015	0	23,764,015	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			181,642	0	181,642	190.00
194.00	07950	FUNDRAISING			0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION			0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES			0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT			0	0	0	194.03
194.04	07954	HOME PHARMACY			0	0	0	194.04
194.05	07955	HOSPICE			0	0	0	194.05
194.06	07956	NE IL MRI			0	0	0	194.06
200.00		Cross Foot Adjustments	88,496	0	144,699	0	144,699	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	88,496	0	24,090,356	0	24,090,356	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	728,570				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		728,570			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	814	814	105,278,378		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	80,420	80,420	12,902,727	-65,083,779	5.00
6.00	00600	MAINTENANCE & REPAIRS	232,685	232,685	316	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,556	1,556	0	0	8.00
9.00	00900	HOUSEKEEPING	9,135	9,135	0	0	9.00
10.00	01000	DIETARY	6,406	6,406	0	0	10.00
11.00	01100	CAFETERIA	5,109	5,109	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,861	8,861	2,479,849	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,905	6,905	933,429	0	14.00
15.00	01500	PHARMACY	5,216	5,216	4,351,116	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	958	958	218,802	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,698	1,698	128,514	0	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	151,591	151,591	31,796,292	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,549	12,549	5,956,164	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	6,974	6,974	2,942,495	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,501	35,501	9,411,974	0	50.00
51.00	05100	RECOVERY ROOM	3,446	3,446	1,119,350	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,777	14,777	774,491	0	52.00
53.00	05300	ANESTHESIOLOGY	599	599	132,866	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,925	15,925	3,033,612	0	54.00
56.00	05600	RADIOISOTOPE	2,535	2,535	913,585	0	56.00
56.01	05603	ULTRASOUND	1,998	1,998	1,229,205	0	56.01
57.00	05700	CT SCAN	2,921	2,921	1,180,706	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,156	3,156	723,977	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,106	18,106	2,812,223	0	59.00
60.00	06000	LABORATORY	921	921	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,215	8,215	2,216,033	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,099	4,099	2,249,047	0	65.00
65.01	06501	STRESS TEST	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	11,776	11,776	4,648,368	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
69.00	06900	ELECTROCARDIOLOGY	550	550	969,292	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,510	1,510	47,721	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,754	4,754	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	12,007	12,007	469,317	0	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	9,442	9,442	1,044,472	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	42,436	42,436	8,442,960	0	91.00
91.20	09101	ACUTE CARE CENTER	0	0	2,085,820	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10	
99.20	09920	OPT	0	0	0	0	99.20	
99.30	09930	OOT	0	0	0	0	99.30	
99.40	09940	OSP	0	0	0	0	99.40	
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	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		725,551	725,551	105,214,723	-65,083,779	251,169,524	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,019	3,019	63,655	0	1,028,935	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
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)		13,427,762	9,314,744	24,072,293		65,083,779	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		18.430298	12.784968	0.228654		0.258066	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				25,409		2,548,274	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000241		0.010104	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: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	414,651				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,556	69,544			8.00
9.00	00900	HOUSEKEEPING	9,135	0	403,960		9.00
10.00	01000	DIETARY	6,406	0	6,406	69,544	10.00
11.00	01100	CAFETERIA	5,109	0	5,109	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,861	0	8,861	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,905	0	6,905	0	14.00
15.00	01500	PHARMACY	5,216	0	5,216	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	958	0	958	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,698	0	1,698	0	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	151,591	61,788	151,591	61,788	30.00
31.00	03100	INTENSIVE CARE UNIT	12,549	5,207	12,549	5,207	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	6,974	2,549	6,974	2,549	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,501	0	35,501	0	50.00
51.00	05100	RECOVERY ROOM	3,446	0	3,446	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,777	0	14,777	0	52.00
53.00	05300	ANESTHESIOLOGY	599	0	599	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,925	0	15,925	0	54.00
56.00	05600	RADIOISOTOPE	2,535	0	2,535	0	56.00
56.01	05603	ULTRASOUND	1,998	0	1,998	0	56.01
57.00	05700	CT SCAN	2,921	0	2,921	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,156	0	3,156	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,106	0	18,106	0	59.00
60.00	06000	LABORATORY	921	0	921	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,215	0	8,215	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,099	0	4,099	0	65.00
65.01	06501	STRESS TEST	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	11,776	0	11,776	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
69.00	06900	ELECTROCARDIOLOGY	550	0	550	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,510	0	1,510	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,754	0	4,754	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	12,007	0	12,007	0	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	9,442	0	9,442	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	42,436	0	42,436	0	91.00
91.20	09101	ACUTE CARE CENTER	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
			6.00	8.00	9.00	10.00	11.00	
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	411,632	69,544	400,941	69,544	92,311,680	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,019	0	3,019	0	63,655	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
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)	27,863,205	1,676,841	6,682,009	5,679,854	1,240,895	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	67.196763	24.111944	16.541264	81.672811	0.013433	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,487,101	89,295	498,833	364,853	264,567	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.056392	1.284007	1.234857	5.246362	0.002864	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: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	2,090,981					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,500,570				14.00
15.00	01500	PHARMACY	0	4,501	13,291,103			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,599,587,933		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02302	PARAMED EDUCATION EMS	2,645	11,357	27,677	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	940,502	342,795	360,969	242,330,517	0	30.00
31.00	03100	INTENSIVE CARE UNIT	219,476	104,500	75,955	30,529,986	0	31.00
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	101,789	26,020	12,892	12,097,557	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	220,504	478,583	262,499	171,950,480	0	50.00
51.00	05100	RECOVERY ROOM	37,710	7,210	10,646	21,566,257	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,936	10,407	5,325	4,430,722	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,101	110,161	19,494,140	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,461	32,551	11,474	37,615,455	0	54.00
56.00	05600	RADIOISOTOPE	100	9,898	6,148	56,212,478	0	56.00
56.01	05603	ULTRASOUND	8	5,424	2,861	25,669,446	0	56.01
57.00	05700	CT SCAN	32	5,285	71,762	110,411,643	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,832	11,955	37,231,108	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,450	90,323	47,438	82,494,248	0	59.00
60.00	06000	LABORATORY	0	242	0	146,023,137	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	166,568	26,457	26,419	13,427,923	0	64.00
65.00	06500	RESPIRATORY THERAPY	385	22,214	15,403	36,346,904	0	65.00
65.01	06501	STRESS TEST	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	26,678	24	36,602,573	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,976	16,325	9,393	33,731,633	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	596,184	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26,286	0	61,196,364	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,867	0	85,826,740	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,784,482	168,696,169	0	73.00
74.00	07400	RENAL DIALYSIS	0	202	3,668	5,850,981	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,967	5,173	110	2,643,974	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	15,638	24,331	12,557	13,449,264	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	246,664	86,883	410,480	130,782,161	0	91.00
91.20	09101	ACUTE CARE CENTER	43,170	35,401	10,805	12,379,889	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,090,981	1,424,846	13,291,103	1,599,587,933	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75,724	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	0	194.06
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)	5,593,552	2,625,213	12,181,383	33,134	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.675085	1.749477	0.916507	0.000021	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	601,387	367,985	371,849	26,603	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.287610	0.245230	0.027977	0.000017	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
			NURSING PROGRAM (ASSIGNED TIME)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			20.00	21.00	22.00	23.00	23.01
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING PROGRAM	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00	02302	PARAMED EDUCATION EMS				100	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					100 23.01
23.02	02300	PARAMED ED PRGM-PHARMACY					23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	90 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	7 31.00
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	3 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01	04510	ICF/MR	0	0	0	0	0 45.01
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01	05603	ULTRASOUND	0	0	0	0	0 56.01
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
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
65.01	06501	STRESS TEST	0	0	0	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00	03290	ELECTROMYOGRAPHY	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	ADDICTION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00	09100	EMERGENCY	0	0	0	100	0 91.00
91.20	09101	ACUTE CARE CENTER	0	0	0	0	0 91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

	Cost Center Description	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED EDUCATION EMS (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			20.00	21.00			
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
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
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	100	100 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
194.06	07956	NE IL MRI	0	0	0	0	194.06
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	486,327	434,763 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	4,863.270000	4,347.630000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	56,203	88,496 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	562.030000	884.960000 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0 206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000 207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.02	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW 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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING PROGRAM	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02302	PARAMED EDUCATION EMS	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	23.01
23.02	02300	PARAMED ED PRGM-PHARMACY	23.02
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
45.00	04500	NURSING FACILITY	45.00
45.01	04510	ICF/MR	45.01
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05603	ULTRASOUND	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	STRESS TEST	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	ECHOCARDIOGRAM	69.01
69.02	06902	CARDIOLOGY	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.02	07501	OUTPATIENT SURGERY	75.02
76.00	03290	ELECTROMYOGRAPHY	76.00
76.97	07697	CARDIAC REHABILITATION	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	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	90.01
90.03	09002	LITHOTRIPS	90.03
91.00	09100	EMERGENCY	91.00
91.20	09101	ACUTE CARE CENTER	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
99.20	09920	OPT	99.20
99.30	09930	OOT	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0202

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

Worksheet B-1

Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.02	
99.40	09940	OSP	0	99.40
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
116.00	11600	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
194.00	07950	FUNDRAISING	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	194.03
194.04	07954	HOME PHARMACY	0	194.04
194.05	07955	HOSPICE	0	194.05
194.06	07956	NE IL MRI	0	194.06
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	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	82,825,996		82,825,996	0	82,825,996	30.00
31.00	03100	INTENSIVE CARE UNIT	14,890,193		14,890,193	0	14,890,193	31.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	6,891,653		6,891,653	0	6,891,653	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,933,597		26,933,597	0	26,933,597	50.00
51.00	05100	RECOVERY ROOM	2,424,204		2,424,204	0	2,424,204	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,414,830		3,414,830	0	3,414,830	52.00
53.00	05300	ANESTHESIOLOGY	547,807		547,807	0	547,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,613,430		7,613,430	0	7,613,430	54.00
56.00	05600	RADIOISOTOPE	2,697,062		2,697,062	0	2,697,062	56.00
56.01	05603	ULTRASOUND	2,378,039		2,378,039	0	2,378,039	56.01
57.00	05700	CT SCAN	2,743,342		2,743,342	0	2,743,342	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,628,581		1,628,581	0	1,628,581	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,048,762		8,048,762	0	8,048,762	59.00
60.00	06000	LABORATORY	14,339,114		14,339,114	0	14,339,114	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,486,860		5,486,860	0	5,486,860	64.00
65.00	06500	RESPIRATORY THERAPY	5,179,663	0	5,179,663	0	5,179,663	65.00
65.01	06501	STRESS TEST	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	9,845,376	0	9,845,376	0	9,845,376	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,767,204		1,767,204	0	1,767,204	69.00
69.01	06901	ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902	CARDIOLOGY	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	264,405		264,405	0	264,405	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,021,399		35,021,399	0	35,021,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,141,633		21,141,633	0	21,141,633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,172,181		25,172,181	0	25,172,181	73.00
74.00	07400	RENAL DIALYSIS	2,039,657		2,039,657	0	2,039,657	74.00
75.02	07501	OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,291,487		2,291,487	0	2,291,487	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	3,078,962		3,078,962	0	3,078,962	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002	LITHOTRIPSY	0		0	0	0	90.03
91.00	09100	EMERGENCY	22,348,246		22,348,246	0	22,348,246	91.00
91.20	09101	ACUTE CARE CENTER	4,587,950		4,587,950	0	4,587,950	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,393,267		11,393,267	0	11,393,267	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OPT	0		0	0	0	99.20
99.30	09930	OOT	0		0	0	0	99.30
99.40	09940	OSP	0		0	0	0	99.40
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
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	326,994,900	0	326,994,900	0	326,994,900	200.00
201.00		Less Observation Beds	11,393,267		11,393,267	0	11,393,267	201.00
202.00		Total (see instructions)	315,601,633	0	315,601,633	0	315,601,633	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	205,593,941		205,593,941		30.00
31.00	03100	INTENSIVE CARE UNIT	30,529,986		30,529,986		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	12,097,557		12,097,557		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	61,061,827	110,888,653	171,950,480	0.156636	50.00
51.00	05100	RECOVERY ROOM	7,217,634	14,348,623	21,566,257	0.112407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,363,709	67,013	4,430,722	0.770716	52.00
53.00	05300	ANESTHESIOLOGY	7,638,179	11,855,961	19,494,140	0.028101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,413,664	27,201,791	37,615,455	0.202402	54.00
56.00	05600	RADIOISOTOPE	4,705,634	51,506,844	56,212,478	0.047980	56.00
56.01	05603	ULTRASOUND	6,439,369	19,230,077	25,669,446	0.092641	56.01
57.00	05700	CT SCAN	39,014,799	71,396,844	110,411,643	0.024846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,772,812	28,458,296	37,231,108	0.043742	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,678,655	43,815,593	82,494,248	0.097568	59.00
60.00	06000	LABORATORY	85,275,323	60,747,814	146,023,137	0.098198	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,427,923	13,427,923	0.408616	64.00
65.00	06500	RESPIRATORY THERAPY	33,809,345	2,537,559	36,346,904	0.142506	65.00
65.01	06501	STRESS TEST	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	11,920,935	24,681,638	36,602,573	0.268980	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,539,575	16,192,058	33,731,633	0.052390	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	236,004	360,180	596,184	0.443496	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,208,324	28,988,040	61,196,364	0.572279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,239,790	44,586,950	85,826,740	0.246329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,741,949	38,954,220	168,696,169	0.149216	73.00
74.00	07400	RENAL DIALYSIS	5,350,951	500,030	5,850,981	0.348601	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	62,403	2,581,571	2,643,974	0.866683	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	72,777	13,376,487	13,449,264	0.228932	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	46,440,914	84,341,247	130,782,161	0.170881	91.00
91.20	09101	ACUTE CARE CENTER	78,461	12,301,428	12,379,889	0.370597	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,641,647	23,094,929	36,736,576	0.310134	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
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
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	854,146,164	745,441,769	1,599,587,933		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	854,146,164	745,441,769	1,599,587,933		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/MR				45.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.156636			50.00
51.00	05100	RECOVERY ROOM	0.112407			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.770716			52.00
53.00	05300	ANESTHESIOLOGY	0.028101			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202402			54.00
56.00	05600	RADIOISOTOPE	0.047980			56.00
56.01	05603	ULTRASOUND	0.092641			56.01
57.00	05700	CT SCAN	0.024846			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043742			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097568			59.00
60.00	06000	LABORATORY	0.098198			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.408616			64.00
65.00	06500	RESPIRATORY THERAPY	0.142506			65.00
65.01	06501	STRESS TEST	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.268980			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.052390			69.00
69.01	06901	ECHOCARDIOGRAM	0.000000			69.01
69.02	06902	CARDIOLOGY	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.443496			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572279			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.246329			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149216			73.00
74.00	07400	RENAL DIALYSIS	0.348601			74.00
75.02	07501	OUTPATIENT SURGERY	0.000000			75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.866683			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	0.228932			90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000			90.01
90.03	09002	LITHOTRIPSY	0.000000			90.03
91.00	09100	EMERGENCY	0.170881			91.00
91.20	09101	ACUTE CARE CENTER	0.370597			91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.310134			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30
99.40	09940	OSP				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
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
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,825,996		82,825,996	0	82,825,996
31.00	03100	INTENSIVE CARE UNIT	14,890,193		14,890,193	0	14,890,193
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	6,891,653		6,891,653	0	6,891,653
45.00	04500	NURSING FACILITY	0		0	0	0
45.01	04510	ICF/MR	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,933,597		26,933,597	0	26,933,597
51.00	05100	RECOVERY ROOM	2,424,204		2,424,204	0	2,424,204
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,414,830		3,414,830	0	3,414,830
53.00	05300	ANESTHESIOLOGY	547,807		547,807	0	547,807
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,613,430		7,613,430	0	7,613,430
56.00	05600	RADIOISOTOPE	2,697,062		2,697,062	0	2,697,062
56.01	05603	ULTRASOUND	2,378,039		2,378,039	0	2,378,039
57.00	05700	CT SCAN	2,743,342		2,743,342	0	2,743,342
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,628,581		1,628,581	0	1,628,581
59.00	05900	CARDIAC CATHETERIZATION	8,048,762		8,048,762	0	8,048,762
60.00	06000	LABORATORY	14,339,114		14,339,114	0	14,339,114
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00	06400	INTRAVENOUS THERAPY	5,486,860		5,486,860	0	5,486,860
65.00	06500	RESPIRATORY THERAPY	5,179,663	0	5,179,663	0	5,179,663
65.01	06501	STRESS TEST	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	9,845,376	0	9,845,376	0	9,845,376
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,767,204		1,767,204	0	1,767,204
69.01	06901	ECHOCARDIOGRAM	0		0	0	0
69.02	06902	CARDIOLOGY	0		0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	264,405		264,405	0	264,405
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,021,399		35,021,399	0	35,021,399
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,141,633		21,141,633	0	21,141,633
73.00	07300	DRUGS CHARGED TO PATIENTS	25,172,181		25,172,181	0	25,172,181
74.00	07400	RENAL DIALYSIS	2,039,657		2,039,657	0	2,039,657
75.02	07501	OUTPATIENT SURGERY	0		0	0	0
76.00	03290	ELECTROMYOGRAPHY	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	2,291,487		2,291,487	0	2,291,487
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	3,078,962		3,078,962	0	3,078,962
90.01	09001	ADDICTION RECOVERY CLINIC	0		0	0	0
90.03	09002	LITHOTRIPSY	0		0	0	0
91.00	09100	EMERGENCY	22,348,246		22,348,246	0	22,348,246
91.20	09101	ACUTE CARE CENTER	4,587,950		4,587,950	0	4,587,950
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,393,267		11,393,267	0	11,393,267
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	0
99.20	09920	OPT	0		0	0	0
99.30	09930	OOT	0		0	0	0
99.40	09940	OSP	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
116.00	11600	HOSPICE	0		0	0	0
200.00		Subtotal (see instructions)	326,994,900	0	326,994,900	0	326,994,900
201.00		Less Observation Beds	11,393,267		11,393,267	0	11,393,267
202.00		Total (see instructions)	315,601,633	0	315,601,633	0	315,601,633

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	205,593,941		205,593,941		30.00
31.00	03100	INTENSIVE CARE UNIT	30,529,986		30,529,986		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	12,097,557		12,097,557		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	61,061,827	110,888,653	171,950,480	0.156636	50.00
51.00	05100	RECOVERY ROOM	7,217,634	14,348,623	21,566,257	0.112407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,363,709	67,013	4,430,722	0.770716	52.00
53.00	05300	ANESTHESIOLOGY	7,638,179	11,855,961	19,494,140	0.028101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,413,664	27,201,791	37,615,455	0.202402	54.00
56.00	05600	RADIOISOTOPE	4,705,634	51,506,844	56,212,478	0.047980	56.00
56.01	05603	ULTRASOUND	6,439,369	19,230,077	25,669,446	0.092641	56.01
57.00	05700	CT SCAN	39,014,799	71,396,844	110,411,643	0.024846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,772,812	28,458,296	37,231,108	0.043742	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,678,655	43,815,593	82,494,248	0.097568	59.00
60.00	06000	LABORATORY	85,275,323	60,747,814	146,023,137	0.098198	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,427,923	13,427,923	0.408616	64.00
65.00	06500	RESPIRATORY THERAPY	33,809,345	2,537,559	36,346,904	0.142506	65.00
65.01	06501	STRESS TEST	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	11,920,935	24,681,638	36,602,573	0.268980	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,539,575	16,192,058	33,731,633	0.052390	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	236,004	360,180	596,184	0.443496	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,208,324	28,988,040	61,196,364	0.572279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,239,790	44,586,950	85,826,740	0.246329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,741,949	38,954,220	168,696,169	0.149216	73.00
74.00	07400	RENAL DIALYSIS	5,350,951	500,030	5,850,981	0.348601	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	62,403	2,581,571	2,643,974	0.866683	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	72,777	13,376,487	13,449,264	0.228932	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	46,440,914	84,341,247	130,782,161	0.170881	91.00
91.20	09101	ACUTE CARE CENTER	78,461	12,301,428	12,379,889	0.370597	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,641,647	23,094,929	36,736,576	0.310134	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
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
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	854,146,164	745,441,769	1,599,587,933		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	854,146,164	745,441,769	1,599,587,933		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/MR				45.01
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
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05603	ULTRASOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
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
65.01	06501	STRESS TEST	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	ECHOCARDIOGRAM	0.000000			69.01
69.02	06902	CARDIOLOGY	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.02	07501	OUTPATIENT SURGERY	0.000000			75.02
76.00	03290	ELECTROMYOGRAPHY	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	ADDICTION RECOVERY CLINIC	0.000000			90.01
90.03	09002	LITHOTRIPSY	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.20	09101	ACUTE CARE CENTER	0.000000			91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30
99.40	09940	OSP				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
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
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

			Title V		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	82,825,996		82,825,996	0	82,825,996
31.00	03100	INTENSIVE CARE UNIT	14,890,193		14,890,193	0	14,890,193
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	6,891,653		6,891,653	0	6,891,653
45.00	04500	NURSING FACILITY	0		0	0	0
45.01	04510	ICF/MR	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,933,597		26,933,597	0	26,933,597
51.00	05100	RECOVERY ROOM	2,424,204		2,424,204	0	2,424,204
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,414,830		3,414,830	0	3,414,830
53.00	05300	ANESTHESIOLOGY	547,807		547,807	0	547,807
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,613,430		7,613,430	0	7,613,430
56.00	05600	RADIOISOTOPE	2,697,062		2,697,062	0	2,697,062
56.01	05603	ULTRASOUND	2,378,039		2,378,039	0	2,378,039
57.00	05700	CT SCAN	2,743,342		2,743,342	0	2,743,342
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,628,581		1,628,581	0	1,628,581
59.00	05900	CARDIAC CATHETERIZATION	8,048,762		8,048,762	0	8,048,762
60.00	06000	LABORATORY	14,339,114		14,339,114	0	14,339,114
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00	06400	INTRAVENOUS THERAPY	5,486,860		5,486,860	0	5,486,860
65.00	06500	RESPIRATORY THERAPY	5,179,663	0	5,179,663	0	5,179,663
65.01	06501	STRESS TEST	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	9,845,376	0	9,845,376	0	9,845,376
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,767,204		1,767,204	0	1,767,204
69.01	06901	ECHOCARDIOGRAM	0		0	0	0
69.02	06902	CARDIOLOGY	0		0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	264,405		264,405	0	264,405
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,021,399		35,021,399	0	35,021,399
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,141,633		21,141,633	0	21,141,633
73.00	07300	DRUGS CHARGED TO PATIENTS	25,172,181		25,172,181	0	25,172,181
74.00	07400	RENAL DIALYSIS	2,039,657		2,039,657	0	2,039,657
75.02	07501	OUTPATIENT SURGERY	0		0	0	0
76.00	03290	ELECTROMYOGRAPHY	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	2,291,487		2,291,487	0	2,291,487
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	3,078,962		3,078,962	0	3,078,962
90.01	09001	ADDICTION RECOVERY CLINIC	0		0	0	0
90.03	09002	LITHOTRIPSY	0		0	0	0
91.00	09100	EMERGENCY	22,348,246		22,348,246	0	22,348,246
91.20	09101	ACUTE CARE CENTER	4,587,950		4,587,950	0	4,587,950
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,393,267		11,393,267	0	11,393,267
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	0
99.20	09920	OPT	0		0	0	0
99.30	09930	OOT	0		0	0	0
99.40	09940	OSP	0		0	0	0
101.00	10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
116.00	11600	HOSPICE	0		0	0	0
200.00		Subtotal (see instructions)	326,994,900	0	326,994,900	0	326,994,900
201.00		Less Observation Beds	11,393,267		11,393,267	0	11,393,267
202.00		Total (see instructions)	315,601,633	0	315,601,633	0	315,601,633

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

			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	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	205,593,941		205,593,941		30.00
31.00	03100	INTENSIVE CARE UNIT	30,529,986		30,529,986		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	12,097,557		12,097,557		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	61,061,827	110,888,653	171,950,480	0.156636	50.00
51.00	05100	RECOVERY ROOM	7,217,634	14,348,623	21,566,257	0.112407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,363,709	67,013	4,430,722	0.770716	52.00
53.00	05300	ANESTHESIOLOGY	7,638,179	11,855,961	19,494,140	0.028101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,413,664	27,201,791	37,615,455	0.202402	54.00
56.00	05600	RADIOISOTOPE	4,705,634	51,506,844	56,212,478	0.047980	56.00
56.01	05603	ULTRASOUND	6,439,369	19,230,077	25,669,446	0.092641	56.01
57.00	05700	CT SCAN	39,014,799	71,396,844	110,411,643	0.024846	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,772,812	28,458,296	37,231,108	0.043742	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,678,655	43,815,593	82,494,248	0.097568	59.00
60.00	06000	LABORATORY	85,275,323	60,747,814	146,023,137	0.098198	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,427,923	13,427,923	0.408616	64.00
65.00	06500	RESPIRATORY THERAPY	33,809,345	2,537,559	36,346,904	0.142506	65.00
65.01	06501	STRESS TEST	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	11,920,935	24,681,638	36,602,573	0.268980	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,539,575	16,192,058	33,731,633	0.052390	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	236,004	360,180	596,184	0.443496	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,208,324	28,988,040	61,196,364	0.572279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,239,790	44,586,950	85,826,740	0.246329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	129,741,949	38,954,220	168,696,169	0.149216	73.00
74.00	07400	RENAL DIALYSIS	5,350,951	500,030	5,850,981	0.348601	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	62,403	2,581,571	2,643,974	0.866683	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	72,777	13,376,487	13,449,264	0.228932	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	46,440,914	84,341,247	130,782,161	0.170881	91.00
91.20	09101	ACUTE CARE CENTER	78,461	12,301,428	12,379,889	0.370597	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,641,647	23,094,929	36,736,576	0.310134	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
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
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	854,146,164	745,441,769	1,599,587,933		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	854,146,164	745,441,769	1,599,587,933		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

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
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
45.01	04510	ICF/MR				45.01
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
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05603	ULTRASOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
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
65.01	06501	STRESS TEST	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	ECHOCARDIOGRAM	0.000000			69.01
69.02	06902	CARDIOLOGY	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.02	07501	OUTPATIENT SURGERY	0.000000			75.02
76.00	03290	ELECTROMYOGRAPHY	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	ADDICTION RECOVERY CLINIC	0.000000			90.01
90.03	09002	LITHOTRIPSY	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.20	09101	ACUTE CARE CENTER	0.000000			91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OPT				99.20
99.30	09930	OOT				99.30
99.40	09940	OSP				99.40
101.00	10100	HOME HEALTH AGENCY				101.00
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
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,008,318	0	9,008,318	71,643	125.74	30.00
31.00	INTENSIVE CARE UNIT	1,043,506		1,043,506	5,207	200.40	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	459,660		459,660	2,549	180.33	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30 through 199)	10,511,484		10,511,484	79,399		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	24,884	3,128,914				
31.00	INTENSIVE CARE UNIT	1,690	338,676				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/MR	0	0				
200.00	Total (lines 30 through 199)	26,574	3,467,590				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/26/2022 6:35 pm		
				Title XVIII		Hospital		PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,261,544	171,950,480	0.013152	20,906,420	274,961	50.00
51.00	05100	RECOVERY ROOM	206,838	21,566,257	0.009591	2,572,476	24,673	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	775,103	4,430,722	0.174938	16,767	2,933	52.00
53.00	05300	ANESTHESIOLOGY	38,428	19,494,140	0.001971	2,453,467	4,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,005,073	37,615,455	0.026720	4,430,966	118,395	54.00
56.00	05600	RADIOISOTOPE	187,359	56,212,478	0.003333	1,800,501	6,001	56.00
56.01	05603	ULTRASOUND	124,097	25,669,446	0.004834	2,456,588	11,875	56.01
57.00	05700	CT SCAN	175,706	110,411,643	0.001591	15,108,706	24,038	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	174,514	37,231,108	0.004687	3,468,533	16,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,012,837	82,494,248	0.012278	15,133,090	185,804	59.00
60.00	06000	LABORATORY	163,572	146,023,137	0.001120	32,153,456	36,012	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	511,310	13,427,923	0.038078	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	261,044	36,346,904	0.007182	13,504,064	96,986	65.00
65.01	06501	STRESS TEST	0	0	0.000000	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,042,887	36,602,573	0.028492	5,549,414	158,114	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
69.00	06900	ELECTROCARDIOLOGY	50,899	33,731,633	0.001509	7,898,867	11,919	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	77,527	596,184	0.130039	97,472	12,675	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	288,376	61,196,364	0.004712	13,136,407	61,899	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	174,909	85,826,740	0.002038	16,982,614	34,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	447,961	168,696,169	0.002655	44,607,664	118,433	73.00
74.00	07400	RENAL DIALYSIS	253,514	5,850,981	0.043328	2,800,446	121,338	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	620,998	2,643,974	0.234873	20,105	4,722	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	508,664	13,449,264	0.037821	69,072	2,612	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,412,033	130,782,161	0.018443	17,811,537	328,498	91.00
91.20	09101	ACUTE CARE CENTER	477,338	12,379,889	0.038558	32,874	1,268	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,239,155	36,736,576	0.033731	5,679,708	191,582	92.00
200.00		Total (lines 50 through 199)	14,491,686	1,351,366,449		228,691,214	1,850,442	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0202		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/26/2022 6:35 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	391,287	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	30,433	0	31.00		
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	13,043	0	43.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00		
45.01	04510	ICF/MR	0	0	0	0	0	45.01		
200.00		Total (lines 30 through 199)	0	0	0	434,763	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	391,287	71,643	5.46	24,884	30.00		
31.00	03100	INTENSIVE CARE UNIT		30,433	5,207	5.84	1,690	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		13,043	2,549	5.12	0	43.00		
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00		
45.01	04510	ICF/MR		0	0	0.00	0	45.01		
200.00		Total (lines 30 through 199)		434,763	79,399		26,574	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	135,867						30.00	
31.00	03100	INTENSIVE CARE UNIT	9,870						31.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
43.00	04300	NURSERY	0						43.00	
45.00	04500	NURSING FACILITY	0						45.00	
45.01	04510	ICF/MR	0						45.01	
200.00		Total (lines 30 through 199)	145,737						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0202		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 6:35 pm	
				Title XVIII		Hospital		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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05603	ULTRASOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
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
65.01	06501	STRESS TEST	0	0	0	0	0	0	65.01
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	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	ADDICTION RECOVERY CLINIC	0	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	486,327	91.00
91.20	09101	ACUTE CARE CENTER	0	0	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	53,822	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	540,149	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0202		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/26/2022 6:35 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	171,950,480	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,566,257	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,430,722	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,494,140	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	37,615,455	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	56,212,478	0.000000	56.00
56.01	05603	ULTRASOUND	0	0	0	25,669,446	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	110,411,643	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	37,231,108	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	82,494,248	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	146,023,137	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	13,427,923	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	36,346,904	0.000000	65.00
65.01	06501	STRESS TEST	0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	36,602,573	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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	33,731,633	0.000000	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	596,184	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	61,196,364	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,826,740	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	168,696,169	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,850,981	0.000000	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,643,974	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	13,449,264	0.000000	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0.000000	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	486,327	486,327	130,782,161	0.003719	91.00
91.20	09101	ACUTE CARE CENTER	0	0	0	12,379,889	0.000000	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	53,822	53,822	36,736,576	0.001465	92.00
200.00		Total (lines 50 through 199)	0	540,149	540,149	1,351,366,449		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/26/2022 6:35 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
								9.00	10.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	20,906,420	0	30,249,088	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	2,572,476	0	3,213,870	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	16,767	0	2,906	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	2,453,467	0	2,967,061	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,430,966	0	4,232,086	0	54.00	
56.00	05600	RADIOISOTOPE	0.000000	1,800,501	0	18,087,594	0	56.00	
56.01	05603	ULTRASOUND	0.000000	2,456,588	0	3,172,559	0	56.01	
57.00	05700	CT SCAN	0.000000	15,108,706	0	19,904,025	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,468,533	0	7,202,313	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	15,133,090	0	18,509,734	0	59.00	
60.00	06000	LABORATORY	0.000000	32,153,456	0	10,128,391	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	3,415,018	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	13,504,064	0	613,703	0	65.00	
65.01	06501	STRESS TEST	0.000000	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.000000	5,549,414	0	438,442	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	
69.00	06900	ELECTROCARDIOLOGY	0.000000	7,898,867	0	4,580,980	0	69.00	
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01	
69.02	06902	CARDIOLOGY	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	97,472	0	53,668	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,136,407	0	9,806,945	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	16,982,614	0	17,125,325	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	44,607,664	0	10,368,217	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	2,800,446	0	242,642	0	74.00	
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02	
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	20,105	0	1,077,385	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	69,072	0	7,428,663	0	90.00	
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01	
90.03	09002	LITHOTRIPSY	0.000000	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0.003719	17,811,537	66,241	14,973,065	55,685	91.00	
91.20	09101	ACUTE CARE CENTER	0.000000	32,874	0	775,022	0	91.20	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001465	5,679,708	8,321	7,197,436	10,544	92.00	
200.00		Total (lines 50 through 199)		228,691,214	74,562	195,766,138	66,229	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 6:35 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.156636	30,249,088	0	0	4,738,096	50.00	
51.00	05100	RECOVERY ROOM	0.112407	3,213,870	0	0	361,261	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.770716	2,906	0	0	2,240	52.00	
53.00	05300	ANESTHESIOLOGY	0.028101	2,967,061	0	0	83,377	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202402	4,232,086	0	0	856,583	54.00	
56.00	05600	RADIOISOTOPE	0.047980	18,087,594	0	0	867,843	56.00	
56.01	05603	ULTRASOUND	0.092641	3,172,559	0	0	293,909	56.01	
57.00	05700	CT SCAN	0.024846	19,904,025	0	0	494,535	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043742	7,202,313	0	0	315,044	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.097568	18,509,734	0	0	1,805,958	59.00	
60.00	06000	LABORATORY	0.098198	10,128,391	957	0	994,588	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.408616	3,415,018	0	0	1,395,431	64.00	
65.00	06500	RESPIRATORY THERAPY	0.142506	613,703	0	0	87,456	65.00	
65.01	06501	STRESS TEST	0.000000	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.268980	438,442	0	0	117,932	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	
69.00	06900	ELECTROCARDIOLOGY	0.052390	4,580,980	0	0	239,998	69.00	
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01	
69.02	06902	CARDIOLOGY	0.000000	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.443496	53,668	0	0	23,802	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572279	9,806,945	0	0	5,612,309	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.246329	17,125,325	0	0	4,218,464	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149216	10,368,217	1	111,075	1,547,104	73.00	
74.00	07400	RENAL DIALYSIS	0.348601	242,642	0	0	84,585	74.00	
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02	
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0.866683	1,077,385	0	0	933,751	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	0.228932	7,428,663	0	0	1,700,659	90.00	
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01	
90.03	09002	LITHOTRIPSY	0.000000	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0.170881	14,973,065	0	0	2,558,612	91.00	
91.20	09101	ACUTE CARE CENTER	0.370597	775,022	0	0	287,221	91.20	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.310134	7,197,436	0	0	2,232,170	92.00	
200.00		Subtotal (see instructions)		195,766,138	958	111,075	31,852,928	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		195,766,138	958	111,075	31,852,928	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0202		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/26/2022 6:35 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
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
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	05603	ULTRASOUND	0	0					56.01
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	94	0					60.00
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
65.01	06501	STRESS TEST	0	0					65.01
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.01	06901	ECHOCARDIOGRAM	0	0					69.01
69.02	06902	CARDIOLOGY	0	0					69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,574					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.02	07501	OUTPATIENT SURGERY	0	0					75.02
76.00	03290	ELECTROMYOGRAPHY	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	ADDICTION RECOVERY CLINIC	0	0					90.01
90.03	09002	LITHOTRIPSY	0	0					90.03
91.00	09100	EMERGENCY	0	0					91.00
91.20	09101	ACUTE CARE CENTER	0	0					91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
200.00		Subtotal (see instructions)	94	16,574					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	94	16,574					202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 6:35 pm

			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.)	Costs PPS Services (see inst.)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.156636	0	0	1,238,352	0
51.00	05100	RECOVERY ROOM	0.112407	0	0	192,268	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.770716	0	0	1,883	0
53.00	05300	ANESTHESIOLOGY	0.028101	0	0	145,104	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202402	0	0	308,084	0
56.00	05600	RADIOISOTOPE	0.047980	0	0	1,012,486	0
56.01	05603	ULTRASOUND	0.092641	0	0	394,056	0
57.00	05700	CT SCAN	0.024846	0	0	1,160,247	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043742	0	0	247,780	0
59.00	05900	CARDIAC CATHETERIZATION	0.097568	0	0	248,449	0
60.00	06000	LABORATORY	0.098198	0	0	1,493,246	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0.408616	0	0	290,545	0
65.00	06500	RESPIRATORY THERAPY	0.142506	0	0	83,801	0
65.01	06501	STRESS TEST	0.000000	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0.268980	0	0	375,102	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.052390	0	0	237,938	0
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0	0	0
69.02	06902	CARDIOLOGY	0.000000	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.443496	0	0	4,496	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572279	0	0	173,684	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.246329	0	0	390,479	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149216	0	0	603,103	0
74.00	07400	RENAL DIALYSIS	0.348601	0	0	12,545	0
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0.866683	0	0	13,772	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	0.228932	0	0	16,527	0
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0
90.03	09002	LITHOTRIPSY	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.170881	0	0	2,397,048	0
91.20	09101	ACUTE CARE CENTER	0.370597	0	0	229,134	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.310134	0	0	552,355	0
200.00		Subtotal (see instructions)		0	0	11,822,484	0
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00		Net Charges (line 200 - line 201)		0	0	11,822,484	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/26/2022 6:35 pm

			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	0	193,971		50.00
51.00	05100	RECOVERY ROOM	0	21,612		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,451		52.00
53.00	05300	ANESTHESIOLOGY	0	4,078		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,357		54.00
56.00	05600	RADIOISOTOPE	0	48,579		56.00
56.01	05603	ULTRASOUND	0	36,506		56.01
57.00	05700	CT SCAN	0	28,827		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,838		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,241		59.00
60.00	06000	LABORATORY	0	146,634		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	118,721		64.00
65.00	06500	RESPIRATORY THERAPY	0	11,942		65.00
65.01	06501	STRESS TEST	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	100,895		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,466		69.00
69.01	06901	ECHOCARDIOGRAM	0	0		69.01
69.02	06902	CARDIOLOGY	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,994		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99,396		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	96,186		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,993		73.00
74.00	07400	RENAL DIALYSIS	0	4,373		74.00
75.02	07501	OUTPATIENT SURGERY	0	0		75.02
76.00	03290	ELECTROMYOGRAPHY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	11,936		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	3,784		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0		90.01
90.03	09002	LITHOTRIPSY	0	0		90.03
91.00	09100	EMERGENCY	0	409,610		91.00
91.20	09101	ACUTE CARE CENTER	0	84,916		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	171,304		92.00
200.00		Subtotal (see instructions)	0	1,796,610		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,796,610		202.00

Health Financial Systems		CONDELL MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/26/2022 6:35 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			71,643	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			71,643	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)			61,788	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)			24,884	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)			82,825,996	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)			82,825,996	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)			82,825,996	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,156.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			28,768,144	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			28,768,144	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0202

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 6:35 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	14,890,193	5,207	2,859.65	1,690	4,832,809
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					38,075,658
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					71,676,611
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,613,327
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,925,004
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,538,331
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,138,280
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					9,855
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,156.09
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,393,267

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0202

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

Worksheet D-1

Date/Time Prepared:
5/26/2022 6:35 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	9,008,318	82,825,996	0.108762	11,393,267	1,239,155	90.00
91.00 Nursing Program cost	0	82,825,996	0.000000	11,393,267	0	91.00
92.00 Allied health cost	391,287	82,825,996	0.004724	11,393,267	53,822	92.00
93.00 All other Medical Education	0	82,825,996	0.000000	11,393,267	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 6:35 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		84,334,812	30.00
31.00	03100	INTENSIVE CARE UNIT		9,932,542	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156636	20,906,420	50.00
51.00	05100	RECOVERY ROOM	0.112407	2,572,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.770716	16,767	52.00
53.00	05300	ANESTHESIOLOGY	0.028101	2,453,467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202402	4,430,966	54.00
56.00	05600	RADIOISOTOPE	0.047980	1,800,501	56.00
56.01	05603	ULTRASOUND	0.092641	2,456,588	56.01
57.00	05700	CT SCAN	0.024846	15,108,706	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043742	3,468,533	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097568	15,133,090	59.00
60.00	06000	LABORATORY	0.098198	32,153,456	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.408616	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.142506	13,504,064	65.00
65.01	06501	STRESS TEST	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0.268980	5,549,414	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052390	7,898,867	69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.443496	97,472	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572279	13,136,407	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.246329	16,982,614	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149216	44,607,664	73.00
74.00	07400	RENAL DIALYSIS	0.348601	2,800,446	74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.866683	20,105	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	0.228932	69,072	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	90.01
90.03	09002	LITHOTRIPSY	0.000000	0	90.03
91.00	09100	EMERGENCY	0.170881	17,811,537	91.00
91.20	09101	ACUTE CARE CENTER	0.370597	32,874	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.310134	5,679,708	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		228,691,214	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		228,691,214	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/26/2022 6:35 pm	
			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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		5,375,220		30.00
31.00	03100	INTENSIVE CARE UNIT		1,683,080		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		650,281		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.156636	1,629,206	255,192	50.00
51.00	05100	RECOVERY ROOM	0.112407	152,280	17,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.770716	68,243	52,596	52.00
53.00	05300	ANESTHESIOLOGY	0.028101	198,983	5,592	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.202402	303,847	61,499	54.00
56.00	05600	RADIOISOTOPE	0.047980	105,601	5,067	56.00
56.01	05603	ULTRASOUND	0.092641	189,596	17,564	56.01
57.00	05700	CT SCAN	0.024846	1,198,567	29,780	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.043742	326,166	14,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097568	799,417	77,998	59.00
60.00	06000	LABORATORY	0.098198	2,528,189	248,263	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.408616	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.142506	1,026,574	146,293	65.00
65.01	06501	STRESS TEST	0.000000	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.268980	365,111	98,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.052390	343,580	18,000	69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	0	69.01
69.02	06902	CARDIOLOGY	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.443496	6,648	2,948	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.572279	771,315	441,407	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.246329	767,606	189,084	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.149216	4,089,533	610,224	73.00
74.00	07400	RENAL DIALYSIS	0.348601	80,288	27,988	74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.866683	2,439	2,114	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	0.228932	0	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	0	90.01
90.03	09002	LITHOTRIPSY	0.000000	0	0	90.03
91.00	09100	EMERGENCY	0.170881	1,425,721	243,629	91.00
91.20	09101	ACUTE CARE CENTER	0.370597	1,501	556	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.310134	232,800	72,199	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		16,613,211	2,637,585	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		16,613,211		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 6:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			41,061,919	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			13,670,290	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			1,198,389	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			229.62	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)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			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)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	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.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)			13.44	31.00
32.00	Sum of lines 30 and 31			16.36	32.00
33.00	Allowable disproportionate share percentage (see instructions)			3.38	33.00
34.00	Disproportionate share adjustment (see instructions)			462,487	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 6:35 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.000392797	0.000433158
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,256,293	3,115,273
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,435,528	785,220
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,220,748	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		59,613,833	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		59,613,833	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,481,413	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		69,600	53.00
54.00	Special add-on payments for new technologies		996,215	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).		145,737	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		74,562	58.00
59.00	Total (sum of amounts on lines 49 through 58)		65,381,360	59.00
60.00	Primary payer payments		991	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		65,380,369	61.00
62.00	Deductibles billed to program beneficiaries		5,274,068	62.00
63.00	Coinsurance billed to program beneficiaries		177,814	63.00
64.00	Allowable bad debts (see instructions)		972,996	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		632,447	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		701,868	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		60,560,934	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	ADJUSTMENTS - OTHER PER PS&R		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)		88,895	70.93
70.94	HRR adjustment amount (see instructions)		-123,092	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/26/2022 6:35 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		479,810	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		60,046,927	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		59,124,680	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)		922,247	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		866,003	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

Health Financial Systems		CONDELL MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/26/2022 6:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		16,668	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,786,699	2.00	
3.00	OPPS payments		28,465,368	3.00	
4.00	Outlier payment (see instructions)		57,057	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		66,229	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,668	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		112,033	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)		112,033	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)		112,033	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		95,365	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)		16,668	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)		28,588,654	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		4,499,540	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		24,105,782	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)		24,105,782	30.00	
31.00	Primary payer payments		290	31.00	
32.00	Subtotal (line 30 minus line 31)		24,105,492	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)		628,970	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		408,831	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		417,367	36.00	
37.00	Subtotal (see instructions)		24,514,323	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)		24,514,323	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		24,388,651	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)		125,672	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: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/26/2022 6:35 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		59,253,904		24,604,011	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/15/2021	129,224	09/15/2021	215,360	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)		-129,224		-215,360	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)		59,124,680		24,388,651	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		922,247		125,672	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		60,046,927		24,514,323	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: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/26/2022 6:35 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (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

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

Provider CCN: 14-0202

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

Worksheet G

Date/Time Prepared:
5/26/2022 6:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	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	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	-5,530,416,000	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: 14-0202

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

Worksheet G-1

Date/Time Prepared:
5/26/2022 6:35 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		12,400,044,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		24,588,442				2.00
3.00	Total (sum of line 1 and line 2)		12,424,632,442		0		3.00
4.00	ADJ TO FUND BALANCE	1,906,346,558		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)		1,906,346,558		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	ADJ TO FUND BALANCE		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: 14-0202

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2022 6:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	219,278,217		219,278,217	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	219,278,217		219,278,217	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,529,986		30,529,986	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,529,986		30,529,986	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	249,808,203		249,808,203	17.00
18.00	Ancillary services	546,193,916	613,303,561	1,159,497,477	18.00
19.00	Outpatient services	60,233,799	133,114,091	193,347,890	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				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	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)	856,235,918	746,417,652	1,602,653,570	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		348,537,745		29.00
30.00	ROUNDING	1			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)		1		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)		348,537,746		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0202

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

Worksheet G-3

Date/Time Prepared:
5/26/2022 6:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,602,653,570	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,235,434,529	2.00
3.00	Net patient revenues (line 1 minus line 2)	367,219,041	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	348,537,746	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,681,295	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,802,008	6.00
7.00	Income from investments	15	7.00
8.00	Revenues from telephone and other miscellaneous communication services	24,060	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	269,596	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.)	183,708	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	623,329	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	588,085	22.00
23.00	Governmental appropriations	199,286	23.00
24.00	OTHER OPERATING REVENUES	2,312,092	24.00
24.50	COVID-19 PHE Funding	1,006,168	24.50
25.00	Total other income (sum of lines 6-24)	7,008,347	25.00
26.00	Total (line 5 plus line 25)	25,689,642	26.00
27.00	NON OPERATING EXPENSES & REVENUES	1,101,200	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,101,200	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,588,442	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0202	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/26/2022 6:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,190,807	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		149,376	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)		184.38	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.44	8.00
9.00	Sum of lines 7 and 8		16.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.37	10.00
11.00	Disproportionate share adjustment (see instructions)		141,230	11.00
12.00	Total prospective capital payments (see instructions)		4,481,413	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