

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: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/24/2022 4:21 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 5/24/2022 Time: 4:21 pm
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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 METHODIST MEDICAL CTR OF ILLINOIS (14-0209) 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			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,910,077	25,394	0	0	1.00
2.00 Subprovider - IPF	0	-12,989	99		0	2.00
3.00 Subprovider - IRF	0	245,213	9		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-1,677,853	25,502	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: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:21 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 221 N E GLEN OAK			PO Box:				1.00			
2.00	City: PEORIA			State: IL		Zip Code: 61636		County: PEORIA			
		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		METHODIST MEDICAL CTR OF ILLINOIS		140209	37900	1	07/01/1966	N	P	P
4.00	Subprovider - IPF		METHODIST MED CTR - PSYCH		14S209	37900	4	12/15/1983	N	P	P
5.00	Subprovider - IRF		METHODIST MED CTR - REHAB		14T209	37900	5	12/15/1993	N	P	P
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		METHODIST HOME CARE		147259	37900		06/01/1992	N	P	N
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		METHODIST HOSPICE		141537	37900		01/01/1990			
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021		12/31/2021		
21.00	Type of Control (see instructions)						2				
							1.00		2.00		
							2.00		3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00	
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	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,369	0	0	34	14,995	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	26	0	0	0	330		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1	60.01	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

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			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	2.12	0.000000	64.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	7.97	20.18	0.283126	65.00
65.01		FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.00	0.00	0.000000	65.01
			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	12.58	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	3.64	25.00	0.127095	67.00
67.01			0.00	0.00	0.000000	67.01	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:21 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	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.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:21 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00		2.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0 115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	2,195,261		0		4,277,880 118.01	
				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: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:21 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		HB0721		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: PEORIA HOME OFFICE	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 221 NE GLEN OAK	PO Box:				142.00	
143.00	City: PEORIA	State: IL		Zip Code: 61636		143.00	
		1.00		2.00			
144.00	Are provider based physicians' costs included in worksheet A?	Y				144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
		1.00		2.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
		Title XIX		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
		1.00		2.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		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		2.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 4:21 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)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 4:21 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	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.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/19/2022	Y	04/19/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 4:21 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.	KEITH		LYONS		41.00	
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH - PEORIA				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-712-1132		JONATHAN.LYONS@UNITYPOINT.ORG		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
5/24/2022 4:21 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.	REIMBURSEMENT ANALYST	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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 4:21 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	202	72,882	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)		202	72,882	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	7,350	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	34.00	12	4,380	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		228	84,612	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	44	16,060		0	16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		285				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)		20	7,300			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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,209	14,993	44,248			1.00
2.00	HMO and other (see instructions)	11,397	0				2.00
3.00	HMO IPF Subprovider	1,002	0				3.00
4.00	HMO IRF Subprovider	652	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)	13,209	14,993	44,248			7.00
8.00	INTENSIVE CARE UNIT	2,081	75	4,803			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	163	3,004			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		804	4,701			13.00
14.00	Total (see instructions)	15,290	16,035	56,756	28.64	1,796.80	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,701	0	12,919	12.58	85.62	16.00
17.00	SUBPROVIDER - IRF	2,741	356	4,052	0.00	22.43	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	17,300	0	47,507	0.00	62.26	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	26.83	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				41.22	1,993.94	27.00
28.00	Observation Bed Days		1,899	6,331			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,100			30.00
31.00	Employee discount days - IRF			8			31.00
32.00	Labor & delivery days (see instructions)	0	363	930			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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,580	4,053	11,788	1.00
2.00 HMO and other (see instructions)			1,574	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	2,580	4,053	11,788	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	152	0	1,898	16.00
17.00 SUBPROVIDER - IRF	0.00	0	226	29	335	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 4:21 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	165,632,330	0	165,632,330	4,184,121.00	39.59
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		6,453,261	0	6,453,261	54,992.00	117.35
4.00	Physician-Part A - Administrative		473,787	0	473,787	3,608.00	131.32
4.01	Physicians - Part A - Teaching		2,410,718	0	2,410,718	20,187.00	119.42
5.00	Physician and Non Physician-Part B		42,818,112	0	42,818,112	260,874.00	164.13
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	5,831,909	-2,410,718	3,421,191	101,821.00	33.60
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)		18,389,945	444,467	18,834,412	588,082.00	32.03
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,357,295	0	8,357,295	126,614.00	66.01
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		30,209,145	0	30,209,145	834,271.00	36.21
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)		27,949,372	0	27,949,372		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,976,062	0	4,976,062		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		799,313	0	799,313		
22.00	Physician Part A - Administrative		34,418	0	34,418		
22.01	Physician Part A - Teaching		175,124	0	175,124		
23.00	Physician Part B		3,110,471	0	3,110,471		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,251,356	0	1,251,356		
25.50	Home office wage-related (core)		7,442,528	0	7,442,528		
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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 4:21 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	4,229,430	-884,609	3,344,821	52,004.00	64.32	26.00
27.00	Administrative & General	5.00	3,261,876	132,616	3,394,492	180,277.00	18.83	27.00
28.00	Administrative & General under contract (see inst.)		1,998,448	0	1,998,448	5,497.00	363.55	28.00
29.00	Maintenance & Repairs	6.00	1,594,131	0	1,594,131	57,415.00	27.77	29.00
30.00	Operation of Plant	7.00	1,180,104	0	1,180,104	54,062.00	21.83	30.00
31.00	Laundry & Linen Service	8.00	119,546	0	119,546	6,253.00	19.12	31.00
32.00	Housekeeping	9.00	2,152,271	0	2,152,271	122,055.00	17.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,195,151	0	1,195,151	51,696.00	23.12	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,661,350	0	1,661,350	89,437.00	18.58	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,115,479	0	1,115,479	37,082.00	30.08	38.00
39.00	Central Services and Supply	14.00	790,989	0	790,989	41,807.00	18.92	39.00
40.00	Pharmacy	15.00	4,608,661	0	4,608,661	96,234.00	47.89	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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 4:21 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)	110,116,778	2,410,718	112,527,496	3,751,744.00	29.99	1.00
2.00	Excluded area salaries (see instructions)	18,389,945	444,467	18,834,412	588,082.00	32.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,726,833	1,966,251	93,693,084	3,163,662.00	29.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,566,440	0	38,566,440	960,885.00	40.14	4.00
5.00	Subtotal wage-related costs (see inst.)	35,426,318	0	35,426,318	0.00	37.81	5.00
6.00	Total (sum of lines 3 thru 5)	165,719,591	1,966,251	167,685,842	4,124,547.00	40.66	6.00
7.00	Total overhead cost (see instructions)	23,907,436	-751,993	23,155,443	793,819.00	29.17	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
5/24/2022 4:21 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,034,786	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)	3,854,896	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	49,083	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	15,013,068	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	500,782	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	123,151	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)	1,106,729	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,945,019	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	10,013,350	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	94,382	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	355,530	22.00
23.00	Tuition Reimbursement	205,338	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	38,296,114	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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/24/2022 4:21 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0209 Component CCN: 14-7259	Period: From 01/01/2021 To 12/31/2021	Worksheet S-4 Date/Time Prepared: 5/24/2022 4:21 pm	
					Home Health Agency I	PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,412	118	942	2,472	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,020.00	0.00	1,024.00	0.00	2.00
		Enter the number of hours in your normal work week		Number of Employees (Full Time Equivalent)			
				Staff	Contract	Total	
		0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		28.40	0.00	28.40	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			30.40	0.00	30.40	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	9.46	9.46	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	2.13	2.13	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.48	0.48	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.90	0.00	0.90	14.00
15.00	Medical Social Service Supervisor			2.60	0.00	2.60	15.00
16.00	Home Health Aide			0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
						CBSA Data	
						1.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).					37900	20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	5,702	717	180	28	6,627	21.00
22.00	Skilled Nursing Visit Charges	1,031,313	129,775	32,625	4,894	1,198,607	22.00
23.00	Physical Therapy Visits	6,455	934	65	39	7,493	23.00
24.00	Physical Therapy Visit Charges	1,213,540	175,592	12,032	7,332	1,408,496	24.00
25.00	Occupational Therapy Visits	1,140	596	8	7	1,751	25.00
26.00	Occupational Therapy Visit Charges	214,132	112,048	1,504	1,316	329,000	26.00
27.00	Speech Pathology Visits	245	94	5	0	344	27.00
28.00	Speech Pathology Visit Charges	44,744	17,672	940	0	63,356	28.00
29.00	Medical Social Service Visits	68	28	0	0	96	29.00
30.00	Medical Social Service Visit Charges	15,300	6,300	0	0	21,600	30.00
31.00	Home Health Aide Visits	738	244	3	4	989	31.00
32.00	Home Health Aide Visit Charges	66,789	22,082	272	362	89,505	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,348	2,613	261	78	17,300	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,585,818	463,469	47,373	13,904	3,110,564	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,569		156	14	1,739	36.00
37.00	Total Number of Outlier Episodes		118		0	118	37.00
38.00	Total Non-Routine Medical Supply Charges	12,599	1,231	41	0	13,871	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0209

Period:

Worksheet S-9

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021PARTS I THROUGH IV
Date/Time Prepared:
5/24/2022 4:21 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	26,890	0	0	26,890	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	62	0	0	62	13.00
14.00	Total Hospice Days	26,952	0	0	26,952	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0209

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

Worksheet S-10

Date/Time Prepared:
5/24/2022 4:21 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)		0.183321	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		56,871,646	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		352,149,267	6.00
7.00	Medicaid cost (line 1 times line 6)		64,556,356	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)		7,684,710	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)		7,684,710	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,816,881	4,233,644	9,050,525
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	883,035	4,233,644	5,116,679
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	883,035	4,233,644	5,116,679
			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)		7,450,649	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		57,143	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		87,912	27.01
28.00	Non-Medicare bad debt expense (see instructions)		7,362,737	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,380,513	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,497,192	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,181,902	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,662,151	6,662,151	1,284,255	7,946,406	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	269,227	269,227	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,811,181	5,692,994	9,504,175	-855,022	8,649,153	4.00
4.01	00401	PARKING	418,249	476,579	894,828	-665,384	229,444	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	3,261,876	29,183,080	32,444,956	-585,827	31,859,129	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,594,131	1,823,972	3,418,103	0	3,418,103	6.00
7.00	00700	OPERATION OF PLANT	1,180,104	10,267,504	11,447,608	-4	11,447,604	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	119,546	50,502	170,048	0	170,048	8.00
9.00	00900	HOUSEKEEPING	2,152,271	1,571,111	3,723,382	0	3,723,382	9.00
10.00	01000	DIETARY	1,195,151	558,740	1,753,891	-22,597	1,731,294	10.00
11.00	01100	CAFETERIA	1,661,350	1,753,758	3,415,108	0	3,415,108	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,115,479	271,652	1,387,131	0	1,387,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	790,989	243,237	1,034,226	-243,772	790,454	14.00
15.00	01500	PHARMACY	4,608,661	20,532,170	25,140,831	-16,829,073	8,311,758	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	6,142,370	7,988,227	14,130,597	-16,113	14,114,484	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	5,831,909	3,448,728	9,280,637	-2,410,718	6,869,919	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	2,410,718	2,410,718	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,198,157	11,951,590	28,149,747	-4,479,163	23,670,584	30.00
31.00	03100	INTENSIVE CARE UNIT	2,295,816	3,744,832	6,040,648	3,630,448	9,671,096	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,563,970	2,059,093	3,623,063	-3,013,047	610,016	34.00
40.00	04000	SUBPROVIDER - IPF	4,483,363	1,816,998	6,300,361	393,184	6,693,545	40.00
41.00	04100	SUBPROVIDER - IRF	1,215,369	1,244,096	2,459,465	-618,681	1,840,784	41.00
43.00	04300	NURSERY	1,438,961	1,306,436	2,745,397	159,176	2,904,573	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,650,742	30,364,018	38,014,760	-14,303,200	23,711,560	50.00
51.00	05100	RECOVERY ROOM	2,035,141	788,759	2,823,900	632	2,824,532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,563,545	2,605,564	5,169,109	-2,280,654	2,888,455	52.00
53.00	05300	ANESTHESIOLOGY	16,460,762	3,358,429	19,819,191	-317,918	19,501,273	53.00
53.01	03950	PAIN CLINIC	398,369	617,535	1,015,904	-699,882	316,022	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,018,730	3,775,787	7,794,517	-990,667	6,803,850	54.00
54.01	05401	NORTHSIDE IMAGING	93,291	40,954	134,245	433,513	567,758	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	62,635	52,613	115,248	222,958	338,206	54.02
54.03	05403	NORTHSIDE ULTRASOUND	651	5,161	5,812	0	5,812	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	1,180,119	1,180,119	-1,180,120	-1	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	846,045	1,490,448	2,336,493	47,626	2,384,119	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	337,239	1,179,945	1,517,184	-155,814	1,361,370	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	567,927	344,748	912,675	-3,637	909,038	57.00
57.01	05701	NORTHSIDE CT	76,767	59,871	136,638	261,680	398,318	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	452,658	271,865	724,523	-3,990	720,533	58.00
58.01	05801	NORTHSIDE MRI	127,512	124,641	252,153	233,759	485,912	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	702,297	702,297	59.00
60.00	06000	LABORATORY	7,498,868	19,505,821	27,004,689	-1,771,904	25,232,785	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,347,606	1,347,606	63.00
64.00	06400	INTRAVENOUS THERAPY	325,559	163,777	489,336	2,886,321	3,375,657	64.00
65.00	06500	RESPIRATORY THERAPY	1,502,537	943,590	2,446,127	-654,738	1,791,389	65.00
66.00	06600	PHYSICAL THERAPY	0	2,846,887	2,846,887	-933,386	1,913,501	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	907,639	907,639	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	735,681	735,681	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	259,910	259,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	737,078	403,032	1,140,110	-31,343	1,108,767	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,446,542	1,446,542	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	14,353,918	14,353,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,961,840	18,961,840	73.00
74.00	07400	RENAL DIALYSIS	269,893	269,408	539,301	-64,262	475,039	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	666,714	218,147	884,861	-58,164	826,697	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	127	104,975	105,102	1,061,314	1,166,416	76.01
76.02	03140	CARDIOLOGY	506,533	365,202	871,735	-41,369	830,366	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	193,130	193,130	76.03
76.97	07697	CARDIAC REHABILITATION	9,235	4,299	13,534	-12,771	763	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	440,037	440,037	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:
5/24/2022 4:21 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	
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,562,319	1,285,155	2,847,474	1,544,148	4,391,622	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	9	9	0	9	90.01
90.02	09005 CLINIC	96,471	39,895	136,366	-7,294	129,072	90.02
90.03	09002 PHYSICIAN OFFICES	27,917,918	9,505,968	37,423,886	-455,817	36,968,069	90.03
90.04	09006 UPC SURGICAL GROUP	1,052,702	667,636	1,720,338	-2,944	1,717,394	90.04
90.05	09007 CLINIC	0	0	0	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	1,425,672	387,266	1,812,938	-2,158	1,810,780	90.06
90.07	09004 WOUND CARE CENTER	1,294,998	694,621	1,989,619	-535,467	1,454,152	90.07
90.08	09008 INTENSIVISTS CLINIC	4,605,070	1,459,011	6,064,081	-2,110	6,061,971	90.08
90.09	09009 NEUROLOGY CLINIC	2,246,455	572,491	2,818,946	-62,791	2,756,155	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	2,041,622	519,566	2,561,188	-22,557	2,538,631	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	621,541	206,160	827,701	-1,248	826,453	90.11
90.12	09012 VASCULAR CLINIC	1,643,595	558,838	2,202,433	-31,436	2,170,997	90.12
90.13	09013 ONCOLOGY CLINIC	665,985	362,199	1,028,184	-321	1,027,863	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	182,404	78,322	260,726	0	260,726	90.14
91.00	09100 EMERGENCY	5,439,274	11,200,456	16,639,730	-1,156,220	15,483,510	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	892	892	-892	0	95.00
101.00	10100 HOME HEALTH AGENCY	4,214,714	3,995,795	8,210,509	-183,427	8,027,082	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		4,888,472	4,888,472	0	4,888,472	113.00
116.00	11600 HOSPICE	1,910,834	2,093,744	4,004,578	0	4,004,578	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	165,209,035	222,249,541	387,458,576	-1,520,343	385,938,233	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	290,307	1,145,317	1,435,624	0	1,435,624	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	15,072	15,072	0	15,072	194.01
194.02	07952 WELLNESS CENTER	132,988	482,678	615,666	0	615,666	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	0	1,520,343	1,520,343	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	165,632,330	223,892,608	389,524,938	0	389,524,938	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	860,432	8,806,838	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	269,227	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,417,085	5,232,068	4.00
4.01	00401	PARKING	66,750	296,194	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	44,314,669	76,173,798	5.00
6.00	00600	MAINTENANCE & REPAIRS	148,973	3,567,076	6.00
7.00	00700	OPERATION OF PLANT	537,773	11,985,377	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	170,048	8.00
9.00	00900	HOUSEKEEPING	12,399	3,735,781	9.00
10.00	01000	DIETARY	0	1,731,294	10.00
11.00	01100	CAFETERIA	-1,465,213	1,949,895	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,904,831	6,291,962	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,813	819,267	14.00
15.00	01500	PHARMACY	-12,936,675	-4,624,917	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,780,036	2,780,036	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	-14,114,484	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	-194,386	6,675,533	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	2,410,718	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	262,857	23,933,441	30.00
31.00	03100	INTENSIVE CARE UNIT	17,596	9,688,692	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,204	613,220	34.00
40.00	04000	SUBPROVIDER - IPF	-7,829	6,685,716	40.00
41.00	04100	SUBPROVIDER - IRF	-29,134	1,811,650	41.00
43.00	04300	NURSERY	-821,911	2,082,662	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-805,511	22,906,049	50.00
51.00	05100	RECOVERY ROOM	58,122	2,882,654	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,342,445	1,546,010	52.00
53.00	05300	ANESTHESIOLOGY	-15,498,528	4,002,745	53.00
53.01	03950	PAIN CLINIC	-80,647	235,375	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-330,007	6,473,843	54.00
54.01	05401	NORTHSIDE IMAGING	134,165	701,923	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	8,614	346,820	54.02
54.03	05403	NORTHSIDE ULTRASOUND	435	6,247	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	21,887	21,886	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-23,711	2,360,408	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	17,679	1,379,049	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	13,127	922,165	57.00
57.01	05701	NORTHSIDE CT	10,212	408,530	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,809	717,724	58.00
58.01	05801	NORTHSIDE MRI	18,845	504,757	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	702,297	59.00
60.00	06000	LABORATORY	-606,663	24,626,122	60.00
60.01	06001	NORTHSIDE LAB	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,347,606	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,375,657	64.00
65.00	06500	RESPIRATORY THERAPY	3,574	1,794,963	65.00
66.00	06600	PHYSICAL THERAPY	-127,692	1,785,809	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	907,639	67.00
68.00	06800	SPEECH PATHOLOGY	0	735,681	68.00
69.00	06900	ELECTROCARDIOLOGY	0	259,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-25,947	1,082,820	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,446,542	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	14,353,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,961,840	73.00
74.00	07400	RENAL DIALYSIS	-119,347	355,692	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-5,950	820,747	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	42,015	1,208,431	76.01
76.02	03140	CARDIOLOGY	-9,544	820,822	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	193,130	76.03
76.97	07697	CARDIAC REHABILITATION	0	763	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	440,037	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-349,517	4,042,105	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	9	90.01
90.02	09005 CLINIC	0	129,072	90.02
90.03	09002 PHYSICIAN OFFICES	-26,496,273	10,471,796	90.03
90.04	09006 UPC SURGICAL GROUP	-1,640,899	76,495	90.04
90.05	09007 CLINIC	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	-981,925	828,855	90.06
90.07	09004 WOUND CARE CENTER	-331,726	1,122,426	90.07
90.08	09008 INTENSIVISTS CLINIC	-4,503,071	1,558,900	90.08
90.09	09009 NEUROLOGY CLINIC	-2,084,699	671,456	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	-1,675,084	863,547	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	-603,370	223,083	90.11
90.12	09012 VASCULAR CLINIC	-1,460,481	710,516	90.12
90.13	09013 ONCOLOGY CLINIC	-578,250	449,613	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	-156,913	103,813	90.14
91.00	09100 EMERGENCY	-8,596,054	6,887,456	91.00
92.00	09200 OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	-110,874	7,916,208	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-4,888,472	0	113.00
116.00	11600 HOSPICE	-3,701	4,000,877	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-52,159,819	333,778,414	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100 RESEARCH	-558,031	877,593	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	194.00
194.01	07951 FOUNDATION	0	15,072	194.01
194.02	07952 WELLNESS CENTER	160,868	776,534	194.02
194.03	07954 CAPITAL LABOR	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	1,520,343	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	-52,556,982	336,967,956	200.00

RECLASSIFICATIONS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/24/2022 4:21 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,446,542		1.00
2.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	14,353,918		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	0		0	15,800,460		
	B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,961,840		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:21 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
			0	18,961,840		
	C - FOOD PREP RECLASS					
1.00		0.00	0	0		1.00
			0	0		
	D - PARKING RECLASS					
1.00	OTHER NON-REIMBURSABLE	194.05	311,005	354,379		1.00
			311,005	354,379		
	E - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	847,587		1.00
2.00	HOME HEALTH AGENCY	101.00	0	7,590		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
			0	855,177		
	F - CHILD CARE					
1.00	OTHER NON-REIMBURSABLE	194.05	573,604	281,355		1.00
			573,604	281,355		
	H - PT BILLING					
1.00	ADMINISTRATIVE & GENERAL	5.00	132,616	58,401		1.00
			132,616	58,401		
	I - IP AMBULANCE					
1.00	ADULTS & PEDIATRICS	30.00	0	892		1.00
			0	892		
	L - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	436,668		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	269,227		2.00
			0	705,895		
	M - NORTHSIDE ADMIN ALLOCATION					
1.00	NORTHSIDE IMAGING	54.01	0	433,513		1.00
2.00	NORTHSIDE MRI	58.01	0	240,841		2.00
3.00	NORTHSIDE CT	57.01	0	264,925		3.00
4.00	NORTHSIDE MAMMOGRAPHY	54.02	0	240,841		4.00
			0	1,180,120		
	N - HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	148,015	292,022		1.00
			148,015	292,022		
	P - BH ADMIN					
1.00	SUBPROVIDER - IPF	40.00	0	394,648		1.00
	TOTALS		0	394,648		
	Q - COST CENTER MAPPING RECLASSES					
1.00	ADULTS & PEDIATRICS	30.00	169,611	143,308		1.00
2.00	INTENSIVE CARE UNIT	31.00	2,123,939	1,930,205		2.00
3.00	NURSERY	43.00	444,238	130,506		3.00
4.00	OPERATING ROOM	50.00	1,267,548	1,041,696		4.00
5.00	RECOVERY ROOM	51.00	93,672	44,176		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	32,198	29,799		6.00
7.00	ANESTHESIOLOGY	53.00	10,294	11,134		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	160,687	159,387		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	38,952	10,200		9.00
10.00	CARDIAC CATHETERIZATION	59.00	440,938	261,359		10.00
11.00	LABORATORY	60.00	52,269	24,729		11.00
12.00	INTRAVENOUS THERAPY	64.00	1,965,288	1,024,586		12.00
13.00	RESPIRATORY THERAPY	65.00	9,235	3,536		13.00
14.00	PHYSICAL THERAPY	66.00	13,004	13,153		14.00

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:21 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00	OCCUPATIONAL THERAPY	67.00	252,931	654,708	15.00
16.00	SPEECH PATHOLOGY	68.00	112,263	623,418	16.00
17.00	ELECTROCARDIOLOGY	69.00	185,690	74,220	17.00
18.00	GASTRO INTESTINAL SERVICES	76.01	467,251	598,096	18.00
19.00	CARDIOLOGY	76.02	7,520	2,275	19.00
20.00	PULMONARY FUNCTION TESTING	76.03	137,979	55,151	20.00
21.00	CLINIC	90.00	997,590	740,213	21.00
22.00	EMERGENCY	91.00	15,031	13,705	22.00
			8,998,128	7,589,560	
R - TEACHING PHYSICIAN SALARY					
1.00	I&R SRVCES-OTHER PRGM COSTS	22.00	2,410,718	0	1.00
	APPRVD				
			2,410,718	0	
S - BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,347,606	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
			0	1,347,606	
T - TEMP LOCUM					
1.00		0.00	0	0	1.00
			0	0	
500.00	Grand Total: Increases		12,574,086	47,822,355	500.00

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:21 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - MEDICAL SUPPLIES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	81,894	0		1.00	
2.00	OPERATING ROOM	50.00	0	1,225,248	0		2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,094	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,906	0		4.00	
5.00	RESPIRATORY THERAPY	65.00	0	88,400	0		5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	0	7,395	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,056	0		7.00	
8.00	NURSING SCHOOL	20.00	0	4,340	0		8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	45,342	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	51,843	0		10.00	
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	62,321	0		11.00	
12.00	SUBPROVIDER - IPF	40.00	0	95	0		12.00	
13.00	SUBPROVIDER - IRF	41.00	0	79	0		13.00	
14.00	NURSERY	43.00	0	2,535	0		14.00	
15.00	OPERATING ROOM	50.00	0	13,333,760	0		15.00	
16.00	RECOVERY ROOM	51.00	0	28,621	0		16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,469	0		17.00	
18.00	ANESTHESIOLOGY	53.00	0	14,221	0		18.00	
19.00	PAIN CLINIC	53.01	0	1,717	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	608,570	0		20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	452	0		21.00	
22.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	3,843	0		22.00	
23.00	NORTHSIDE CT	57.01	0	1,910	0		23.00	
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,729	0		24.00	
25.00	NORTHSIDE MRI	58.01	0	3,943	0		25.00	
26.00	INTRAVENOUS THERAPY	64.00	0	11,407	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	514	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	77	0		28.00	
29.00	RENAL DIALYSIS	74.00	0	367	0		29.00	
30.00	GASTRO INTESTINAL SERVICES	76.01	0	2,483	0		30.00	
31.00	CARDIOLOGY	76.02	0	140	0		31.00	
32.00	CLINIC	90.00	0	70	0		32.00	
33.00	PHYSICIAN OFFICES	90.03	0	2,213	0		33.00	
34.00	WOUND CARE CENTER	90.07	0	51,502	0		34.00	
35.00	MULTI-SPECIALITY CLINIC	90.10	0	790	0		35.00	
36.00	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	790	0		36.00	
37.00	VASCULAR CLINIC	90.12	0	4,665	0		37.00	
38.00	EMERGENCY	91.00	0	71,659	0		38.00	
	0		0	15,800,460				
	B - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	63	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,126	0		2.00	
3.00	OPERATION OF PLANT	7.00	0	4	0		3.00	
4.00	DIETARY	10.00	0	22,597	0		4.00	
5.00	PHARMACY	15.00	0	16,815,945	0		5.00	
6.00	NURSING SCHOOL	20.00	0	11,773	0		6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	198,242	0		7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	70,357	0		8.00	
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	45,748	0		9.00	
10.00	SUBPROVIDER - IPF	40.00	0	1,369	0		10.00	
11.00	SUBPROVIDER - IRF	41.00	0	23	0		11.00	
12.00	NURSERY	43.00	0	2,135	0		12.00	
13.00	OPERATING ROOM	50.00	0	129,545	0		13.00	
14.00	RECOVERY ROOM	51.00	0	98,800	0		14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	53,855	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	325,125	0		16.00	
17.00	PAIN CLINIC	53.01	0	4,421	0		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,548	0		18.00	
19.00	NORTHSIDE MAMMOGRAPHY	54.02	0	281	0		19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,074	0		20.00	
21.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	1,994	0		21.00	
22.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	3,637	0		22.00	
23.00	NORTHSIDE CT	57.01	0	1,335	0		23.00	
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,261	0		24.00	
25.00	NORTHSIDE MRI	58.01	0	3,139	0		25.00	
26.00	LABORATORY	60.00	0	8,067	0		26.00	
27.00	INTRAVENOUS THERAPY	64.00	0	42,994	0		27.00	

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:21 pm

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
28.00	RESPIRATORY THERAPY	65.00	0	34,014	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	1	0		29.00
30.00	RENAL DIALYSIS	74.00	0	8,430	0		30.00
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	14,015	0		31.00
32.00	GASTRO INTESTINAL SERVICES	76.01	0	1,550	0		32.00
33.00	CARDIOLOGY	76.02	0	51,024	0		33.00
34.00	CLINIC	90.00	0	193,585	0		34.00
35.00	CLINIC	90.02	0	7,294	0		35.00
36.00	PHYSICIAN OFFICES	90.03	0	434,869	0		36.00
37.00	UPC SURGICAL GROUP	90.04	0	2,944	0		37.00
38.00	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	2,158	0		38.00
39.00	WOUND CARE CENTER	90.07	0	43,928	0		39.00
40.00	INTENSIVISTS CLINIC	90.08	0	2,110	0		40.00
41.00	NEUROLOGY CLINIC	90.09	0	62,791	0		41.00
42.00	MULTI-SPECIALITY CLINIC	90.10	0	21,767	0		42.00
43.00	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	458	0		43.00
44.00	VASCULAR CLINIC	90.12	0	26,771	0		44.00
45.00	ONCOLOGY CLINIC	90.13	0	321	0		45.00
46.00	EMERGENCY	91.00	0	162,352	0		46.00
	0		0	18,961,840			
	C - FOOD PREP RECLASS						
1.00		0.00	0	0	0		1.00
	0		0	0			
	D - PARKING RECLASS						
1.00	PARKING	4.01	311,005	354,379	0		1.00
	0		311,005	354,379			
	E - EQUIPMENT RENTAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	58,428	10		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	141,822	0		2.00
3.00	PHARMACY	15.00	0	12,648	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	352	0		4.00
5.00	OPERATING ROOM	50.00	0	32,500	0		5.00
6.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	21,400	0		6.00
7.00	LABORATORY	60.00	0	563,680	0		7.00
8.00	RENAL DIALYSIS	74.00	0	4,759	0		8.00
9.00	PHYSICIAN OFFICES	90.03	0	18,735	0		9.00
10.00	EMERGENCY	91.00	0	853	0		10.00
	0		0	855,177			
	F - CHILD CARE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	573,604	281,355	0		1.00
	0		573,604	281,355			
	H - PT BILLING						
1.00	HOME HEALTH AGENCY	101.00	132,616	58,401	0		1.00
	0		132,616	58,401			
	I - IP AMBULANCE						
1.00	AMBULANCE SERVICES	95.00	0	892	0		1.00
	0		0	892			
	L - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	705,895	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	705,895			
	M - NORTHSIDE ADMIN ALLOCATION						
1.00	NORTHSIDE ADMIN	54.05	0	1,180,120	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
	0		0	1,180,120			
	N - HYPERBARIC OXYGEN						
1.00	WOUND CARE CENTER	90.07	148,015	292,022	0		1.00
	0		148,015	292,022			
	P - BH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	0	394,648	0		1.00
	TOTALS		0	394,648			
	Q - COST CENTER MAPPING RECLASSES						
1.00	ADULTS & PEDIATRICS	30.00	2,676,304	1,478,086	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	140,380	161,116	0		2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,464,790	1,440,188	0		3.00
4.00	SUBPROVIDER - IRF	41.00	307,526	311,053	0		4.00
5.00	NURSERY	43.00	285,438	125,460	0		5.00
6.00	OPERATING ROOM	50.00	952,149	870,662	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
5/24/2022 4:21 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
7.00	RECOVERY ROOM	51.00	7,520	2,275	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	1,248,397	1,019,836	0		8.00
9.00	PAIN CLINIC	53.01	334,595	359,149	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	332,429	283,288	0		10.00
11.00	NORTHSIDE MAMMOGRAPHY	54.02	617	16,985	0		11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	50,134	78,443	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	38,952	10,200	0		13.00
14.00	RESPIRATORY THERAPY	65.00	389,068	155,513	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	959,465	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	21,979	9,364	0		16.00
17.00	RENAL DIALYSIS	74.00	33,581	15,734	0		17.00
18.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	33,865	10,284	0		18.00
19.00	CARDIAC REHABILITATION	76.97	9,235	3,536	0		19.00
20.00	EMERGENCY	91.00	671,169	278,923	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
	0		8,998,128	7,589,560			
R - TEACHING PHYSICIAN SALARY							
1.00	I&R SRVCES-SALARY & FRINGES	21.00	2,410,718	0	0		1.00
	APPRVD						
	0		2,410,718	0			
S - BLOOD RECLASS							
1.00	PHARMACY	15.00	0	480	0		1.00
2.00	OPERATING ROOM	50.00	0	68,580	0		2.00
3.00	LABORATORY	60.00	0	1,277,155	0		3.00
4.00	RENAL DIALYSIS	74.00	0	1,391	0		4.00
	0		0	1,347,606			
T - TEMP LOCUM							
1.00		0.00	0	0	0		1.00
	0		0				
500.00	Grand Total: Decreases		12,574,086	47,822,355			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/24/2022 4:21 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	1,458,352	0	0	0	0	1.00	
2.00	Land Improvements	10,566,605	59,070	0	59,070	0	2.00	
3.00	Buildings and Fixtures	233,949,111	10,505,897	0	10,505,897	2,384,679	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	76,546,070	10,989	0	10,989	0	5.00	
6.00	Movable Equipment	143,504,993	5,765,486	0	5,765,486	22,206	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	466,025,131	16,341,442	0	16,341,442	2,406,885	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	466,025,131	16,341,442	0	16,341,442	2,406,885	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,458,352	0				1.00	
2.00	Land Improvements	10,625,675	0				2.00	
3.00	Buildings and Fixtures	242,070,329	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	76,557,059	0				5.00	
6.00	Movable Equipment	149,248,273	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	479,959,688	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	479,959,688	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	6,662,151	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)	6,662,151	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	6,662,151				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,662,151				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	330,711,415	0	330,711,415	0.689040	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	149,248,273	0	149,248,273	0.310960	0	2.00
3.00	Total (sum of lines 1-2)	479,959,688	0	479,959,688	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,662,151	1,708,019	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	6,662,151	1,708,019	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	436,668	0	0	8,806,838	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	269,227	0	0	269,227	2.00
3.00	Total (sum of lines 1-2)	0	705,895	0	0	9,076,065	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 4:21 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-2,088	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-3,068	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-229,385	PARKING	4.01	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-54,219,624			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	60,574,704			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	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	B	-12,894,538	PHARMACY	15.00	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.)	B	0	NURSING SCHOOL	20.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
19.02	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.02
19.03	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.03
19.04	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.04
20.00	Vending machines	B	-41,688	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 4:21 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	
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	MALPRACTICE NET OF INCOME	A	-6,473,141	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.00
37.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.01
37.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.02
38.00	MISC INCOME	B	1,727	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
38.01	MISC INCOME	B	-33,555	PARKING	4.01	0	38.01
38.02	MISC INCOME	B	-67,439	ADMINISTRATIVE & GENERAL	5.00	0	38.02
38.03	MISC INCOME	B	-23,600	OPERATION OF PLANT	7.00	0	38.03
38.04	MISC INCOME	B	-1,535,552	CAFETERIA	11.00	0	38.04
38.05	MISC INCOME	B	-13,983,778	NURSING SCHOOL	20.00	0	38.05
38.06	MISC INCOME	B	-115,036	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	0	38.06
38.07	MISC INCOME	B	-22,485	ADULTS & PEDIATRICS	30.00	0	38.07
38.08	MISC INCOME	B	-26,250	SUBPROVIDER - IPF	40.00	0	38.08
38.09	MISC INCOME	B	-7,222	SUBPROVIDER - IRF	41.00	0	38.09
38.10	MISC INCOME	B	-1,431	NURSERY	43.00	0	38.10
38.11	MISC INCOME	B	-25,880	OPERATING ROOM	50.00	0	38.11
38.12	MISC INCOME	B	-2,770	DELIVERY ROOM & LABOR ROOM	52.00	0	38.12
38.13	MISC INCOME	B	-176,011	RADIOLOGY-DIAGNOSTIC	54.00	0	38.13
38.14	MISC INCOME	B	-193	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	38.14
38.15	MISC INCOME	B	-5,290	LABORATORY	60.00	0	38.15
38.16	MISC INCOME	B	-1,159	RESPIRATORY THERAPY	65.00	0	38.16
38.17	MISC INCOME	B	-127,692	PHYSICAL THERAPY	66.00	0	38.17
38.18	MISC INCOME	B	3,605	ELECTROENCEPHALOGRAPHY	70.00	0	38.18
38.19	MISC INCOME	B	-24,559	CLINIC	90.00	0	38.19
38.20	MISC INCOME	B	-2,383,135	PHYSICIAN OFFICES	90.03	0	38.20
38.21	MISC INCOME	B	-14,950	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	38.21
38.22	MISC INCOME	B	-1,800	MULTI-SPECIALITY CLINIC	90.10	0	38.22
38.23	MISC INCOME	B	-11,221	ONCOLOGY CLINIC	90.13	0	38.23
38.24	MISC INCOME	B	-21,942	EMERGENCY	91.00	0	38.24
38.25	MISC INCOME	B	-94,685	HOME HEALTH AGENCY	101.00	0	38.25
38.26	MISC INCOME	B	-85	INTEREST EXPENSE	113.00	0	38.26
38.27	MISC INCOME	B	-3,191	HOSPICE	116.00	0	38.27
38.28	MISC INCOME	B	-565,937	RESEARCH	191.00	0	38.28
38.29	MISC INCOME	B	0		0.00	0	38.29
38.30	CHILD CARE EMPLOYEE REVENUE	B	-544,722	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.30
39.00	PROMOTION EXPENSE	A	-15,384	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
39.01	PROMOTION EXPENSE	A	-150	OPERATION OF PLANT	7.00	0	39.01
39.02	PROMOTION EXPENSE	A	-154,340	NURSING SCHOOL	20.00	0	39.02
39.03	PROMOTION EXPENSE	A	87	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	0	39.03
39.04	PROMOTION EXPENSE	A	-1,721	ADULTS & PEDIATRICS	30.00	0	39.04
39.05	PROMOTION EXPENSE	A	-448	NURSERY	43.00	0	39.05
39.06	PROMOTION EXPENSE	A	-89	OPERATING ROOM	50.00	0	39.06
39.07	PROMOTION EXPENSE	A	-252	DELIVERY ROOM & LABOR ROOM	52.00	0	39.07
39.08	PROMOTION EXPENSE	A	-20	LABORATORY	60.00	0	39.08
39.09	PROMOTION EXPENSE	A	-1,018	RESPIRATORY THERAPY	65.00	0	39.09

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
39.10	PROMOTION EXPENSE	A	-435	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.00	0	39.10
39.11	PROMOTION EXPENSE	A	-342	PHYSICIAN OFFICES		90.03	0	39.11
39.12	PROMOTION EXPENSE	A	-490	WOUND CARE CENTER		90.07	0	39.12
39.13	PROMOTION EXPENSE	A	-227	INTENSIVISTS CLINIC		90.08	0	39.13
39.14	PROMOTION EXPENSE	A	-885	EMERGENCY		91.00	0	39.14
39.15	PROMOTION EXPENSE	A	0			0.00	0	39.15
39.16	PROMOTION EXPENSE	A	0			0.00	0	39.16
39.17	PROMOTION EXPENSE	A	0			0.00	0	39.17
39.18	PROMOTION EXPENSE	A	0			0.00	0	39.18
39.19	PROMOTION EXPENSE	A	0			0.00	0	39.19
40.00	PHYSICIAN RECRUITMENT	A	0	NURSING SCHOOL		20.00	0	40.00
40.01	PHYSICIAN RECRUITMENT	A	0	I&R SRVCS-SALARY & FRINGES APPRVD		21.00	0	40.01
40.02	PHYSICIAN RECRUITMENT	A	0	VASCULAR CLINIC		90.12	0	40.02
40.03	PHYSICIAN RECRUITMENT	A	0			0.00	0	40.03
40.04	PHYSICIAN RECRUITMENT	A	0			0.00	0	40.04
41.00	DEPR EXP TO AHA	A	860,432	CAP REL COSTS-BLDG & FIXT		1.00	10	41.00
41.01	DEPR EXP TO AHA	A	2,728	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	41.01
41.02	DEPR EXP TO AHA	A	329,690	PARKING		4.01	0	41.02
41.03	DEPR EXP TO AHA	A	-6,759	ADMINISTRATIVE & GENERAL		5.00	0	41.03
41.04	DEPR EXP TO AHA	A	144,667	MAINTENANCE & REPAIRS		6.00	0	41.04
41.05	DEPR EXP TO AHA	A	389,940	OPERATION OF PLANT		7.00	0	41.05
41.06	DEPR EXP TO AHA	A	9,870	HOUSEKEEPING		9.00	0	41.06
41.07	DEPR EXP TO AHA	A	112,027	CAFETERIA		11.00	0	41.07
41.08	DEPR EXP TO AHA	A	28,813	CENTRAL SERVICES & SUPPLY		14.00	0	41.08
41.09	DEPR EXP TO AHA	A	-42,137	PHARMACY		15.00	0	41.09
41.10	DEPR EXP TO AHA	A	23,634	NURSING SCHOOL		20.00	0	41.10
41.11	DEPR EXP TO AHA	A	1,746	I&R SRVCS-SALARY & FRINGES APPRVD		21.00	0	41.11
41.12	DEPR EXP TO AHA	A	457,523	ADULTS & PEDIATRICS		30.00	0	41.12
41.13	DEPR EXP TO AHA	A	17,596	INTENSIVE CARE UNIT		31.00	0	41.13
41.14	DEPR EXP TO AHA	A	3,204	SURGICAL INTENSIVE CARE UNIT		34.00	0	41.14
41.15	DEPR EXP TO AHA	A	18,421	SUBPROVIDER - IPF		40.00	0	41.15
41.16	DEPR EXP TO AHA	A	1,810	SUBPROVIDER - IRF		41.00	0	41.16
41.17	DEPR EXP TO AHA	A	2,468	NURSERY		43.00	0	41.17
41.18	DEPR EXP TO AHA	A	478,184	OPERATING ROOM		50.00	0	41.18
41.19	DEPR EXP TO AHA	A	58,122	RECOVERY ROOM		51.00	0	41.19
41.20	DEPR EXP TO AHA	A	27,277	DELIVERY ROOM & LABOR ROOM		52.00	0	41.20
41.21	DEPR EXP TO AHA	A	-10,654	ANESTHESIOLOGY		53.00	0	41.21
41.22	DEPR EXP TO AHA	A	320,903	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	41.22
41.23	DEPR EXP TO AHA	A	21,887	NORTHSIDE ADMIN		54.05	0	41.23
41.24	DEPR EXP TO AHA	A	-23,711	RADIOLOGY-THERAPEUTIC		55.00	0	41.24
41.25	DEPR EXP TO AHA	A	17,679	NUCLEAR MEDICINE - DIAGNOSTIC		56.01	0	41.25
41.26	DEPR EXP TO AHA	A	13,320	COMPUTED TOMOGRAPHY (CT) SCAN		57.00	0	41.26
41.27	DEPR EXP TO AHA	A	-2,809	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0	41.27
41.28	DEPR EXP TO AHA	A	2,505	LABORATORY		60.00	0	41.28
41.29	DEPR EXP TO AHA	A	5,751	RESPIRATORY THERAPY		65.00	0	41.29
41.30	DEPR EXP TO AHA	A	-3,245	ELECTROENCEPHALOGRAPHY		70.00	0	41.30
41.31	DEPR EXP TO AHA	A	260	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.00	0	41.31
41.32	DEPR EXP TO AHA	A	42,015	GASTRO INTESTINAL SERVICES		76.01	0	41.32
41.33	DEPR EXP TO AHA	A	913	CARDIOLOGY		76.02	0	41.33
41.34	DEPR EXP TO AHA	A	6,474	CLINIC		90.00	0	41.34
41.35	DEPR EXP TO AHA	A	0			0.00	0	41.35
41.36	DEPR EXP TO AHA	A	0			0.00	0	41.36
41.37	DEPR EXP TO AHA	A	0			0.00	0	41.37
41.38	DEPR EXP TP AHA	A	0			0.00	0	41.38
41.39	DEPR EXP TO AHA	A	0			0.00	0	41.39
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0	42.00
43.00	CRNA SALARIES	A	-6,402,081	ANESTHESIOLOGY		53.00	0	43.00
43.02	CRNA BENEFITS	A	-1,014,368	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	43.02
44.00	PHYSICIAN BENEFITS	A	-1,238,514	ANESTHESIOLOGY		53.00	0	44.00
44.01	PHYSICIAN BENEFITS	A	-22,419	CLINIC		90.00	0	44.01
44.02	PHYSICIAN BENEFITS	A	-2,838,939	PHYSICIAN OFFICES		90.03	0	44.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 4:21 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
44.03 PHYSICIAN BENEFITS	A	-126,542	UPC SURGICAL GROUP	90.04	0	44.03
44.04 PHYSICIAN BENEFITS	A	-124,370	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	44.04
44.05 PHYSICIAN BENEFITS	A	-39,178	WOUND CARE CENTER	90.07	0	44.05
44.06 PHYSICIAN BENEFITS	A	-508,959	INTENSIVISTS CLINIC	90.08	0	44.06
44.07 PHYSICIAN BENEFITS	A	-280,886	NEUROLOGY CLINIC	90.09	0	44.07
44.08 PHYSICIAN BENEFITS	A	-225,021	MULTI-SPECIALITY CLINIC	90.10	0	44.08
44.09 PHYSICIAN BENEFITS	A	-75,061	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	44.09
44.10 PHYSICIAN BENEFITS	A	-192,508	VASCULAR CLINIC	90.12	0	44.10
44.11 PHYSICIAN BENEFITS	A	-67,544	ONCOLOGY CLINIC	90.13	0	44.11
44.12 PHYSICIAN BENEFITS	A	-21,461	GYNECOLOGIC ONCOLOGY	90.14	0	44.12
44.13 PHYSICIAN BENEFITS	A	-170,583	EMERGENCY	91.00	0	44.13
44.14 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	44.14
44.15 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	44.15
45.00 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	45.00
46.00 REMOVE NON-ALLOWABLE INTEREST	A	-4,746,022	INTEREST EXPENSE	113.00	0	46.00
47.00 SELF INSURANCE ADJUSTMENT	A	-8,347,186	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
47.01 PENSION ADJUSTMENT	A	3,854,896	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-52,556,982				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: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 4:21 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PEORIA HOME OFFICE	2,324,321	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	PEORIA HOME OFFICE	2,780,036	0	2.00
3.00	13.00	NURSING ADMINISTRATION	PEORIA HOME OFFICE	4,904,831	0	3.00
3.01	7.00	OPERATION OF PLANT	PEORIA HOME OFFICE	172,160	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PEORIA HOME OFFICE	50,825,921	0	3.02
4.00	30.00	ADULTS & PEDIATRICS	PEORIA HOME OFFICE	620,979	0	4.00
4.01	113.00	INTEREST EXPENSE	PEORIA HOME OFFICE	4,124,638	4,267,003	4.01
4.02	101.00	HOME HEALTH AGENCY	GLEN OAK MEDICAL PLAZA	56,377	72,566	4.02
4.03	116.00	HOSPICE	GLEN OAK MEDICAL PLAZA	13,557	14,067	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	38,175	0	4.04
4.05	6.00	MAINTENANCE & REPAIRS	GLEN OAK MEDICAL PLAZA	4,306	0	4.05
4.06	7.00	OPERATION OF PLANT	GLEN OAK MEDICAL PLAZA	2,491	0	4.06
4.07	9.00	HOUSEKEEPING	GLEN OAK MEDICAL PLAZA	2,529	0	4.07
4.08	191.00	RESEARCH	GLEN OAK MEDICAL PLAZA	11,785	25,650	4.08
4.09	53.01	PAIN CLINIC	ATRIUM BUILDING	170,216	250,863	4.09
4.10	70.00	ELECTROENCEPHALOGRAPHY	ATRIUM BUILDING	75,636	101,943	4.10
4.11	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	89,653	120,884	4.11
4.12	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	96,627	130,472	4.12
4.13	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	33,117	43,633	4.13
4.15	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	130,247	271,013	4.15
4.16	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	0	269,169	4.16
4.17	90.06	ENDOCRINOLOGY, DIABETES & ME	ATRIUM BUILDING	23,263	80,922	4.17
4.18	90.07	WOUND CARE CENTER	ATRIUM BUILDING	126,673	170,281	4.18
4.19	90.08	INTENSIVISTS CLINIC	ATRIUM BUILDING	0	100,075	4.19
4.20	90.09	NEUROLOGY CLINIC	ATRIUM BUILDING	96,106	127,135	4.20
4.21	90.10	MULTI-SPECIALITY CLINIC	ATRIUM BUILDING	74,769	102,837	4.21
4.22	90.11	PEDIATRICS-GASTROENTEROL CLI	ATRIUM BUILDING	31,902	86,474	4.22
4.23	90.12	VASCULAR CLINIC	ATRIUM BUILDING	55,270	72,732	4.23
4.24	90.13	ONCOLOGY CLINIC	ATRIUM BUILDING	41,149	96,186	4.24
4.25	191.00	RESEARCH	ATRIUM BUILDING	21,771	0	4.25
4.27	194.02	WELLNESS CENTER	ATRIUM BUILDING	499,926	339,058	4.27
4.28	21.00	I&R SRVCES-SALARY & FRINGES	FAMILY MEDICAL BUILDING	86,460	167,643	4.28
4.29	90.00	CLINIC	FAMILY MEDICAL BUILDING	175,530	340,347	4.29
4.30	90.03	PHYSICIAN OFFICES	EAST PEORIA	79,085	136,120	4.30
4.31	54.01	NORTHSIDE IMAGING	NORTHSIDE IMAGING	561,129	426,964	4.31
4.32	54.02	NORTHSIDE MAMMOGRAPHY	NORTHSIDE MAMMOGRAPHY	209,115	200,501	4.32
4.33	54.03	NORTHSIDE ULTRASOUND	NORTHSIDE ULTRASOUND	10,546	10,111	4.33
4.34	57.01	NORTHSIDE CT	NORTHSIDE CT	247,926	237,714	4.34
4.36	58.01	NORTHSIDE MRI	NORTHSIDE MRI	457,526	438,681	4.36
4.37	0.00		0	0	0	4.37
4.38	0.00		0	0	0	4.38
4.39	0.00		0	0	0	4.39
4.40	0.00		0	0	0	4.40
4.42	0.00		0	0	0	4.42
4.43	0.00		0	0	0	4.43
4.44	0.00		0	0	0	4.44
4.45	0.00		0	0	0	4.45
4.46	0.00		0	0	0	4.46
4.47	0.00		0	0	0	4.47
4.48	0.00		0	0	0	4.48
4.50	0.00		0	0	0	4.50
4.51	0.00		0	0	0	4.51
4.52	0.00		0	0	0	4.52
4.54	0.00		0	0	0	4.54
4.55	0.00		0	0	0	4.55
4.56	0.00		0	0	0	4.56
4.57	0.00		0	0	0	4.57
4.59	0.00		0	0	0	4.59
4.60	0.00		0	0	0	4.60
4.73	0.00		0	0	0	4.73
5.00	0		0	69,275,748	8,701,044	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.

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

Provider CCN: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 4:21 pm

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that 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	UNITYPOINT HEAL	100.00	UNITYPOINT HEAL	100.00	6.00
7.00	B	METHODIST SERVICES	100.00	METHODIST SERV	100.00	7.00
8.00	B	HEARTLAND HOME	100.00	HEARTLAND HOME	100.00	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: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 4:21 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	2,324,321	0		1.00
2.00	2,780,036	0		2.00
3.00	4,904,831	0		3.00
3.01	172,160	0		3.01
3.02	50,825,921	0		3.02
4.00	620,979	0		4.00
4.01	-142,365	0		4.01
4.02	-16,189	0		4.02
4.03	-510	0		4.03
4.04	38,175	0		4.04
4.05	4,306	0		4.05
4.06	2,491	0		4.06
4.07	2,529	0		4.07
4.08	-13,865	0		4.08
4.09	-80,647	0		4.09
4.10	-26,307	0		4.10
4.11	-31,231	0		4.11
4.12	-33,845	0		4.12
4.13	-10,516	0		4.13
4.15	-140,766	0		4.15
4.16	-269,169	0		4.16
4.17	-57,659	0		4.17
4.18	-43,608	0		4.18
4.19	-100,075	0		4.19
4.20	-31,029	0		4.20
4.21	-28,068	0		4.21
4.22	-54,572	0		4.22
4.23	-17,462	0		4.23
4.24	-55,037	0		4.24
4.25	21,771	0		4.25
4.27	160,868	0		4.27
4.28	-81,183	0		4.28
4.29	-164,817	0		4.29
4.30	-57,035	0		4.30
4.31	134,165	0		4.31
4.32	8,614	0		4.32
4.33	435	0		4.33
4.34	10,212	0		4.34
4.36	18,845	0		4.36
4.37	0	0		4.37
4.38	0	0		4.38
4.39	0	0		4.39
4.40	0	0		4.40
4.42	0	0		4.42
4.43	0	0		4.43
4.44	0	0		4.44
4.45	0	0		4.45
4.46	0	0		4.46
4.47	0	0		4.47
4.48	0	9		4.48
4.50	0	9		4.50
4.51	0	9		4.51
4.52	0	9		4.52
4.54	0	9		4.54
4.55	0	9		4.55
4.56	0	9		4.56
4.57	0	9		4.57
4.59	0	9		4.59
4.60	0	9		4.60
4.73	0	0		4.73
5.00	60,574,704			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.

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

Provider CCN: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2022 4:21 pm

	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 SYSTEM	6.00
7.00	NOT FOR PROFIT	7.00
8.00	NOT FOR PROFIT	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: 14-0209

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:21 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	30.00	ADULTS & PEDIATRICS	791,439	791,439	0	211,500	0	1.00
2.00	41.00	SUBPROVIDER - IRF	36,839	20,570	16,089	211,500	129	2.00
3.00	43.00	NURSERY	822,500	822,500	0	169,700	0	3.00
4.00	50.00	OPERATING ROOM	1,262,583	1,252,270	10,313	246,400	41	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,366,700	1,366,700	0	237,100	0	5.00
6.00	53.00	ANESTHESIOLOGY	7,862,126	7,838,854	23,271	239,400	129	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	153,996	153,996	0	271,900	0	7.00
8.00	60.00	LABORATORY	606,858	603,858	3,000	260,300	54	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	40,725	0	40,725	211,500	562	9.00
10.00	74.00	RENAL DIALYSIS	225,504	0	225,504	211,500	1,044	10.00
11.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,775	5,775	0	211,500	0	11.00
12.00	76.02	CARDIOLOGY	18,388	0	18,388	211,500	78	12.00
13.00	90.00	CLINIC	177,548	141,495	36,053	211,500	328	13.00
14.00	90.03	PHYSICIAN OFFICES	20,934,864	20,662,456	272,408	211,500	2,002	14.00
15.00	90.04	UPC SURGICAL GROUP	1,514,357	1,514,357	0	211,500	0	15.00
16.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	784,946	784,946	0	211,500	0	16.00
17.00	90.07	WOUND CARE CENTER	252,619	247,270	5,349	211,500	41	17.00
18.00	90.08	INTENSIVISTS CLINIC	3,924,213	3,878,029	46,184	211,500	299	18.00
19.00	90.09	NEUROLOGY CLINIC	1,790,284	1,772,784	17,500	211,500	258	19.00
20.00	90.10	MULTI-SPECIALITY CLINIC	1,420,195	1,420,195	0	211,500	0	20.00
21.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	473,737	473,737	0	211,500	0	21.00
22.00	90.12	VASCULAR CLINIC	1,265,153	1,236,353	28,800	211,500	144	22.00
23.00	90.13	ONCOLOGY CLINIC	444,448	444,448	0	211,500	0	23.00
24.00	90.14	GYNECOLOGIC ONCOLOGY	135,452	135,452	0	211,500	0	24.00
25.00	91.00	EMERGENCY	8,408,135	8,397,285	10,850	211,500	54	25.00
200.00			54,719,384	53,964,769	754,434		5,163	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0209

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:21 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	13,117	656	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	4,857	243	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	14,847	742	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	6,758	338	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	57,146	2,857	0	0	0	9.00
10.00	74.00	RENAL DIALYSIS	106,157	5,308	0	0	0	10.00
11.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	11.00
12.00	76.02	CARDIOLOGY	7,931	397	0	0	0	12.00
13.00	90.00	CLINIC	33,352	1,668	0	0	0	13.00
14.00	90.03	PHYSICIAN OFFICES	203,569	10,178	0	0	0	14.00
15.00	90.04	UPC SURGICAL GROUP	0	0	0	0	0	15.00
16.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	16.00
17.00	90.07	WOUND CARE CENTER	4,169	208	0	0	0	17.00
18.00	90.08	INTENSIVISTS CLINIC	30,403	1,520	0	0	0	18.00
19.00	90.09	NEUROLOGY CLINIC	26,234	1,312	0	0	0	19.00
20.00	90.10	MULTI-SPECIALITY CLINIC	0	0	0	0	0	20.00
21.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	21.00
22.00	90.12	VASCULAR CLINIC	14,642	732	0	0	0	22.00
23.00	90.13	ONCOLOGY CLINIC	0	0	0	0	0	23.00
24.00	90.14	GYNECOLOGIC ONCOLOGY	0	0	0	0	0	24.00
25.00	91.00	EMERGENCY	5,491	275	0	0	0	25.00
200.00			528,673	26,434	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0209

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 4:21 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	791,439		1.00
2.00	41.00	SUBPROVIDER - IRF	0	13,117	2,972	23,722		2.00
3.00	43.00	NURSERY	0	0	0	822,500		3.00
4.00	50.00	OPERATING ROOM	0	4,857	5,456	1,257,726		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,366,700		5.00
6.00	53.00	ANESTHESIOLOGY	0	14,847	8,424	7,847,279		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	153,996		7.00
8.00	60.00	LABORATORY	0	6,758	0	603,858		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	57,146	0	0		9.00
10.00	74.00	RENAL DIALYSIS	0	106,157	119,347	119,347		10.00
11.00	76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	5,775		11.00
12.00	76.02	CARDIOLOGY	0	7,931	10,457	10,457		12.00
13.00	90.00	CLINIC	0	33,352	2,701	144,196		13.00
14.00	90.03	PHYSICIAN OFFICES	0	203,569	68,839	20,731,295		14.00
15.00	90.04	UPC SURGICAL GROUP	0	0	0	1,514,357		15.00
16.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	784,946		16.00
17.00	90.07	WOUND CARE CENTER	0	4,169	1,180	248,450		17.00
18.00	90.08	INTENSIVISTS CLINIC	0	30,403	15,781	3,893,810		18.00
19.00	90.09	NEUROLOGY CLINIC	0	26,234	0	1,772,784		19.00
20.00	90.10	MULTI-SPECIALITY CLINIC	0	0	0	1,420,195		20.00
21.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	473,737		21.00
22.00	90.12	VASCULAR CLINIC	0	14,642	14,158	1,250,511		22.00
23.00	90.13	ONCOLOGY CLINIC	0	0	0	444,448		23.00
24.00	90.14	GYNECOLOGIC ONCOLOGY	0	0	0	135,452		24.00
25.00	91.00	EMERGENCY	0	5,491	5,359	8,402,644		25.00
200.00			0	528,673	254,674	54,219,624		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,806,838	8,806,838			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	269,227	269,227			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,232,068	168,072	301	5,400,441	4.00
4.01	00401	PARKING	296,194	0	18,889	3,714	318,797
5.00	00500	ADMINISTRATIVE & GENERAL	76,173,798	307,171	2,896	112,962	11,336
6.00	00600	MAINTENANCE & REPAIRS	3,567,076	1,432,798	12,065	55,206	52,875
7.00	00700	OPERATION OF PLANT	11,985,377	87,159	26,152	40,868	3,216
8.00	00800	LAUNDRY & LINEN SERVICE	170,048	29,167	0	4,140	1,076
9.00	00900	HOUSEKEEPING	3,735,781	106,786	1,190	74,535	3,941
10.00	01000	DIETARY	1,731,294	166,910	625	41,389	6,159
11.00	01100	CAFETERIA	1,949,895	113,648	4,040	57,534	4,194
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,291,962	0	0	38,630	0
14.00	01400	CENTRAL SERVICES & SUPPLY	819,267	81,973	3,378	27,393	3,025
15.00	01500	PHARMACY	-4,624,917	63,292	3,766	159,603	2,336
16.00	01600	MEDICAL RECORDS & LIBRARY	2,780,036	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	1,469,819	7,824	212,716	54,239
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,675,533	71,954	231	201,965	2,655
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,410,718	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,933,441	1,057,844	17,085	474,149	39,038
31.00	03100	INTENSIVE CARE UNIT	9,688,692	206,141	4,399	148,199	7,607
34.00	03400	SURGICAL INTENSIVE CARE UNIT	613,220	5,072	64	3,435	187
40.00	04000	SUBPROVIDER - IPF	6,685,716	298,179	1,089	155,263	11,004
41.00	04100	SUBPROVIDER - IRF	1,811,650	141,208	162	31,440	5,211
43.00	04300	NURSERY	2,082,662	76,092	2,482	55,332	2,808
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,906,049	498,108	59,812	275,875	18,382
51.00	05100	RECOVERY ROOM	2,882,654	201,605	2,954	73,462	7,440
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,010	92,767	1,204	46,660	3,423
53.00	05300	ANESTHESIOLOGY	4,002,745	13,051	3,212	346,926	482
53.01	03950	PAIN CLINIC	235,375	17,906	151	2,209	661
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,473,843	519,353	27,960	133,225	19,166
54.01	05401	NORTHSIDE IMAGING	701,923	0	0	3,231	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	346,820	0	0	2,148	0
54.03	05403	NORTHSIDE ULTRASOUND	6,247	0	43	23	0
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	21,886	0	1,519	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,360,408	135,372	6,446	30,648	4,996
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,379,049	64,295	1,825	9,943	2,373
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	922,165	0	1,463	19,668	0
57.01	05701	NORTHSIDE CT	408,530	0	224	2,659	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	717,724	42,047	365	15,676	1,552
58.01	05801	NORTHSIDE MRI	504,757	0	288	4,416	0
59.00	05900	CARDIAC CATHETERIZATION	702,297	36,872	5,833	15,270	1,361
60.00	06000	LABORATORY	24,626,122	255,790	12,129	261,503	9,439
60.01	06001	NORTHSIDE LAB	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,347,606	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	3,375,657	192,783	1,609	77,985	7,114
65.00	06500	RESPIRATORY THERAPY	1,794,963	24,220	2,127	38,880	894
66.00	06600	PHYSICAL THERAPY	1,785,809	86,509	17	450	3,192
67.00	06700	OCCUPATIONAL THERAPY	907,639	39,345	51	8,759	1,452
68.00	06800	SPEECH PATHOLOGY	735,681	12,902	295	3,888	476
69.00	06900	ELECTROCARDIOLOGY	259,910	12,241	565	29,432	452
70.00	07000	ELECTROENCEPHALOGRAPHY	1,082,820	0	32	24,765	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,446,542	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	14,353,918	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	18,961,840	0	0	0	0
74.00	07400	RENAL DIALYSIS	355,692	26,625	1,438	8,184	983
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	820,747	35,265	66	21,916	1,301
76.01	03340	GASTRO INTESTINAL SERVICES	1,208,431	60,374	10,301	16,186	2,228
76.02	03140	CARDIOLOGY	820,822	155,694	5,254	237,815	5,746
76.03	03560	PULMONARY FUNCTION TESTING	193,130	2,998	261	4,778	111

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4.01
76.97	07697	CARDIAC REHABILITATION	763	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	440,037	16,641	0	5,126	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,042,105	144,730	2,973	88,652	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	9	0	0	0	90.01
90.02	09005	CLINIC	129,072	0	0	3,341	90.02
90.03	09002	PHYSICIAN OFFICES	10,471,796	57,639	6,990	723,843	90.03
90.04	09006	UPC SURGICAL GROUP	76,495	0	195	36,456	90.04
90.05	09007	CLINIC	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	828,855	0	418	49,372	90.06
90.07	09004	WOUND CARE CENTER	1,122,426	0	117	39,721	90.07
90.08	09008	INTENSIVISTS CLINIC	1,558,900	0	238	159,478	90.08
90.09	09009	NEUROLOGY CLINIC	671,456	0	903	77,797	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	863,547	0	238	70,703	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	223,083	0	0	21,525	90.11
90.12	09012	VASCULAR CLINIC	710,516	0	388	56,919	90.12
90.13	09013	ONCOLOGY CLINIC	449,613	0	277	23,064	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	103,813	0	0	6,317	90.14
91.00	09100	EMERGENCY	6,887,456	152,993	1,469	165,645	91.00
92.00	09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,916,208	1,983	521	145,960	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	4,000,877	0	26	66,174	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	333,778,414	8,783,393	268,835	5,355,146	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	877,593	0	0	10,054	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	194.00
194.01	07951	FOUNDATION	15,072	23,445	0	4,606	194.01
194.02	07952	WELLNESS CENTER	776,534	0	392	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,520,343	0	0	30,635	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	336,967,956	8,806,838	269,227	5,400,441	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	76,608,163	76,608,163				5.00
6.00	00600	MAINTENANCE & REPAIRS	5,120,020	1,481,498	6,601,518			6.00
7.00	00700	OPERATION OF PLANT	12,142,772	3,513,560	83,403	15,739,735		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	204,431	59,153	27,910	67,397	358,891	8.00
9.00	00900	HOUSEKEEPING	3,922,233	1,134,914	102,185	246,752	0	9.00
10.00	01000	DIETARY	1,946,377	563,192	159,717	385,680	0	10.00
11.00	01100	CAFETERIA	2,129,311	616,125	108,750	262,607	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,330,592	1,831,782	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	935,036	270,556	78,441	189,416	600	14.00
15.00	01500	PHARMACY	-4,395,920	0	60,565	146,250	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,780,036	804,415	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	1,744,598	504,806	1,406,481	3,396,325	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,952,338	2,011,687	68,854	166,266	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,410,718	697,551	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,521,557	7,384,801	1,012,260	2,444,372	105,438	30.00
31.00	03100	INTENSIVE CARE UNIT	10,055,038	2,909,465	197,258	476,333	21,832	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	621,978	179,972	4,853	11,720	1,162	34.00
40.00	04000	SUBPROVIDER - IPF	7,151,251	2,069,243	285,330	689,005	16,150	40.00
41.00	04100	SUBPROVIDER - IRF	1,989,671	575,719	135,123	326,290	5,181	41.00
43.00	04300	NURSERY	2,219,376	642,185	72,813	175,826	4,413	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,758,226	6,874,538	476,644	1,150,984	46,951	50.00
51.00	05100	RECOVERY ROOM	3,168,115	916,707	192,917	465,851	11,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,690,064	489,027	88,769	214,358	14,990	52.00
53.00	05300	ANESTHESIOLOGY	4,366,416	1,263,440	12,488	30,156	0	53.00
53.01	03950	PAIN CLINIC	256,302	74,162	17,134	41,376	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,173,547	2,075,695	496,974	1,200,076	28,166	54.00
54.01	05401	NORTHSIDE IMAGING	705,154	204,039	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	348,968	100,975	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	6,313	1,827	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	23,405	6,772	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,537,870	734,343	129,539	312,806	6,116	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,457,485	421,729	61,525	148,568	1,785	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	943,296	272,946	0	0	0	57.00
57.01	05701	NORTHSIDE CT	411,413	119,044	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	777,364	224,933	40,235	97,158	0	58.00
58.01	05801	NORTHSIDE MRI	509,461	147,415	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	761,633	220,382	35,283	85,201	0	59.00
60.00	06000	LABORATORY	25,164,983	7,281,588	244,768	591,057	1,010	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,347,606	389,935	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,655,148	1,057,632	184,476	445,466	18,514	64.00
65.00	06500	RESPIRATORY THERAPY	1,861,084	538,512	23,177	55,966	0	65.00
66.00	06600	PHYSICAL THERAPY	1,875,977	542,821	82,782	199,899	538	66.00
67.00	06700	OCCUPATIONAL THERAPY	957,246	276,983	37,650	90,916	1,306	67.00
68.00	06800	SPEECH PATHOLOGY	753,242	217,954	12,346	29,814	515	68.00
69.00	06900	ELECTROCARDIOLOGY	302,600	87,559	11,714	28,286	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,107,617	320,493	0	0	512	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,446,542	418,563	0	0	5,357	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	14,353,918	4,153,364	0	0	8,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,961,840	5,486,684	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	392,922	113,694	25,478	61,523	2,497	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	879,295	254,428	33,745	81,487	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,297,520	375,443	57,773	139,508	6,283	76.01
76.02	03140	CARDIOLOGY	1,225,331	354,554	148,985	359,765	2,289	76.02
76.03	03560	PULMONARY FUNCTION TESTING	201,278	58,241	2,868	6,927	0	76.03
76.97	07697	CARDIAC REHABILITATION	763	221	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	462,418	133,802	15,924	38,452	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,283,801	1,239,535	138,493	334,428	1,833	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	9	3	0	0	0	90.01
90.02	09005	CLINIC	132,413	38,314	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	11,262,395	3,258,819	55,155	133,187	2,942	90.03
90.04	09006	UPC SURGICAL GROUP	113,146	32,739	0	0	0	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	878,645	254,239	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	1,162,264	336,306	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	1,718,616	497,288	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	750,156	217,061	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	934,488	270,398	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	244,608	70,778	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	767,823	222,173	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	472,954	136,851	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	110,130	31,867	0	0	0	90.14
91.00	09100	EMERGENCY	7,213,209	2,087,171	146,400	353,523	42,386	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,064,745	2,333,566	1,898	4,583	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	4,067,077	1,176,825	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	333,708,417	75,665,002	6,579,083	15,685,560	358,891	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	887,647	256,844	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	43,988	12,728	22,435	54,175	0	194.01
194.02	07952	WELLNESS CENTER	776,926	224,807	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,550,978	448,782	0	0	0	194.05
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)	336,967,956	76,608,163	6,601,518	15,739,735	358,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,406,084					9.00
10.00	01000	DIETARY	0	3,054,966				10.00
11.00	01100	CAFETERIA	80,319	0	3,197,112			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	32,304	0	8,194,678	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	80,319	0	36,924	0	0	14.00
15.00	01500	PHARMACY	0	0	85,206	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	157,693	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	108,031	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,544,595	1,958,336	437,110	0	1,289,899	30.00
31.00	03100	INTENSIVE CARE UNIT	642,552	212,572	137,666	0	406,247	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,416	132,952	3,019	0	8,908	34.00
40.00	04000	SUBPROVIDER - IPF	428,368	571,772	157,601	0	465,073	40.00
41.00	04100	SUBPROVIDER - IRF	133,865	179,334	30,832	0	90,983	41.00
43.00	04300	NURSERY	57,665	0	40,440	0	119,337	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	838,200	0	216,006	0	637,425	50.00
51.00	05100	RECOVERY ROOM	70,022	0	58,424	0	172,406	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	133,865	0	34,458	0	101,684	52.00
53.00	05300	ANESTHESIOLOGY	0	0	81,838	0	241,499	53.00
53.01	03950	PAIN CLINIC	0	0	2,264	0	6,681	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	121,508	0	110,663	0	326,562	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	3,295	0	9,723	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	1,878	0	5,540	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	18	0	54	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	115,330	0	19,769	0	58,338	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	6,258	0	18,468	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	16,603	0	48,995	57.00
57.01	05701	NORTHSIDE CT	0	0	1,970	0	5,812	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	11,615	0	34,275	58.00
58.01	05801	NORTHSIDE MRI	0	0	3,626	0	10,701	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,026	0	32,537	59.00
60.00	06000	LABORATORY	119,449	0	260,293	0	768,115	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	249,195	0	69,339	0	204,617	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	34,329	0	101,304	65.00
66.00	06600	PHYSICAL THERAPY	2,059	0	442	0	1,304	66.00
67.00	06700	OCCUPATIONAL THERAPY	37,070	0	8,596	0	25,367	67.00
68.00	06800	SPEECH PATHOLOGY	14,416	0	3,368	0	9,940	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	13,327	0	39,326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	20,119	0	59,370	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,238	0	4,344	0	12,819	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	21,775	0	64,259	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	107,092	0	13,235	0	39,055	76.01
76.02	03140	CARDIOLOGY	107,092	0	86,053	0	253,938	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	4,197	0	12,385	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,418	0	13,036	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,070	0	85,979	0	253,721	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	248,439	0	733,134	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	10,934	0	32,265	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	20,487	0	60,456	90.06
90.07	09004	WOUND CARE CENTER	0	0	22,162	0	65,399	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	43,164	0	127,376	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	21,205	0	62,575	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	29,286	0	86,420	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	7,970	0	23,520	90.11
90.12	09012	VASCULAR CLINIC	0	0	14,615	0	43,129	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	7,823	0	23,085	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	1,730	0	5,106	90.14
91.00	09100	EMERGENCY	463,379	0	110,258	0	325,367	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	110,921	0	327,322	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	49,386	0	145,736	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,406,084	3,054,966	3,134,731	0	8,010,593	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	7,510	0	22,162	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	7,289	0	21,510	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	47,582	0	140,413	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,406,084	3,054,966	3,197,112	0	8,194,678	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,591,292					14.00
15.00	01500	PHARMACY	14,419	-4,089,480				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,584,451			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	6,731	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	71	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,456	0	681,924	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,367	0	337,813	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	29,265	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,737	0	234,215	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	848	0	69,608	0	0	41.00
43.00	04300	NURSERY	7,893	0	50,445	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	778,500	0	1,139,857	0	0	50.00
51.00	05100	RECOVERY ROOM	5,382	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,703	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	37,123	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	15,094	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,621	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	454	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	739	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	26	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,416	0	274,706	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	82,524	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	9,671	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	1,910	0	0	1,910	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,623	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	5,916	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	74,278	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,361	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	18,401	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	345	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
70.00	07000	ELECTROENCEPHALOGRAPHY	7,120	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	123,471	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,117	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	654	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	6,967	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,566	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	10,837	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	1,563	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	9,847	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	236	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	247	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	243	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	165	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	1,808	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,005	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	8	0	0	0	0	90.14
91.00	09100	EMERGENCY	36,251	0	795,883	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	19,020	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,333	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,587,347	0	3,584,451	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	186	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	3,759	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	-4,089,480	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,591,292	-4,089,480	3,584,451	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			NURSING PROGRAM	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS		
			20.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	PARKING					4.01
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING PROGRAM	7,216,634				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		9,307,247			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			3,108,269		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,121,070	931,205	310,987	48,841,010	30.00
31.00	03100	INTENSIVE CARE UNIT	465,923	134,058	44,770	16,082,894	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	16,114	5,382	1,029,741	34.00
40.00	04000	SUBPROVIDER - IPF	256,939	298,630	99,731	12,725,045	40.00
41.00	04100	SUBPROVIDER - IRF	248,492	22,972	7,672	3,816,590	41.00
43.00	04300	NURSERY	0	25,372	8,473	3,424,238	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	184,734	392,916	131,219	36,626,200	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,061,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	165,934	0	0	2,963,852	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,032,960	53.00
53.01	03950	PAIN CLINIC	0	0	0	413,013	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,001	36,068	11,736,881	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	922,665	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	458,100	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	8,238	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	30,177	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,191,233	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,198,342	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	1,291,511	57.00
57.01	05701	NORTHSIDE CT	0	0	0	540,149	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,194,203	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	677,119	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,146,062	59.00
60.00	06000	LABORATORY	0	0	0	34,505,541	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,737,541	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,885,748	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,632,773	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,706,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,435,134	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,041,595	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	482,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,515,231	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,993,933	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	18,515,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,448,524	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	632,632	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,335,004	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	92,229	30,801	2,159,593	76.01
76.02	03140	CARDIOLOGY	0	0	0	2,544,974	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	285,896	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			NURSING PROGRAM	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
			20.00	21.00	22.00	24.00	25.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	984	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	668,050	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,156,016	1,053,990	10,595,432	-4,210,006	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	12	0	90.01
90.02	09005	CLINIC	0	0	0	170,727	0	90.02
90.03	09002	PHYSICIAN OFFICES	26,975	3,786,875	1,264,674	20,783,432	-5,051,549	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	189,084	0	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	14,713	24,000	8,015	1,262,118	-32,015	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	1,595,978	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	2,386,680	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	1,051,244	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	1,320,835	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	347,041	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	1,049,548	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	641,718	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	0	148,841	0	90.14
91.00	09100	EMERGENCY	731,854	308,573	103,052	12,717,306	-411,625	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	10,862,055	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	5,452,357	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,216,634	9,296,961	3,104,834	336,513,994	-12,401,795	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	10,286	3,435	1,188,070	-13,721	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	133,326	0	194.01
194.02	07952	WELLNESS CENTER	0	0	0	1,034,291	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	2,187,755	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-4,089,480	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,216,634	9,307,247	3,108,269	336,967,956	-12,415,516	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
4.01	00401	PARKING		4.01
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	47,598,818	30.00
31.00	03100	INTENSIVE CARE UNIT	15,904,066	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,008,245	34.00
40.00	04000	SUBPROVIDER - IPF	12,326,684	40.00
41.00	04100	SUBPROVIDER - IRF	3,785,946	41.00
43.00	04300	NURSERY	3,390,393	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	36,102,065	50.00
51.00	05100	RECOVERY ROOM	5,061,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,963,852	52.00
53.00	05300	ANESTHESIOLOGY	6,032,960	53.00
53.01	03950	PAIN CLINIC	413,013	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,592,812	54.00
54.01	05401	NORTHSIDE IMAGING	922,665	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	458,100	54.02
54.03	05403	NORTHSIDE ULTRASOUND	8,238	54.03
54.04	05404	NORTHSIDE CARDIO	0	54.04
54.05	05405	NORTHSIDE ADMIN	30,177	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,191,233	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,198,342	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,291,511	57.00
57.01	05701	NORTHSIDE CT	540,149	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,194,203	58.00
58.01	05801	NORTHSIDE MRI	677,119	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,146,062	59.00
60.00	06000	LABORATORY	34,505,541	60.00
60.01	06001	NORTHSIDE LAB	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,737,541	63.00
64.00	06400	INTRAVENOUS THERAPY	5,885,748	64.00
65.00	06500	RESPIRATORY THERAPY	2,632,773	65.00
66.00	06600	PHYSICAL THERAPY	2,706,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,435,134	67.00
68.00	06800	SPEECH PATHOLOGY	1,041,595	68.00
69.00	06900	ELECTROCARDIOLOGY	482,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,515,231	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,993,933	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,515,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,448,524	73.00
74.00	07400	RENAL DIALYSIS	632,632	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,335,004	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,036,563	76.01
76.02	03140	CARDIOLOGY	2,544,974	76.02
76.03	03560	PULMONARY FUNCTION TESTING	285,896	76.03
76.97	07697	CARDIAC REHABILITATION	984	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	668,050	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	6,385,426	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	12	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Total	
			26.00	
90.02	09005	CLINIC	170,727	90.02
90.03	09002	PHYSICIAN OFFICES	15,731,883	90.03
90.04	09006	UPC SURGICAL GROUP	189,084	90.04
90.05	09007	CLINIC	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	1,230,103	90.06
90.07	09004	WOUND CARE CENTER	1,595,978	90.07
90.08	09008	INTENSIVISTS CLINIC	2,386,680	90.08
90.09	09009	NEUROLOGY CLINIC	1,051,244	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	1,320,835	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	347,041	90.11
90.12	09012	VASCULAR CLINIC	1,049,548	90.12
90.13	09013	ONCOLOGY CLINIC	641,718	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	148,841	90.14
91.00	09100	EMERGENCY	12,305,681	91.00
92.00	09200	OBSERVATION BEDS		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	10,862,055	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	5,452,357	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	324,112,199	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	1,174,349	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	133,326	194.01
194.02	07952	WELLNESS CENTER	1,034,291	194.02
194.03	07954	CAPITAL LABOR	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,187,755	194.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-4,089,480	201.00
202.00		TOTAL (sum lines 118 through 201)	324,552,440	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,145	168,072	301	178,518	4.00
4.01	00401	PARKING	636,653	0	18,889	655,542	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	360,154	307,171	2,896	670,221	5.00
6.00	00600	MAINTENANCE & REPAIRS	406,666	1,432,798	12,065	1,851,529	6.00
7.00	00700	OPERATION OF PLANT	881,452	87,159	26,152	994,763	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	29,167	0	29,167	8.00
9.00	00900	HOUSEKEEPING	40,110	106,786	1,190	148,086	9.00
10.00	01000	DIETARY	21,062	166,910	625	188,597	10.00
11.00	01100	CAFETERIA	136,159	113,648	4,040	253,847	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	255,674	81,973	3,378	341,025	14.00
15.00	01500	PHARMACY	139,568	63,292	3,766	206,626	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	2,275,927	1,469,819	7,824	3,753,570	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	200,758	71,954	231	272,943	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	607,151	1,057,844	17,085	1,682,080	30.00
31.00	03100	INTENSIVE CARE UNIT	148,274	206,141	4,399	358,814	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,154	5,072	64	7,290	34.00
40.00	04000	SUBPROVIDER - IPF	36,701	298,179	1,089	335,969	40.00
41.00	04100	SUBPROVIDER - IRF	5,463	141,208	162	146,833	41.00
43.00	04300	NURSERY	83,669	76,092	2,482	162,243	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,799,274	498,108	59,812	2,357,194	50.00
51.00	05100	RECOVERY ROOM	99,559	201,605	2,954	304,118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,582	92,767	1,204	134,553	52.00
53.00	05300	ANESTHESIOLOGY	108,270	13,051	3,212	124,533	53.00
53.01	03950	PAIN CLINIC	49,899	17,906	151	67,956	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	957,548	519,353	27,960	1,504,861	54.00
54.01	05401	NORTHSIDE IMAGING	22,039	0	0	22,039	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	12,171	0	0	12,171	54.02
54.03	05403	NORTHSIDE ULTRASOUND	3,180	0	43	3,223	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,171,751	0	1,519	1,173,270	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	410,666	135,372	6,446	552,484	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	66,843	64,295	1,825	132,963	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	49,320	0	1,463	50,783	57.00
57.01	05701	NORTHSIDE CT	26,315	0	224	26,539	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,312	42,047	365	54,724	58.00
58.01	05801	NORTHSIDE MRI	45,941	0	288	46,229	58.01
59.00	05900	CARDIAC CATHETERIZATION	18,805	36,872	5,833	61,510	59.00
60.00	06000	LABORATORY	972,494	255,790	12,129	1,240,413	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	54,380	192,783	1,609	248,772	64.00
65.00	06500	RESPIRATORY THERAPY	71,685	24,220	2,127	98,032	65.00
66.00	06600	PHYSICAL THERAPY	123,720	86,509	17	210,246	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,259	39,345	51	54,655	67.00
68.00	06800	SPEECH PATHOLOGY	38,233	12,902	295	51,430	68.00
69.00	06900	ELECTROCARDIOLOGY	34,379	12,241	565	47,185	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	125,128	0	32	125,160	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	52,631	26,625	1,438	80,694	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,231	35,265	66	37,562	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	351,945	60,374	10,301	422,620	76.01
76.02	03140	CARDIOLOGY	323,795	155,694	5,254	484,743	76.02
76.03	03560	PULMONARY FUNCTION TESTING	8,806	2,998	261	12,065	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

	Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	16,641	0	16,641	169	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	686,722	144,730	2,973	834,425	2,931	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	110	90.02
90.03	09002	PHYSICIAN OFFICES	988,723	57,639	6,990	1,053,352	23,897	90.03
90.04	09006	UPC SURGICAL GROUP	275,740	0	195	275,935	1,205	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	89,236	0	418	89,654	1,632	90.06
90.07	09004	WOUND CARE CENTER	215,552	0	117	215,669	1,313	90.07
90.08	09008	INTENSIVISTS CLINIC	108,096	0	238	108,334	5,273	90.08
90.09	09009	NEUROLOGY CLINIC	161,482	0	903	162,385	2,572	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	129,558	0	238	129,796	2,338	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	97,875	0	0	97,875	712	90.11
90.12	09012	VASCULAR CLINIC	92,484	0	388	92,872	1,882	90.12
90.13	09013	ONCOLOGY CLINIC	110,892	0	277	111,169	763	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	0	0	209	90.14
91.00	09100	EMERGENCY	50,234	152,993	1,469	204,696	5,477	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	101,223	1,983	521	103,727	4,826	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	311,102	0	26	311,128	2,188	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,735,820	8,783,393	268,835	25,788,048	177,021	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	25,650	0	0	25,650	332	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	23,445	0	23,445	152	194.01
194.02	07952	WELLNESS CENTER	517,723	0	392	518,115	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	1,013	194.05
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)	17,279,193	8,806,838	269,227	26,355,258	178,518	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING	655,665					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	23,314	697,270				5.00
6.00	00600	MAINTENANCE & REPAIRS	108,746	13,486	1,975,586			6.00
7.00	00700	OPERATION OF PLANT	6,615	31,984	24,959	1,059,672		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,214	538	8,352	4,537	44,945	8.00
9.00	00900	HOUSEKEEPING	8,105	10,331	30,580	16,613	0	9.00
10.00	01000	DIETARY	12,668	5,127	47,797	25,966	0	10.00
11.00	01100	CAFETERIA	8,626	5,609	32,545	17,680	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	16,675	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,222	2,463	23,474	12,752	75	14.00
15.00	01500	PHARMACY	4,804	0	18,125	9,846	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,323	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	111,555	4,595	420,909	228,656	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,461	18,312	20,605	11,194	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	6,350	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,288	67,127	302,931	164,567	13,203	30.00
31.00	03100	INTENSIVE CARE UNIT	15,646	26,485	59,032	32,069	2,734	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	385	1,638	1,452	789	146	34.00
40.00	04000	SUBPROVIDER - IPF	22,631	18,836	85,388	46,387	2,023	40.00
41.00	04100	SUBPROVIDER - IRF	10,717	5,241	40,437	21,967	649	41.00
43.00	04300	NURSERY	5,775	5,846	21,790	11,837	553	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,805	62,579	142,642	77,490	5,880	50.00
51.00	05100	RECOVERY ROOM	15,301	8,345	57,733	31,363	1,495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,041	4,452	26,565	14,432	1,877	52.00
53.00	05300	ANESTHESIOLOGY	991	11,501	3,737	2,030	0	53.00
53.01	03950	PAIN CLINIC	1,359	675	5,128	2,786	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,418	18,895	148,726	80,795	3,527	54.00
54.01	05401	NORTHSIDE IMAGING	0	1,857	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	919	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	17	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	62	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	10,274	6,685	38,766	21,060	766	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,880	3,839	18,412	10,002	224	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,485	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	1,084	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,191	2,048	12,041	6,541	0	58.00
58.01	05801	NORTHSIDE MRI	0	1,342	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,799	2,006	10,559	5,736	0	59.00
60.00	06000	LABORATORY	19,414	66,285	73,250	39,793	126	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	3,550	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	14,632	9,628	55,207	29,991	2,319	64.00
65.00	06500	RESPIRATORY THERAPY	1,838	4,902	6,936	3,768	0	65.00
66.00	06600	PHYSICAL THERAPY	6,566	4,941	24,773	13,458	67	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,986	2,521	11,267	6,121	164	67.00
68.00	06800	SPEECH PATHOLOGY	979	1,984	3,695	2,007	64	68.00
69.00	06900	ELECTROCARDIOLOGY	929	797	3,505	1,904	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,917	0	0	64	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	3,810	0	0	671	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	37,808	0	0	1,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,945	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,021	1,035	7,625	4,142	313	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,677	2,316	10,099	5,486	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,582	3,418	17,289	9,392	787	76.01
76.02	03140	CARDIOLOGY	11,817	3,228	44,586	24,221	287	76.02
76.03	03560	PULMONARY FUNCTION TESTING	228	530	858	466	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	2	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,263	1,218	4,765	2,589	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,985	11,284	41,446	22,515	230	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	349	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	4,375	29,665	16,506	8,967	368	90.03
90.04	09006	UPC SURGICAL GROUP	0	298	0	0	0	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	2,314	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	3,061	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	4,527	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	1,976	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	2,461	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	644	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	2,022	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	1,246	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	290	0	0	0	90.14
91.00	09100	EMERGENCY	11,612	19,000	43,812	23,801	5,308	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	151	21,243	568	309	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	10,713	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	653,886	688,685	1,968,872	1,056,025	44,945	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	2,338	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	1,779	116	6,714	3,647	0	194.01
194.02	07952	WELLNESS CENTER	0	2,046	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	4,085	0	0	0	194.05
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)	655,665	697,270	1,975,586	1,059,672	44,945	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	216,179					9.00
10.00	01000	DIETARY	0	281,523				10.00
11.00	01100	CAFETERIA	3,212	0	323,421			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,268	0	21,220	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,212	0	3,735	0	0	14.00
15.00	01500	PHARMACY	0	0	8,619	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	15,952	0	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	10,928	0	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,767	180,466	44,220	0	3,339	30.00
31.00	03100	INTENSIVE CARE UNIT	25,694	19,589	13,926	0	1,052	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	576	12,252	305	0	23	34.00
40.00	04000	SUBPROVIDER - IPF	17,130	52,690	15,943	0	1,204	40.00
41.00	04100	SUBPROVIDER - IRF	5,353	16,526	3,119	0	236	41.00
43.00	04300	NURSERY	2,306	0	4,091	0	309	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,518	0	21,851	0	1,651	50.00
51.00	05100	RECOVERY ROOM	2,800	0	5,910	0	446	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,353	0	3,486	0	263	52.00
53.00	05300	ANESTHESIOLOGY	0	0	8,279	0	625	53.00
53.01	03950	PAIN CLINIC	0	0	229	0	17	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,859	0	11,195	0	846	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	333	0	25	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	190	0	14	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	2	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,612	0	2,000	0	151	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	633	0	48	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	1,680	0	127	57.00
57.01	05701	NORTHSIDE CT	0	0	199	0	15	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,175	0	89	58.00
58.01	05801	NORTHSIDE MRI	0	0	367	0	28	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,115	0	84	59.00
60.00	06000	LABORATORY	4,777	0	26,331	0	1,989	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	9,965	0	7,014	0	530	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,473	0	262	65.00
66.00	06600	PHYSICAL THERAPY	82	0	45	0	3	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,482	0	870	0	66	67.00
68.00	06800	SPEECH PATHOLOGY	576	0	341	0	26	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,348	0	102	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,035	0	154	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	329	0	439	0	33	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,203	0	166	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,282	0	1,339	0	101	76.01
76.02	03140	CARDIOLOGY	4,282	0	8,705	0	658	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	425	0	32	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	447	0	34	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,482	0	8,698	0	657	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	25,132	0	1,898	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	1,106	0	84	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	2,072	0	157	90.06
90.07	09004	WOUND CARE CENTER	0	0	2,242	0	169	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	4,367	0	330	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	2,145	0	162	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	2,963	0	224	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	806	0	61	90.11
90.12	09012	VASCULAR CLINIC	0	0	1,478	0	112	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	791	0	60	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	175	0	13	90.14
91.00	09100	EMERGENCY	18,530	0	11,154	0	843	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	11,221	0	848	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	4,996	0	377	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	216,179	281,523	317,111	0	20,743	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	760	0	57	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	737	0	56	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	4,813	0	364	194.05
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)	216,179	281,523	323,421	0	21,220	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	393,864					14.00
15.00	01500	PHARMACY	3,569	256,866				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7,323			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	1,666	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	17	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,122	0	1,393	0		30.00
31.00	03100	INTENSIVE CARE UNIT	10,239	0	690	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,244	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	430	0	478	0		40.00
41.00	04100	SUBPROVIDER - IRF	210	0	142	0		41.00
43.00	04300	NURSERY	1,954	0	103	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	192,686	0	2,330	0		50.00
51.00	05100	RECOVERY ROOM	1,332	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,600	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	9,189	0	0	0		53.00
53.01	03950	PAIN CLINIC	3,736	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,757	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	112	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	183	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	6	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	598	0	561	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	20,426	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,394	0	0	0		57.00
57.01	05701	NORTHSIDE CT	473	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,134	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	1,464	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	18,385	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	337	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	4,554	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	85	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
70.00	07000	ELECTROENCEPHALOGRAPHY	1,762	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	30,561	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	2,752	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	162	0	0	0		76.01
76.02	03140	CARDIOLOGY	1,724	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,615	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0		90.01
90.02	09005	CLINIC	0	0	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	2,682	0	0	0		90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0		90.04
90.05	09007	CLINIC	0	0	0	0		90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	387	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	2,437	0	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	58	0	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	61	0	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	60	0	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	41	0	0	0		90.11
90.12	09012	VASCULAR CLINIC	448	0	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	249	0	0	0		90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	2	0	0	0		90.14
91.00	09100	EMERGENCY	8,973	0	1,626	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	4,708	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,300	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	392,888	0	7,323	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	46	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0		194.00
194.01	07951	FOUNDATION	0	0	0	0		194.01
194.02	07952	WELLNESS CENTER	930	0	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0		194.05
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	256,866	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	393,864	256,866	7,323	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			NURSING PROGRAM	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
			20.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM	4,543,936					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		346,138				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			6,350			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				2,641,180	0	30.00
31.00	03100	INTENSIVE CARE UNIT				570,870	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				32,214	0	34.00
40.00	04000	SUBPROVIDER - IPF				604,242	0	40.00
41.00	04100	SUBPROVIDER - IRF				252,469	0	41.00
43.00	04300	NURSERY				218,636	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,944,747	0	50.00
51.00	05100	RECOVERY ROOM				431,272	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				207,165	0	52.00
53.00	05300	ANESTHESIOLOGY				172,355	0	53.00
53.01	03950	PAIN CLINIC				81,959	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,832,284	0	54.00
54.01	05401	NORTHSIDE IMAGING				24,473	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY				13,548	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND				3,249	0	54.03
54.04	05404	NORTHSIDE CARDIO				0	0	54.04
54.05	05405	NORTHSIDE ADMIN				1,173,332	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC				638,970	0	55.00
56.00	05600	RADIOISOTOPE				0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC				191,756	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN				58,119	0	57.00
57.01	05701	NORTHSIDE CT				28,398	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				82,461	0	58.00
58.01	05801	NORTHSIDE MRI				49,576	0	58.01
59.00	05900	CARDIAC CATHETERIZATION				84,314	0	59.00
60.00	06000	LABORATORY				1,499,409	0	60.00
60.01	06001	NORTHSIDE LAB				0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.				3,550	0	63.00
64.00	06400	INTRAVENOUS THERAPY				380,973	0	64.00
65.00	06500	RESPIRATORY THERAPY				125,050	0	65.00
66.00	06600	PHYSICAL THERAPY				260,281	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				80,422	0	67.00
68.00	06800	SPEECH PATHOLOGY				61,231	0	68.00
69.00	06900	ELECTROCARDIOLOGY				56,743	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				132,911	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS				35,042	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				38,833	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				49,945	0	73.00
74.00	07400	RENAL DIALYSIS				99,654	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				61,238	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES				464,507	0	76.01
76.02	03140	CARDIOLOGY				592,114	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING				14,762	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			NURSING PROGRAM	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
			20.00	21.00	22.00	24.00	25.00	
76.97	07697	CARDIAC REHABILITATION				2	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				27,126	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				937,268	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS				0	0	90.01
90.02	09005	CLINIC				459	0	90.02
90.03	09002	PHYSICIAN OFFICES				1,166,842	0	90.03
90.04	09006	UPC SURGICAL GROUP				278,628	0	90.04
90.05	09007	CLINIC				0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM				96,216	0	90.06
90.07	09004	WOUND CARE CENTER				224,891	0	90.07
90.08	09008	INTENSIVISTS CLINIC				122,889	0	90.08
90.09	09009	NEUROLOGY CLINIC				169,301	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC				137,842	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC				100,139	0	90.11
90.12	09012	VASCULAR CLINIC				98,814	0	90.12
90.13	09013	ONCOLOGY CLINIC				114,278	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY				689	0	90.14
91.00	09100	EMERGENCY				354,832	0	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
101.00	10100	HOME HEALTH AGENCY				147,601	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				332,702	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	20,604,773	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH				29,183	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	HEARTLAND PHARMACY				0	0	194.00
194.01	07951	FOUNDATION				35,853	0	194.01
194.02	07952	WELLNESS CENTER				521,884	0	194.02
194.03	07954	CAPITAL LABOR				0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE				10,275	0	194.05
200.00		Cross Foot Adjustments	4,543,936	346,138	6,350	4,896,424	0	200.00
201.00		Negative Cost Centers	0	0	0	256,866	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,543,936	346,138	6,350	26,355,258	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
4.01	00401	PARKING		4.01
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,641,180	30.00
31.00	03100	INTENSIVE CARE UNIT	570,870	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	32,214	34.00
40.00	04000	SUBPROVIDER - IPF	604,242	40.00
41.00	04100	SUBPROVIDER - IRF	252,469	41.00
43.00	04300	NURSERY	218,636	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,944,747	50.00
51.00	05100	RECOVERY ROOM	431,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,165	52.00
53.00	05300	ANESTHESIOLOGY	172,355	53.00
53.01	03950	PAIN CLINIC	81,959	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,832,284	54.00
54.01	05401	NORTHSIDE IMAGING	24,473	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	13,548	54.02
54.03	05403	NORTHSIDE ULTRASOUND	3,249	54.03
54.04	05404	NORTHSIDE CARDIO	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,173,332	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	638,970	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	191,756	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	58,119	57.00
57.01	05701	NORTHSIDE CT	28,398	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,461	58.00
58.01	05801	NORTHSIDE MRI	49,576	58.01
59.00	05900	CARDIAC CATHETERIZATION	84,314	59.00
60.00	06000	LABORATORY	1,499,409	60.00
60.01	06001	NORTHSIDE LAB	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,550	63.00
64.00	06400	INTRAVENOUS THERAPY	380,973	64.00
65.00	06500	RESPIRATORY THERAPY	125,050	65.00
66.00	06600	PHYSICAL THERAPY	260,281	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,422	67.00
68.00	06800	SPEECH PATHOLOGY	61,231	68.00
69.00	06900	ELECTROCARDIOLOGY	56,743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,911	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	35,042	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	38,833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,945	73.00
74.00	07400	RENAL DIALYSIS	99,654	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,238	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	464,507	76.01
76.02	03140	CARDIOLOGY	592,114	76.02
76.03	03560	PULMONARY FUNCTION TESTING	14,762	76.03
76.97	07697	CARDIAC REHABILITATION	2	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,126	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	937,268	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Total	
			26.00	
90.02	09005	CLINIC	459	90.02
90.03	09002	PHYSICIAN OFFICES	1,166,842	90.03
90.04	09006	UPC SURGICAL GROUP	278,628	90.04
90.05	09007	CLINIC	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	96,216	90.06
90.07	09004	WOUND CARE CENTER	224,891	90.07
90.08	09008	INTENSIVISTS CLINIC	122,889	90.08
90.09	09009	NEUROLOGY CLINIC	169,301	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	137,842	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	100,139	90.11
90.12	09012	VASCULAR CLINIC	98,814	90.12
90.13	09013	ONCOLOGY CLINIC	114,278	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	689	90.14
91.00	09100	EMERGENCY	354,832	91.00
92.00	09200	OBSERVATION BEDS		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	147,601	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	332,702	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,604,773	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	29,183	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	35,853	194.01
194.02	07952	WELLNESS CENTER	521,884	194.02
194.03	07954	CAPITAL LABOR	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	10,275	194.05
200.00		Cross Foot Adjustments	4,896,424	200.00
201.00		Negative Cost Centers	256,866	201.00
202.00		TOTAL (sum lines 118 through 201)	26,355,258	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	4.01	5A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	772,677					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,074,219				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,746	10,145	155,941,492			4.00
4.01	00401	PARKING	0	636,653	107,244	757,931		4.01
5.00	00500	ADMINISTRATIVE & GENERAL	26,950	97,620	3,261,876	26,950	-76,608,163	5.00
6.00	00600	MAINTENANCE & REPAIRS	125,708	406,666	1,594,131	125,708	0	6.00
7.00	00700	OPERATION OF PLANT	7,647	881,452	1,180,104	7,647	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,559	0	119,546	2,559	0	8.00
9.00	00900	HOUSEKEEPING	9,369	40,110	2,152,271	9,369	0	9.00
10.00	01000	DIETARY	14,644	21,062	1,195,151	14,644	0	10.00
11.00	01100	CAFETERIA	9,971	136,159	1,661,350	9,971	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,115,479	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,192	113,851	790,989	7,192	0	14.00
15.00	01500	PHARMACY	5,553	126,920	4,608,661	5,553	4,395,920	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	128,956	263,706	6,142,370	128,956	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,313	7,771	5,831,909	6,313	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,811	575,850	13,691,466	92,811	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,086	148,274	4,279,375	18,086	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	445	2,154	99,179	445	0	34.00
40.00	04000	SUBPROVIDER - IPF	26,161	36,701	4,483,363	26,161	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,389	5,463	907,843	12,389	0	41.00
43.00	04300	NURSERY	6,676	83,669	1,597,761	6,676	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,702	2,015,880	7,966,140	43,702	0	50.00
51.00	05100	RECOVERY ROOM	17,688	99,559	2,121,293	17,688	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,139	40,582	1,347,345	8,139	0	52.00
53.00	05300	ANESTHESIOLOGY	1,145	108,270	10,017,794	1,145	0	53.00
53.01	03950	PAIN CLINIC	1,571	5,103	63,775	1,571	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,566	942,400	3,846,988	45,566	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	93,291	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	62,018	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,443	651	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	51,193	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	11,877	217,253	884,997	11,877	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,641	61,512	287,105	5,641	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	49,320	567,927	0	0	57.00
57.01	05701	NORTHSIDE CT	0	7,550	76,767	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,689	12,312	452,658	3,689	0	58.00
58.01	05801	NORTHSIDE MRI	0	9,700	127,512	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,235	196,592	440,938	3,235	0	59.00
60.00	06000	LABORATORY	22,442	408,815	7,551,137	22,442	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	16,914	54,244	2,251,895	16,914	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,125	71,685	1,122,703	2,125	0	65.00
66.00	06600	PHYSICAL THERAPY	7,590	564	13,004	7,590	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,452	1,704	252,931	3,452	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,132	9,939	112,263	1,132	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,074	19,042	849,867	1,074	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,093	715,099	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,336	48,464	236,312	2,336	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,094	2,231	632,850	3,094	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	5,297	347,185	467,378	5,297	0	76.01
76.02	03140	CARDIOLOGY	13,660	177,091	6,867,126	13,660	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	263	8,806	137,979	263	0	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	4.01	5A	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,460	0	148,015	1,460	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,698	100,201	2,559,910	12,698	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	96,471	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	5,057	235,601	20,900,668	5,057	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	6,571	1,052,702	0	0	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	14,101	1,425,672	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	3,929	1,146,983	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	8,021	4,605,070	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	30,442	2,246,455	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	8,026	2,041,622	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	621,541	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	13,068	1,643,595	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	9,333	665,985	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	182,404	0	0	90.14
91.00	09100	EMERGENCY	13,423	49,517	4,783,136	13,423	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	174	17,556	4,214,714	174	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	890	1,910,834	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	770,620	9,061,014	154,633,588	755,874	-72,212,243	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	290,307	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	2,057	0	132,988	2,057	0	194.01
194.02	07952	WELLNESS CENTER	0	13,205	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	884,609	0	0	194.05
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		Cost to be allocated (per Wkst. B, Part I)	8,806,838	269,227	5,400,441	318,797	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.397826	0.029669	0.034631	0.420615	0	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	178,518	655,665	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0	0	0.001145	0.865072	0	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0	0	0	0	0	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	264,755,713					5.00
6.00	00600	MAINTENANCE & REPAIRS	5,120,020	605,273				6.00
7.00	00700	OPERATION OF PLANT	12,142,772	7,647	597,626			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	204,431	2,559	2,559	1,231,518		8.00
9.00	00900	HOUSEKEEPING	3,922,233	9,369	9,369	0	2,625	9.00
10.00	01000	DIETARY	1,946,377	14,644	14,644	0	0	10.00
11.00	01100	CAFETERIA	2,129,311	9,971	9,971	0	39	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,330,592	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	935,036	7,192	7,192	2,058	39	14.00
15.00	01500	PHARMACY	0	5,553	5,553	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,780,036	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	1,744,598	128,956	128,956	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,952,338	6,313	6,313	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,410,718	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,521,557	92,811	92,811	361,810	750	30.00
31.00	03100	INTENSIVE CARE UNIT	10,055,038	18,086	18,086	74,917	312	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	621,978	445	445	3,989	7	34.00
40.00	04000	SUBPROVIDER - IPF	7,151,251	26,161	26,161	55,419	208	40.00
41.00	04100	SUBPROVIDER - IRF	1,989,671	12,389	12,389	17,778	65	41.00
43.00	04300	NURSERY	2,219,376	6,676	6,676	15,142	28	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,758,226	43,702	43,702	161,110	407	50.00
51.00	05100	RECOVERY ROOM	3,168,115	17,688	17,688	40,961	34	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,690,064	8,139	8,139	51,437	65	52.00
53.00	05300	ANESTHESIOLOGY	4,366,416	1,145	1,145	0	0	53.00
53.01	03950	PAIN CLINIC	256,302	1,571	1,571	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,173,547	45,566	45,566	96,649	59	54.00
54.01	05401	NORTHSIDE IMAGING	705,154	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	348,968	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	6,313	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	23,405	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,537,870	11,877	11,877	20,987	56	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,457,485	5,641	5,641	6,124	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	943,296	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	411,413	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	777,364	3,689	3,689	0	0	58.00
58.01	05801	NORTHSIDE MRI	509,461	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	761,633	3,235	3,235	0	0	59.00
60.00	06000	LABORATORY	25,164,983	22,442	22,442	3,465	58	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,347,606	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,655,148	16,914	16,914	63,531	121	64.00
65.00	06500	RESPIRATORY THERAPY	1,861,084	2,125	2,125	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,875,977	7,590	7,590	1,847	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	957,246	3,452	3,452	4,480	18	67.00
68.00	06800	SPEECH PATHOLOGY	753,242	1,132	1,132	1,767	7	68.00
69.00	06900	ELECTROCARDIOLOGY	302,600	1,074	1,074	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,107,617	0	0	1,756	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,446,542	0	0	18,382	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	14,353,918	0	0	28,097	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,961,840	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	392,922	2,336	2,336	8,569	4	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	879,295	3,094	3,094	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,297,520	5,297	5,297	21,560	52	76.01
76.02	03140	CARDIOLOGY	1,225,331	13,660	13,660	7,854	52	76.02
76.03	03560	PULMONARY FUNCTION TESTING	201,278	263	263	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	763	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	462,418	1,460	1,460	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	4,283,801	12,698	12,698	6,291	18	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	9	0	0	0	0	90.01
90.02	09005 CLINIC	132,413	0	0	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	11,262,395	5,057	5,057	10,094	0	90.03
90.04	09006 UPC SURGICAL GROUP	113,146	0	0	0	0	90.04
90.05	09007 CLINIC	0	0	0	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	878,645	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	1,162,264	0	0	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	1,718,616	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	750,156	0	0	0	0	90.09
90.10	09010 MULTI-SPECIALTY CLINIC	934,488	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	244,608	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	767,823	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	472,954	0	0	0	0	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	110,130	0	0	0	0	90.14
91.00	09100 EMERGENCY	7,213,209	13,423	13,423	145,444	225	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	8,064,745	174	174	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	4,067,077	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	261,496,174	603,216	595,569	1,231,518	2,625	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	887,647	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	43,988	2,057	2,057	0	0	194.01
194.02	07952 WELLNESS CENTER	776,926	0	0	0	0	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	1,550,978	0	0	0	0	194.05
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)	76,608,163	6,601,518	15,739,735	358,891	5,406,084	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.289354	10.906678	26.337099	0.291422	2,059.460571	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	697,270	1,975,586	1,059,672	44,945	216,179	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002634	3.263959	1.773136	0.036496	82.353905	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: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	207,078					10.00
11.00	01100	CAFETERIA	0	173,690				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,755	0	150,864		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,006	0	0	18,643,024	14.00
15.00	01500	PHARMACY	0	4,629	0	0	168,930	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	8,567	0	0	78,855	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	5,869	0	0	826	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,744	23,747	0	23,747	1,141,765	30.00
31.00	03100	INTENSIVE CARE UNIT	14,409	7,479	0	7,479	484,642	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,012	164	0	164	342,862	34.00
40.00	04000	SUBPROVIDER - IPF	38,757	8,562	0	8,562	20,354	40.00
41.00	04100	SUBPROVIDER - IRF	12,156	1,675	0	1,675	9,933	41.00
43.00	04300	NURSERY	0	2,197	0	2,197	92,470	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,735	0	11,735	9,120,632	50.00
51.00	05100	RECOVERY ROOM	0	3,174	0	3,174	63,052	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,872	0	1,872	359,709	52.00
53.00	05300	ANESTHESIOLOGY	0	4,446	0	4,446	434,924	53.00
53.01	03950	PAIN CLINIC	0	123	0	123	176,832	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,012	0	6,012	698,500	54.00
54.01	05401	NORTHSIDE IMAGING	0	179	0	179	5,320	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	102	0	102	8,655	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1	0	1	302	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,074	0	1,074	28,308	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	340	0	340	966,816	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	902	0	902	113,298	57.00
57.01	05701	NORTHSIDE CT	0	107	0	107	22,380	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	631	0	631	101,025	58.00
58.01	05801	NORTHSIDE MRI	0	197	0	197	69,310	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	599	0	599	0	59.00
60.00	06000	LABORATORY	0	14,141	0	14,141	870,213	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,767	0	3,767	15,940	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,865	0	1,865	215,576	65.00
66.00	06600	PHYSICAL THERAPY	0	24	0	24	4,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	467	0	467	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	183	0	183	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	724	0	724	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,093	0	1,093	83,419	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	1,446,542	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	236	0	236	130,238	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,183	0	1,183	179	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	719	0	719	7,660	76.01
76.02	03140	CARDIOLOGY	0	4,675	0	4,675	81,623	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	228	0	228	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	240	0	240	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,671	0	4,671	123,791	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	13,497	0	13,497	126,961	90.03
90.04	09006	UPC SURGICAL GROUP	0	594	0	594	0	90.04
90.05	09007	CLINIC	0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	1,113	0	1,113	18,314	90.06
90.07	09004	WOUND CARE CENTER	0	1,204	0	1,204	115,361	90.07
90.08	09008	INTENSIVISTS CLINIC	0	2,345	0	2,345	2,765	90.08
90.09	09009	NEUROLOGY CLINIC	0	1,152	0	1,152	2,895	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	1,591	0	1,591	2,843	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	433	0	433	1,933	90.11
90.12	09012	VASCULAR CLINIC	0	794	0	794	21,187	90.12
90.13	09013	ONCOLOGY CLINIC	0	425	0	425	11,773	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	94	0	94	98	90.14
91.00	09100	EMERGENCY	0	5,990	0	5,990	424,705	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	6,026	0	6,026	222,834	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,683	0	2,683	156,206	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	207,078	170,301	0	147,475	18,596,802	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	408	0	408	2,183	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	396	0	396	44,039	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	2,585	0	2,585	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,054,966	3,197,112	0	8,194,678	1,591,292	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.752731	18.407001	0.000000	54.318313	0.085356	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	281,523	323,421	0	21,220	393,864	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.359502	1.862059	0.000000	0.140656	0.021127	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: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	19,222,086					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52,937				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		26,486	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	10,071	0	0	18,795	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,989	0	0	1,710	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	3,459	0	0	943	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,028	0	0	912	41.00
43.00	04300	NURSERY	0	745	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,834	0	0	678	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	609	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,057	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,961,841	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005 CLINIC	0	0	0	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0	0	0	0	99	90.03
90.04	09006 UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.05	09007 CLINIC	0	0	0	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	54	90.06
90.07	09004 WOUND CARE CENTER	0	0	0	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0	0	0	0	0	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	0	0	0	0	0	90.14
91.00	09100 EMERGENCY	0	11,754	0	0	2,686	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	10,720	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	249,525	0	0		0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	19,222,086	52,937	0	0	26,486	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 WELLNESS CENTER	0	0	0	0	0	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-4,089,480	3,584,451	0	0	7,216,634	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	67.711638	0.000000	0.000000	272.469758	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	256,866	7,323	0	0	4,543,936	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.013363	0.138334	0.000000	0.000000	171.559918	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		INTERNS & RESIDENTS			
		SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
		21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	27,146		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		27,146	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,716	2,716	30.00
31.00	03100	INTENSIVE CARE UNIT	391	391	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	47	47	34.00
40.00	04000	SUBPROVIDER - IPF	871	871	40.00
41.00	04100	SUBPROVIDER - IRF	67	67	41.00
43.00	04300	NURSERY	74	74	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,146	1,146	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
53.01	03950	PAIN CLINIC	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	315	315	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	269	269	76.01
76.02	03140	CARDIOLOGY	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet B-1
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			INTERNS & RESIDENTS			
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	22.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,205	9,205		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	11,045	11,045		90.03
90.04	09006	UPC SURGICAL GROUP	0	0		90.04
90.05	09007	CLINIC	0	0		90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	70	70		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0		90.14
91.00	09100	EMERGENCY	900	900		91.00
92.00	09200	OBSERVATION BEDS				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,116	27,116		118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	30	30		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0		194.00
194.01	07951	FOUNDATION	0	0		194.01
194.02	07952	WELLNESS CENTER	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0		194.05
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)	9,307,247	3,108,269		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	342.858874	114.501916		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	346,138	6,350		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.750976	0.233920		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 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	47,598,818		47,598,818	0	47,598,818	30.00
31.00	03100	INTENSIVE CARE UNIT	15,904,066		15,904,066	0	15,904,066	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,008,245		1,008,245	0	1,008,245	34.00
40.00	04000	SUBPROVIDER - IPF	12,326,684		12,326,684	0	12,326,684	40.00
41.00	04100	SUBPROVIDER - IRF	3,785,946		3,785,946	2,972	3,788,918	41.00
43.00	04300	NURSERY	3,390,393		3,390,393	0	3,390,393	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,102,065		36,102,065	5,456	36,107,521	50.00
51.00	05100	RECOVERY ROOM	5,061,761		5,061,761	0	5,061,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,963,852		2,963,852	0	2,963,852	52.00
53.00	05300	ANESTHESIOLOGY	6,032,960		6,032,960	8,424	6,041,384	53.00
53.01	03950	PAIN CLINIC	413,013		413,013	0	413,013	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,592,812		11,592,812	0	11,592,812	54.00
54.01	05401	NORTHSIDE IMAGING	922,665		922,665	0	922,665	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	458,100		458,100	0	458,100	54.02
54.03	05403	NORTHSIDE ULTRASOUND	8,238		8,238	0	8,238	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	30,177		30,177	0	30,177	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,191,233		4,191,233	0	4,191,233	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,198,342		2,198,342	0	2,198,342	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,291,511		1,291,511	0	1,291,511	57.00
57.01	05701	NORTHSIDE CT	540,149		540,149	0	540,149	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,194,203		1,194,203	0	1,194,203	58.00
58.01	05801	NORTHSIDE MRI	677,119		677,119	0	677,119	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,146,062		1,146,062	0	1,146,062	59.00
60.00	06000	LABORATORY	34,505,541		34,505,541	0	34,505,541	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,737,541		1,737,541	0	1,737,541	63.00
64.00	06400	INTRAVENOUS THERAPY	5,885,748		5,885,748	0	5,885,748	64.00
65.00	06500	RESPIRATORY THERAPY	2,632,773	0	2,632,773	0	2,632,773	65.00
66.00	06600	PHYSICAL THERAPY	2,706,167	0	2,706,167	0	2,706,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,435,134	0	1,435,134	0	1,435,134	67.00
68.00	06800	SPEECH PATHOLOGY	1,041,595	0	1,041,595	0	1,041,595	68.00
69.00	06900	ELECTROCARDIOLOGY	482,812		482,812	0	482,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,515,231		1,515,231	0	1,515,231	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,993,933		1,993,933	0	1,993,933	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,515,470		18,515,470	0	18,515,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,448,524		24,448,524	0	24,448,524	73.00
74.00	07400	RENAL DIALYSIS	632,632		632,632	119,347	751,979	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,335,004		1,335,004	0	1,335,004	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,036,563		2,036,563	0	2,036,563	76.01
76.02	03140	CARDIOLOGY	2,544,974		2,544,974	10,457	2,555,431	76.02
76.03	03560	PULMONARY FUNCTION TESTING	285,896		285,896	0	285,896	76.03
76.97	07697	CARDIAC REHABILITATION	984		984	0	984	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	668,050		668,050	0	668,050	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,385,426		6,385,426	2,701	6,388,127	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	12		12	0	12	90.01
90.02	09005	CLINIC	170,727		170,727	0	170,727	90.02
90.03	09002	PHYSICIAN OFFICES	15,731,883		15,731,883	68,839	15,800,722	90.03
90.04	09006	UPC SURGICAL GROUP	189,084		189,084	0	189,084	90.04
90.05	09007	CLINIC	0		0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	1,230,103		1,230,103	0	1,230,103	90.06
90.07	09004	WOUND CARE CENTER	1,595,978		1,595,978	1,180	1,597,158	90.07
90.08	09008	INTENSIVISTS CLINIC	2,386,680		2,386,680	15,781	2,402,461	90.08
90.09	09009	NEUROLOGY CLINIC	1,051,244		1,051,244	0	1,051,244	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	1,320,835		1,320,835	0	1,320,835	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	347,041		347,041	0	347,041	90.11
90.12	09012	VASCULAR CLINIC	1,049,548		1,049,548	14,158	1,063,706	90.12
90.13	09013	ONCOLOGY CLINIC	641,718		641,718	0	641,718	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	148,841		148,841	0	148,841	90.14
91.00	09100	EMERGENCY	12,305,681		12,305,681	5,359	12,311,040	91.00
92.00	09200	OBSERVATION BEDS	5,957,977		5,957,977	0	5,957,977	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

				Title XVIII		Hospital	PPS		
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
						Total Costs	RCE Disallowance	Total Costs	
				1.00	2.00	3.00	4.00	5.00	
101.00	10100	HOME HEALTH AGENCY		10,862,055		10,862,055		10,862,055	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE		5,452,357		5,452,357		5,452,357	116.00
200.00		Subtotal (see instructions)		330,070,176	0	330,070,176	254,674	330,324,850	200.00
201.00		Less Observation Beds		5,957,977		5,957,977		5,957,977	201.00
202.00		Total (see instructions)		324,112,199	0	324,112,199	254,674	324,366,873	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 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	95,126,732		95,126,732		30.00
31.00	03100	INTENSIVE CARE UNIT	46,890,578		46,890,578		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	235,000		235,000		34.00
40.00	04000	SUBPROVIDER - IPF	32,669,578		32,669,578		40.00
41.00	04100	SUBPROVIDER - IRF	9,707,080		9,707,080		41.00
43.00	04300	NURSERY	7,040,794		7,040,794		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	74,834,802	84,163,530	158,998,332	0.227059	0.000000
51.00	05100	RECOVERY ROOM	12,409,339	29,927,757	42,337,096	0.119559	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,467,419	0	12,467,419	0.237728	0.000000
53.00	05300	ANESTHESIOLOGY	19,049,506	80,115,787	99,165,293	0.060837	0.000000
53.01	03950	PAIN CLINIC	1,446	1,539,048	1,540,494	0.268104	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,546,924	37,612,518	53,159,442	0.218076	0.000000
54.01	05401	NORTHSIDE IMAGING	4,379	2,767,897	2,772,276	0.332819	0.000000
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,952,297	1,952,297	0.234647	0.000000
54.03	05403	NORTHSIDE ULTRASOUND	0	75,795	75,795	0.108688	0.000000
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,047,662	37,269,030	38,316,692	0.109384	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,716,674	6,893,981	8,610,655	0.255305	0.000000
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	31,393,353	48,787,605	80,180,958	0.016107	0.000000
57.01	05701	NORTHSIDE CT	22,089	8,687,462	8,709,551	0.062018	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,736,165	14,990,329	23,726,494	0.050332	0.000000
58.01	05801	NORTHSIDE MRI	34,014	9,781,115	9,815,129	0.068987	0.000000
59.00	05900	CARDIAC CATHETERIZATION	16,765,751	23,029,611	39,795,362	0.028799	0.000000
60.00	06000	LABORATORY	199,759,125	125,238,152	324,997,277	0.106172	0.000000
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,084,398	1,988,611	8,073,009	0.215228	0.000000
64.00	06400	INTRAVENOUS THERAPY	5,676,023	23,274,349	28,950,372	0.203305	0.000000
65.00	06500	RESPIRATORY THERAPY	30,871,029	1,635,443	32,506,472	0.080992	0.000000
66.00	06600	PHYSICAL THERAPY	4,159,685	4,233,316	8,393,001	0.322431	0.000000
67.00	06700	OCCUPATIONAL THERAPY	4,469,616	630,729	5,100,345	0.281380	0.000000
68.00	06800	SPEECH PATHOLOGY	2,624,191	972,968	3,597,159	0.289560	0.000000
69.00	06900	ELECTROCARDIOLOGY	3,943,325	5,661,085	9,604,410	0.050270	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	861,379	6,609,443	7,470,822	0.202820	0.000000
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	42,647,998	20,562,638	63,210,636	0.031544	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	41,680,530	30,120,382	71,800,912	0.257872	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	54,859,951	38,196,968	93,056,919	0.262727	0.000000
74.00	07400	RENAL DIALYSIS	2,716,992	57,114	2,774,106	0.228049	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	362	3,214,658	3,215,020	0.415240	0.000000
76.01	03340	GASTRO INTESTINAL SERVICES	4,728,427	25,178,649	29,907,076	0.068096	0.000000
76.02	03140	CARDIOLOGY	8,403,976	6,447,894	14,851,870	0.171357	0.000000
76.03	03560	PULMONARY FUNCTION TESTING	4,366,616	2,846,317	7,212,933	0.039637	0.000000
76.97	07697	CARDIAC REHABILITATION	0	460	460	2.139130	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,236,498	2,236,498	0.298704	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,614,429	24,801,857	32,416,286	0.196982	0.000000
90.01	09001	CHILLI FAMILY PHYSICIANS	0	86	86	0.139535	0.000000
90.02	09005	CLINIC	0	2,432,645	2,432,645	0.070182	0.000000
90.03	09002	PHYSICIAN OFFICES	0	56,797,089	56,797,089	0.276984	0.000000
90.04	09006	UPC SURGICAL GROUP	0	1,553,736	1,553,736	0.121696	0.000000
90.05	09007	CLINIC	0	0	0	0.000000	0.000000
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	4,704,246	4,704,246	0.261488	0.000000
90.07	09004	WOUND CARE CENTER	1,180,020	5,715,122	6,895,142	0.231464	0.000000
90.08	09008	INTENSIVISTS CLINIC	0	11,440,194	11,440,194	0.208622	0.000000
90.09	09009	NEUROLOGY CLINIC	2,589	5,230,031	5,232,620	0.200902	0.000000
90.10	09010	MULTI-SPECIALTY CLINIC	0	5,604,817	5,604,817	0.235661	0.000000
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	3,268,955	3,268,955	0.106163	0.000000
90.12	09012	VASCULAR CLINIC	650	8,385,521	8,386,171	0.125152	0.000000
90.13	09013	ONCOLOGY CLINIC	690	1,581,814	1,582,504	0.405508	0.000000
90.14	09014	GYNECOLOGIC ONCOLOGY	0	81,856	81,856	1.818327	0.000000
91.00	09100	EMERGENCY	21,696,024	89,322,762	111,018,786	0.110843	0.000000
92.00	09200	OBSERVATION BEDS	1,415,903	9,833,049	11,248,952	0.529647	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	9,216,221	9,216,221		101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 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			
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,873,182	5,873,182			116.00
200.00		Subtotal (see instructions)	835,463,213	932,542,619	1,768,005,832			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	835,463,213	932,542,619	1,768,005,832			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227094		50.00
51.00	05100	RECOVERY ROOM	0.119559		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.237728		52.00
53.00	05300	ANESTHESIOLOGY	0.060922		53.00
53.01	03950	PAIN CLINIC	0.268104		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218076		54.00
54.01	05401	NORTHSIDE IMAGING	0.332819		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.234647		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.108688		54.03
54.04	05404	NORTHSIDE CARDIO	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.109384		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.255305		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016107		57.00
57.01	05701	NORTHSIDE CT	0.062018		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050332		58.00
58.01	05801	NORTHSIDE MRI	0.068987		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.028799		59.00
60.00	06000	LABORATORY	0.106172		60.00
60.01	06001	NORTHSIDE LAB	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.215228		63.00
64.00	06400	INTRAVENOUS THERAPY	0.203305		64.00
65.00	06500	RESPIRATORY THERAPY	0.080992		65.00
66.00	06600	PHYSICAL THERAPY	0.322431		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.281380		67.00
68.00	06800	SPEECH PATHOLOGY	0.289560		68.00
69.00	06900	ELECTROCARDIOLOGY	0.050270		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202820		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.031544		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.257872		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262727		73.00
74.00	07400	RENAL DIALYSIS	0.271071		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415240		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.068096		76.01
76.02	03140	CARDIOLOGY	0.172061		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.039637		76.03
76.97	07697	CARDIAC REHABILITATION	2.139130		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.298704		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.197065		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.139535		90.01
90.02	09005	CLINIC	0.070182		90.02
90.03	09002	PHYSICIAN OFFICES	0.278196		90.03
90.04	09006	UPC SURGICAL GROUP	0.121696		90.04
90.05	09007	CLINIC	0.000000		90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.261488		90.06
90.07	09004	WOUND CARE CENTER	0.231635		90.07
90.08	09008	INTENSIVISTS CLINIC	0.210002		90.08
90.09	09009	NEUROLOGY CLINIC	0.200902		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.235661		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.106163		90.11
90.12	09012	VASCULAR CLINIC	0.126840		90.12
90.13	09013	ONCOLOGY CLINIC	0.405508		90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	1.818327		90.14
91.00	09100	EMERGENCY	0.110892		91.00
92.00	09200	OBSERVATION BEDS	0.529647		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

			Title XIX		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	48,841,010		48,841,010	0	48,841,010	30.00
31.00	03100	INTENSIVE CARE UNIT	16,082,894		16,082,894	0	16,082,894	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,029,741		1,029,741	0	1,029,741	34.00
40.00	04000	SUBPROVIDER - IPF	12,725,045		12,725,045	0	12,725,045	40.00
41.00	04100	SUBPROVIDER - IRF	3,816,590		3,816,590	2,972	3,819,562	41.00
43.00	04300	NURSERY	3,424,238		3,424,238	0	3,424,238	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,626,200		36,626,200	5,456	36,631,656	50.00
51.00	05100	RECOVERY ROOM	5,061,761		5,061,761	0	5,061,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,963,852		2,963,852	0	2,963,852	52.00
53.00	05300	ANESTHESIOLOGY	6,032,960		6,032,960	8,424	6,041,384	53.00
53.01	03950	PAIN CLINIC	413,013		413,013	0	413,013	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,736,881		11,736,881	0	11,736,881	54.00
54.01	05401	NORTHSIDE IMAGING	922,665		922,665	0	922,665	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	458,100		458,100	0	458,100	54.02
54.03	05403	NORTHSIDE ULTRASOUND	8,238		8,238	0	8,238	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	30,177		30,177	0	30,177	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,191,233		4,191,233	0	4,191,233	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,198,342		2,198,342	0	2,198,342	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,291,511		1,291,511	0	1,291,511	57.00
57.01	05701	NORTHSIDE CT	540,149		540,149	0	540,149	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,194,203		1,194,203	0	1,194,203	58.00
58.01	05801	NORTHSIDE MRI	677,119		677,119	0	677,119	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,146,062		1,146,062	0	1,146,062	59.00
60.00	06000	LABORATORY	34,505,541		34,505,541	0	34,505,541	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,737,541		1,737,541	0	1,737,541	63.00
64.00	06400	INTRAVENOUS THERAPY	5,885,748		5,885,748	0	5,885,748	64.00
65.00	06500	RESPIRATORY THERAPY	2,632,773	0	2,632,773	0	2,632,773	65.00
66.00	06600	PHYSICAL THERAPY	2,706,167	0	2,706,167	0	2,706,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,435,134	0	1,435,134	0	1,435,134	67.00
68.00	06800	SPEECH PATHOLOGY	1,041,595	0	1,041,595	0	1,041,595	68.00
69.00	06900	ELECTROCARDIOLOGY	482,812		482,812	0	482,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,515,231		1,515,231	0	1,515,231	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,993,933		1,993,933	0	1,993,933	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,515,470		18,515,470	0	18,515,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,448,524		24,448,524	0	24,448,524	73.00
74.00	07400	RENAL DIALYSIS	632,632		632,632	119,347	751,979	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,335,004		1,335,004	0	1,335,004	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,159,593		2,159,593	0	2,159,593	76.01
76.02	03140	CARDIOLOGY	2,544,974		2,544,974	10,457	2,555,431	76.02
76.03	03560	PULMONARY FUNCTION TESTING	285,896		285,896	0	285,896	76.03
76.97	07697	CARDIAC REHABILITATION	984		984	0	984	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	668,050		668,050	0	668,050	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,595,432		10,595,432	2,701	10,598,133	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	12		12	0	12	90.01
90.02	09005	CLINIC	170,727		170,727	0	170,727	90.02
90.03	09002	PHYSICIAN OFFICES	20,783,432		20,783,432	68,839	20,852,271	90.03
90.04	09006	UPC SURGICAL GROUP	189,084		189,084	0	189,084	90.04
90.05	09007	CLINIC	0		0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	1,262,118		1,262,118	0	1,262,118	90.06
90.07	09004	WOUND CARE CENTER	1,595,978		1,595,978	1,180	1,597,158	90.07
90.08	09008	INTENSIVISTS CLINIC	2,386,680		2,386,680	15,781	2,402,461	90.08
90.09	09009	NEUROLOGY CLINIC	1,051,244		1,051,244	0	1,051,244	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	1,320,835		1,320,835	0	1,320,835	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	347,041		347,041	0	347,041	90.11
90.12	09012	VASCULAR CLINIC	1,049,548		1,049,548	14,158	1,063,706	90.12
90.13	09013	ONCOLOGY CLINIC	641,718		641,718	0	641,718	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	148,841		148,841	0	148,841	90.14
91.00	09100	EMERGENCY	12,717,306		12,717,306	5,359	12,722,665	91.00
92.00	09200	OBSERVATION BEDS	6,113,467		6,113,467	0	6,113,467	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

				Title XIX		Hospital	PPS		
Cost Center Description				Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
						Total Costs	RCE Disallowance		Total Costs
				1.00	2.00	3.00	4.00	5.00	
101.00	10100	HOME HEALTH AGENCY		10,862,055		10,862,055		10,862,055	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE		5,452,357		5,452,357		5,452,357	116.00
200.00		Subtotal (see instructions)		342,627,461	0	342,627,461	254,674	342,882,135	200.00
201.00		Less Observation Beds		6,113,467		6,113,467		6,113,467	201.00
202.00		Total (see instructions)		336,513,994	0	336,513,994	254,674	336,768,668	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
53.01	03950	PAIN CLINIC	0	0	0	0.000000	0.000000	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.01	05401	NORTHSIDE IMAGING	0	0	0	0.000000	0.000000	54.01	
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0.000000	0.000000	54.02	
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0.000000	0.000000	54.03	
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000	54.04	
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	0.000000	56.01	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0.000000	0.000000	57.00	
57.01	05701	NORTHSIDE CT	0	0	0	0.000000	0.000000	57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00	
58.01	05801	NORTHSIDE MRI	0	0	0	0.000000	0.000000	58.01	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0.000000	0.000000	76.01	
76.02	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.02	
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0.000000	0.000000	76.03	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000	90.01	
90.02	09005	CLINIC	0	0	0	0.000000	0.000000	90.02	
90.03	09002	PHYSICIAN OFFICES	0	0	0	0.000000	0.000000	90.03	
90.04	09006	UPC SURGICAL GROUP	0	0	0	0.000000	0.000000	90.04	
90.05	09007	CLINIC	0	0	0	0.000000	0.000000	90.05	
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0.000000	0.000000	90.06	
90.07	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.07	
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0.000000	0.000000	90.08	
90.09	09009	NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.09	
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0.000000	0.000000	90.10	
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0.000000	0.000000	90.11	
90.12	09012	VASCULAR CLINIC	0	0	0	0.000000	0.000000	90.12	
90.13	09013	ONCOLOGY CLINIC	0	0	0	0.000000	0.000000	90.13	
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	0	0.000000	0.000000	90.14	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS	0	0	0	0.000000	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

				Title XIX		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			
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	0	0	0				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	0	0	0				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
53.01	03950	PAIN CLINIC	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	NORTHSIDE IMAGING	0.000000		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000		54.03
54.04	05404	NORTHSIDE CARDIO	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000		57.00
57.01	05701	NORTHSIDE CT	0.000000		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
58.01	05801	NORTHSIDE MRI	0.000000		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	NORTHSIDE LAB	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000		76.01
76.02	03140	CARDIOLOGY	0.000000		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000		90.01
90.02	09005	CLINIC	0.000000		90.02
90.03	09002	PHYSICIAN OFFICES	0.000000		90.03
90.04	09006	UPC SURGICAL GROUP	0.000000		90.04
90.05	09007	CLINIC	0.000000		90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000		90.06
90.07	09004	WOUND CARE CENTER	0.000000		90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000		90.08
90.09	09009	NEUROLOGY CLINIC	0.000000		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.000000		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000		90.11
90.12	09012	VASCULAR CLINIC	0.000000		90.12
90.13	09013	ONCOLOGY CLINIC	0.000000		90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0.000000		90.14
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Title XIX			Hospital	PPS
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,626,200	2,944,747	33,681,453	0	0
51.00	05100	RECOVERY ROOM	5,061,761	431,272	4,630,489	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,963,852	207,165	2,756,687	0	0
53.00	05300	ANESTHESIOLOGY	6,032,960	172,355	5,860,605	0	0
53.01	03950	PAIN CLINIC	413,013	81,959	331,054	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,736,881	1,832,284	9,904,597	0	0
54.01	05401	NORTHSIDE IMAGING	922,665	24,473	898,192	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	458,100	13,548	444,552	0	0
54.03	05403	NORTHSIDE ULTRASOUND	8,238	3,249	4,989	0	0
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	30,177	1,173,332	-1,143,155	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,191,233	638,970	3,552,263	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,198,342	191,756	2,006,586	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,291,511	58,119	1,233,392	0	0
57.01	05701	NORTHSIDE CT	540,149	28,398	511,751	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,194,203	82,461	1,111,742	0	0
58.01	05801	NORTHSIDE MRI	677,119	49,576	627,543	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,146,062	84,314	1,061,748	0	0
60.00	06000	LABORATORY	34,505,541	1,499,409	33,006,132	0	0
60.01	06001	NORTHSIDE LAB	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,737,541	3,550	1,733,991	0	0
64.00	06400	INTRAVENOUS THERAPY	5,885,748	380,973	5,504,775	0	0
65.00	06500	RESPIRATORY THERAPY	2,632,773	125,050	2,507,723	0	0
66.00	06600	PHYSICAL THERAPY	2,706,167	260,281	2,445,886	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,435,134	80,422	1,354,712	0	0
68.00	06800	SPEECH PATHOLOGY	1,041,595	61,231	980,364	0	0
69.00	06900	ELECTROCARDIOLOGY	482,812	56,743	426,069	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,515,231	132,911	1,382,320	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,993,933	35,042	1,958,891	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,515,470	38,833	18,476,637	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	24,448,524	49,945	24,398,579	0	0
74.00	07400	RENAL DIALYSIS	632,632	99,654	532,978	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,335,004	61,238	1,273,766	0	0
76.01	03340	GASTRO INTESTINAL SERVICES	2,159,593	464,507	1,695,086	0	0
76.02	03140	CARDIOLOGY	2,544,974	592,114	1,952,860	0	0
76.03	03560	PULMONARY FUNCTION TESTING	285,896	14,762	271,134	0	0
76.97	07697	CARDIAC REHABILITATION	984	2	982	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	668,050	27,126	640,924	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,595,432	937,268	9,658,164	0	0
90.01	09001	CHILLI FAMILY PHYSICIANS	12	0	12	0	0
90.02	09005	CLINIC	170,727	459	170,268	0	0
90.03	09002	PHYSICIAN OFFICES	20,783,432	1,166,842	19,616,590	0	0
90.04	09006	UPC SURGICAL GROUP	189,084	278,628	-89,544	0	0
90.05	09007	CLINIC	0	0	0	0	0
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	1,262,118	96,216	1,165,902	0	0
90.07	09004	WOUND CARE CENTER	1,595,978	224,891	1,371,087	0	0
90.08	09008	INTENSIVISTS CLINIC	2,386,680	122,889	2,263,791	0	0
90.09	09009	NEUROLOGY CLINIC	1,051,244	169,301	881,943	0	0
90.10	09010	MULTI-SPECIALITY CLINIC	1,320,835	137,842	1,182,993	0	0
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	347,041	100,139	246,902	0	0
90.12	09012	VASCULAR CLINIC	1,049,548	98,814	950,734	0	0
90.13	09013	ONCOLOGY CLINIC	641,718	114,278	527,440	0	0
90.14	09014	GYNECOLOGIC ONCOLOGY	148,841	689	148,152	0	0
91.00	09100	EMERGENCY	12,717,306	354,832	12,362,474	0	0
92.00	09200	OBSERVATION BEDS	6,113,467	330,598	5,782,869	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	10,862,055	147,601	10,714,454	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	5,452,357	332,702	5,119,655	0	0
200.00		Subtotal (sum of lines 50 thru 199)	256,707,943	16,615,760	240,092,183	0	0
201.00		Less Observation Beds	6,113,467	330,598	5,782,869	0	0
202.00		Total (line 200 minus line 201)	250,594,476	16,285,162	234,309,314	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	36,626,200	158,998,332	0.230356		50.00
51.00	05100 RECOVERY ROOM	5,061,761	42,337,096	0.119559		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,963,852	12,467,419	0.237728		52.00
53.00	05300 ANESTHESIOLOGY	6,032,960	99,165,293	0.060837		53.00
53.01	03950 PAIN CLINIC	413,013	1,540,494	0.268104		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,736,881	53,159,442	0.220786		54.00
54.01	05401 NORTHSIDE IMAGING	922,665	2,772,276	0.332819		54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	458,100	1,952,297	0.234647		54.02
54.03	05403 NORTHSIDE ULTRASOUND	8,238	75,795	0.108688		54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0.000000		54.04
54.05	05405 NORTHSIDE ADMIN	30,177	0	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	4,191,233	38,316,692	0.109384		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	2,198,342	8,610,655	0.255305		56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,291,511	80,180,958	0.016107		57.00
57.01	05701 NORTHSIDE CT	540,149	8,709,551	0.062018		57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,194,203	23,726,494	0.050332		58.00
58.01	05801 NORTHSIDE MRI	677,119	9,815,129	0.068987		58.01
59.00	05900 CARDIAC CATHETERIZATION	1,146,062	39,795,362	0.028799		59.00
60.00	06000 LABORATORY	34,505,541	324,997,277	0.106172		60.00
60.01	06001 NORTHSIDE LAB	0	0	0.000000		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,737,541	8,073,009	0.215228		63.00
64.00	06400 INTRAVENOUS THERAPY	5,885,748	28,950,372	0.203305		64.00
65.00	06500 RESPIRATORY THERAPY	2,632,773	32,506,472	0.080992		65.00
66.00	06600 PHYSICAL THERAPY	2,706,167	8,393,001	0.322431		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,435,134	5,100,345	0.281380		67.00
68.00	06800 SPEECH PATHOLOGY	1,041,595	3,597,159	0.289560		68.00
69.00	06900 ELECTROCARDIOLOGY	482,812	9,604,410	0.050270		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,515,231	7,470,822	0.202820		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,993,933	63,210,636	0.031544		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,515,470	71,800,912	0.257872		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	24,448,524	93,056,919	0.262727		73.00
74.00	07400 RENAL DIALYSIS	632,632	2,774,106	0.228049		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,335,004	3,215,020	0.415240		76.00
76.01	03340 GASTRO INTESTINAL SERVICES	2,159,593	29,907,076	0.072210		76.01
76.02	03140 CARDIOLOGY	2,544,974	14,851,870	0.171357		76.02
76.03	03560 PULMONARY FUNCTION TESTING	285,896	7,212,933	0.039637		76.03
76.97	07697 CARDIAC REHABILITATION	984	460	2.139130		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	668,050	2,236,498	0.298704		76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	10,595,432	32,416,286	0.326855		90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	12	86	0.139535		90.01
90.02	09005 CLINIC	170,727	2,432,645	0.070182		90.02
90.03	09002 PHYSICIAN OFFICES	20,783,432	56,797,089	0.365924		90.03
90.04	09006 UPC SURGICAL GROUP	189,084	1,553,736	0.121696		90.04
90.05	09007 CLINIC	0	0	0.000000		90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	1,262,118	4,704,246	0.268293		90.06
90.07	09004 WOUND CARE CENTER	1,595,978	6,895,142	0.231464		90.07
90.08	09008 INTENSIVISTS CLINIC	2,386,680	11,440,194	0.208622		90.08
90.09	09009 NEUROLOGY CLINIC	1,051,244	5,232,620	0.200902		90.09
90.10	09010 MULTI-SPECIALITY CLINIC	1,320,835	5,604,817	0.235661		90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	347,041	3,268,955	0.106163		90.11
90.12	09012 VASCULAR CLINIC	1,049,548	8,386,171	0.125152		90.12
90.13	09013 ONCOLOGY CLINIC	641,718	1,582,504	0.405508		90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	148,841	81,856	1.818327		90.14
91.00	09100 EMERGENCY	12,717,306	111,018,786	0.114551		91.00
92.00	09200 OBSERVATION BEDS	6,113,467	11,248,952	0.543470		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY	10,862,055	9,216,221	1.178580		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	5,452,357	5,873,182	0.928348		116.00
200.00	Subtotal (sum of lines 50 thru 199)	256,707,943	1,576,336,070			200.00
201.00	Less Observation Beds	6,113,467	0			201.00
202.00	Total (line 200 minus line 201)	250,594,476	1,576,336,070			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,641,180	0	2,641,180	50,579	52.22	30.00
31.00	INTENSIVE CARE UNIT	570,870		570,870	4,803	118.86	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	32,214		32,214	3,004	10.72	34.00
40.00	SUBPROVIDER - IPF	604,242	0	604,242	12,919	46.77	40.00
41.00	SUBPROVIDER - IRF	252,469	0	252,469	4,052	62.31	41.00
43.00	NURSERY	218,636		218,636	4,701	46.51	43.00
200.00	Total (lines 30 through 199)	4,319,611		4,319,611	80,058		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,209	689,774				30.00
31.00	INTENSIVE CARE UNIT	2,081	247,348				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	1,701	79,556				40.00
41.00	SUBPROVIDER - IRF	2,741	170,792				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	19,732	1,187,470				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

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	2,944,747	158,998,332	0.018521	21,914,226	405,873	50.00
51.00	05100 RECOVERY ROOM	431,272	42,337,096	0.010187	3,721,778	37,914	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	207,165	12,467,419	0.016617	32,247	536	52.00
53.00	05300 ANESTHESIOLOGY	172,355	99,165,293	0.001738	5,390,047	9,368	53.00
53.01	03950 PAIN CLINIC	81,959	1,540,494	0.053203	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,832,284	53,159,442	0.034468	5,488,022	189,161	54.00
54.01	05401 NORTHSIDE IMAGING	24,473	2,772,276	0.008828	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	13,548	1,952,297	0.006940	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	3,249	75,795	0.042866	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	1,173,332	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	638,970	38,316,692	0.016676	260,984	4,352	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	191,756	8,610,655	0.022270	673,644	15,002	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	58,119	80,180,958	0.000725	11,116,418	8,059	57.00
57.01	05701 NORTHSIDE CT	28,398	8,709,551	0.003261	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	82,461	23,726,494	0.003475	2,839,314	9,867	58.00
58.01	05801 NORTHSIDE MRI	49,576	9,815,129	0.005051	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	84,314	39,795,362	0.002119	6,842,907	14,500	59.00
60.00	06000 LABORATORY	1,499,409	324,997,277	0.004614	21,480,696	99,112	60.00
60.01	06001 NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,550	8,073,009	0.000440	1,952,311	859	63.00
64.00	06400 INTRAVENOUS THERAPY	380,973	28,950,372	0.013160	1,840,875	24,226	64.00
65.00	06500 RESPIRATORY THERAPY	125,050	32,506,472	0.003847	9,908,935	38,120	65.00
66.00	06600 PHYSICAL THERAPY	260,281	8,393,001	0.031012	1,637,202	50,773	66.00
67.00	06700 OCCUPATIONAL THERAPY	80,422	5,100,345	0.015768	545,730	8,605	67.00
68.00	06800 SPEECH PATHOLOGY	61,231	3,597,159	0.017022	583,471	9,932	68.00
69.00	06900 ELECTROCARDIOLOGY	56,743	9,604,410	0.005908	1,306,008	7,716	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	132,911	7,470,822	0.017791	274,220	4,879	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	35,042	63,210,636	0.000554	13,528,790	7,495	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	38,833	71,800,912	0.000541	16,653,240	9,009	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	49,945	93,056,919	0.000537	15,955,609	8,568	73.00
74.00	07400 RENAL DIALYSIS	99,654	2,774,106	0.035923	1,178,296	42,328	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,238	3,215,020	0.019047	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	464,507	29,907,076	0.015532	1,940,280	30,136	76.01
76.02	03140 RADIOLOGY	592,114	14,851,870	0.039868	3,311,056	132,005	76.02
76.03	03560 PULMONARY FUNCTION TESTING	14,762	7,212,933	0.002047	1,343,767	2,751	76.03
76.97	07697 CARDIAC REHABILITATION	2	460	0.004348	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	27,126	2,236,498	0.012129	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	937,268	32,416,286	0.028913	2,485,942	71,876	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	86	0.000000	0	0	90.01
90.02	09005 CLINIC	459	2,432,645	0.000189	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	1,166,842	56,797,089	0.020544	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	278,628	1,553,736	0.179328	0	0	90.04
90.05	09007 CLINIC	0	0	0.000000	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	96,216	4,704,246	0.020453	0	0	90.06
90.07	09004 WOUND CARE CENTER	224,891	6,895,142	0.032616	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	122,889	11,440,194	0.010742	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	169,301	5,232,620	0.032355	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	137,842	5,604,817	0.024593	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	100,139	3,268,955	0.030633	0	0	90.11
90.12	09012 VASCULAR CLINIC	98,814	8,386,171	0.011783	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	114,278	1,582,504	0.072213	0	0	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	689	81,856	0.008417	0	0	90.14
91.00	09100 EMERGENCY	354,832	111,018,786	0.003196	5,471,762	17,488	91.00
92.00	09200 OBSERVATION BEDS	330,596	11,248,952	0.029389	759,958	22,334	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	16,135,455	1,561,246,667		160,437,735	1,282,844	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/24/2022 4:21 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	5,121,070	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	465,923	0	0	0	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	256,939	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	248,492	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	6,092,424	0	0	0	0	200.00	
Cost Center Description				Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
				4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	5,121,070	50,579	101.25	13,209	30.00		
31.00	03100	INTENSIVE CARE UNIT		465,923	4,803	97.01	2,081	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	3,004	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	256,939	12,919	19.89	1,701	40.00		
41.00	04100	SUBPROVIDER - IRF	0	248,492	4,052	61.33	2,741	41.00		
43.00	04300	NURSERY		0	4,701	0.00	0	43.00		
200.00		Total (lines 30 through 199)		6,092,424	80,058		19,732	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	1,337,411						30.00	
31.00	03100	INTENSIVE CARE UNIT	201,878						31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
40.00	04000	SUBPROVIDER - IPF	33,833						40.00	
41.00	04100	SUBPROVIDER - IRF	168,106						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	1,741,228						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 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	184,734	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	165,934	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0	0	0	0	0	90.01
90.02	09005	CLINIC		0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0	0	26,975	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0	0	0	0	0	90.04
90.05	09007	CLINIC		0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0	0	14,713	0	0	90.06
90.07	09004	WOUND CARE CENTER		0	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0	0	0	0	0	90.14
91.00	09100	EMERGENCY		0	0	731,854	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	641,007	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	1,765,217	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 4:21 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	184,734	184,734	158,998,332	0.001162
51.00	05100	RECOVERY ROOM	0	0	0	42,337,096	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	165,934	165,934	12,467,419	0.013309
53.00	05300	ANESTHESIOLOGY	0	0	0	99,165,293	0.000000
53.01	03950	PAIN CLINIC	0	0	0	1,540,494	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,159,442	0.000000
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,772,276	0.000000
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,952,297	0.000000
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	75,795	0.000000
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	38,316,692	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	8,610,655	0.000000
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	80,180,958	0.000000
57.01	05701	NORTHSIDE CT	0	0	0	8,709,551	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,726,494	0.000000
58.01	05801	NORTHSIDE MRI	0	0	0	9,815,129	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	39,795,362	0.000000
60.00	06000	LABORATORY	0	0	0	324,997,277	0.000000
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,073,009	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28,950,372	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,506,472	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	8,393,001	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,100,345	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,597,159	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,604,410	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,470,822	0.000000
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	63,210,636	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	71,800,912	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	93,056,919	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	2,774,106	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,215,020	0.000000
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	29,907,076	0.000000
76.02	03140	CARDIOLOGY	0	0	0	14,851,870	0.000000
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	7,212,933	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	460	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,236,498	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	32,416,286	0.000000
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	86	0.000000
90.02	09005	CLINIC	0	0	0	2,432,645	0.000000
90.03	09002	PHYSICIAN OFFICES	0	26,975	26,975	56,797,089	0.000475
90.04	09006	UPC SURGICAL GROUP	0	0	0	1,553,736	0.000000
90.05	09007	CLINIC	0	0	0	0	0.000000
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	14,713	14,713	4,704,246	0.003128
90.07	09004	WOUND CARE CENTER	0	0	0	6,895,142	0.000000
90.08	09008	INTENSIVISTS CLINIC	0	0	0	11,440,194	0.000000
90.09	09009	NEUROLOGY CLINIC	0	0	0	5,232,620	0.000000
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	5,604,817	0.000000
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	3,268,955	0.000000
90.12	09012	VASCULAR CLINIC	0	0	0	8,386,171	0.000000
90.13	09013	ONCOLOGY CLINIC	0	0	0	1,582,504	0.000000
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	0	81,856	0.000000
91.00	09100	EMERGENCY	0	731,854	731,854	111,018,786	0.006592
92.00	09200	OBSERVATION BEDS	0	641,007	641,007	11,248,952	0.056984
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	1,765,217	1,765,217	1,561,246,667	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Title XVIII			Hospital	PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.001162	21,914,226	25,464	22,477,640	26,119	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,721,778	0	6,821,741	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.013309	32,247	429	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,390,047	0	6,996,690	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,488,022	0	9,630,999	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	260,984	0	13,629,339	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	673,644	0	3,586,016	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	11,116,418	0	14,528,284	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,839,314	0	5,482,019	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,842,907	0	8,498,598	0	59.00
60.00	06000	LABORATORY	0.000000	21,480,696	0	9,189,376	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	1,952,311	0	438,043	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	1,840,875	0	4,102,130	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	9,908,935	0	1,262,659	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,637,202	0	59,180	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	545,730	0	17,831	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	583,471	0	8,586	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,306,008	0	1,479,676	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	274,220	0	1,328,810	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	13,528,790	0	5,082,012	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	16,653,240	0	10,767,179	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,955,609	0	15,913,989	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,178,296	0	6,520	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	1,940,280	0	5,918,713	0	76.01
76.02	03140	CARDIOLOGY	0.000000	3,311,056	0	3,751,041	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	1,343,767	0	722,636	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	260	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	2,485,942	0	10,545,895	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.000475	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0.000000	0	0	0	0	90.04
90.05	09007	CLINIC	0.000000	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.003128	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0.000000	0	0	0	0	90.14
91.00	09100	EMERGENCY	0.006592	5,471,762	36,070	7,294,313	48,084	91.00
92.00	09200	OBSERVATION BEDS	0.056984	759,958	43,305	1,137,258	64,806	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		160,437,735	105,268	170,677,433	139,009	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 4:21 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.227059	22,477,640	0	0	5,103,750	50.00	
51.00	05100	RECOVERY ROOM	0.119559	6,821,741	0	0	815,601	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.237728	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.060837	6,996,690	0	0	425,658	53.00	
53.01	03950	PAIN CLINIC	0.268104	0	0	0	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218076	9,630,999	0	0	2,100,290	54.00	
54.01	05401	NORTHSIDE IMAGING	0.332819	0	0	0	0	54.01	
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.234647	0	0	0	0	54.02	
54.03	05403	NORTHSIDE ULTRASOUND	0.108688	0	0	0	0	54.03	
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04	
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.109384	13,629,339	0	0	1,490,832	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.255305	3,586,016	0	0	915,528	56.01	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016107	14,528,284	0	0	234,007	57.00	
57.01	05701	NORTHSIDE CT	0.062018	0	0	0	0	57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050332	5,482,019	0	0	275,921	58.00	
58.01	05801	NORTHSIDE MRI	0.068987	0	0	0	0	58.01	
59.00	05900	CARDIAC CATHETERIZATION	0.028799	8,498,598	0	0	244,751	59.00	
60.00	06000	LABORATORY	0.106172	9,189,376	12,847	0	975,654	60.00	
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.215228	438,043	0	0	94,279	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.203305	4,102,130	0	0	833,984	64.00	
65.00	06500	RESPIRATORY THERAPY	0.080992	1,262,659	0	0	102,265	65.00	
66.00	06600	PHYSICAL THERAPY	0.322431	59,180	0	0	19,081	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.281380	17,831	0	0	5,017	67.00	
68.00	06800	SPEECH PATHOLOGY	0.289560	8,586	0	0	2,486	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.050270	1,479,676	0	0	74,383	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202820	1,328,810	0	0	269,509	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.031544	5,082,012	0	0	160,307	71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.257872	10,767,179	0	0	2,776,554	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262727	15,913,989	211	31,671	4,181,035	73.00	
74.00	07400	RENAL DIALYSIS	0.228049	6,520	0	0	1,487	74.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415240	0	0	0	0	76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	0.068096	5,918,713	0	0	403,041	76.01	
76.02	03140	CARDIOLOGY	0.171357	3,751,041	0	0	642,767	76.02	
76.03	03560	PULMONARY FUNCTION TESTING	0.039637	722,636	0	0	28,643	76.03	
76.97	07697	CARDIAC REHABILITATION	2.139130	260	0	0	556	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.298704	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.196982	10,545,895	0	88	2,077,351	90.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0.139535	0	0	0	0	90.01	
90.02	09005	CLINIC	0.070182	0	0	0	0	90.02	
90.03	09002	PHYSICIAN OFFICES	0.276984	0	0	0	0	90.03	
90.04	09006	UPC SURGICAL GROUP	0.121696	0	0	0	0	90.04	
90.05	09007	CLINIC	0.000000	0	0	0	0	90.05	
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.261488	0	0	0	0	90.06	
90.07	09004	WOUND CARE CENTER	0.231464	0	0	0	0	90.07	
90.08	09008	INTENSIVISTS CLINIC	0.208622	0	0	0	0	90.08	
90.09	09009	NEUROLOGY CLINIC	0.200902	0	0	0	0	90.09	
90.10	09010	MULTI-SPECIALITY CLINIC	0.235661	0	0	0	0	90.10	
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.106163	0	0	0	0	90.11	
90.12	09012	VASCULAR CLINIC	0.125152	0	0	0	0	90.12	
90.13	09013	ONCOLOGY CLINIC	0.405508	0	0	0	0	90.13	
90.14	09014	GYNECOLOGIC ONCOLOGY	1.818327	0	0	0	0	90.14	
91.00	09100	EMERGENCY	0.110843	7,294,313	0	0	808,524	91.00	
92.00	09200	OBSERVATION BEDS	0.529647	1,137,258	0	0	602,345	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00	
200.00		Subtotal (see instructions)		170,677,433	13,058	31,759	25,665,606	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		170,677,433	13,058	31,759	25,665,606	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 4:21 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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	1,364	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55	8,321		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	17		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.04	09006	UPC SURGICAL GROUP	0	0		90.04
90.05	09007	CLINIC	0	0		90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0		90.14
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	1,419	8,338		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,419	8,338		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/24/2022 4:21 pm		
				Title XVIII		Subprovider - IPF	PPS	
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,944,747	158,998,332	0.018521	0	0	50.00
51.00	05100	RECOVERY ROOM	431,272	42,337,096	0.010187	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,165	12,467,419	0.016617	0	0	52.00
53.00	05300	ANESTHESIOLOGY	172,355	99,165,293	0.001738	0	0	53.00
53.01	03950	PAIN CLINIC	81,959	1,540,494	0.053203	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,832,284	53,159,442	0.034468	45,589	1,571	54.00
54.01	05401	NORTHSIDE IMAGING	24,473	2,772,276	0.008828	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	13,548	1,952,297	0.006940	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	3,249	75,795	0.042866	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,173,332	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	638,970	38,316,692	0.016676	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	191,756	8,610,655	0.022270	6,360	142	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	58,119	80,180,958	0.000725	101,980	74	57.00
57.01	05701	NORTHSIDE CT	28,398	8,709,551	0.003261	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,461	23,726,494	0.003475	18,469	64	58.00
58.01	05801	NORTHSIDE MRI	49,576	9,815,129	0.005051	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	84,314	39,795,362	0.002119	0	0	59.00
60.00	06000	LABORATORY	1,499,409	324,997,277	0.004614	425,675	1,964	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,550	8,073,009	0.000440	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	380,973	28,950,372	0.013160	23,332	307	64.00
65.00	06500	RESPIRATORY THERAPY	125,050	32,506,472	0.003847	121,419	467	65.00
66.00	06600	PHYSICAL THERAPY	260,281	8,393,001	0.031012	5,650	175	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,422	5,100,345	0.015768	2,104	33	67.00
68.00	06800	SPEECH PATHOLOGY	61,231	3,597,159	0.017022	2,131	36	68.00
69.00	06900	ELECTROCARDIOLOGY	56,743	9,604,410	0.005908	34,216	202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,911	7,470,822	0.017791	4,986	89	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	35,042	63,210,636	0.000554	8,904	5	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	38,833	71,800,912	0.000541	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,945	93,056,919	0.000537	102,015	55	73.00
74.00	07400	RENAL DIALYSIS	99,654	2,774,106	0.035923	8,772	315	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,238	3,215,020	0.019047	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	464,507	29,907,076	0.015532	0	0	76.01
76.02	03140	CARDIOLOGY	592,114	14,851,870	0.039868	17,533	699	76.02
76.03	03560	PULMONARY FUNCTION TESTING	14,762	7,212,933	0.002047	1,164	2	76.03
76.97	07697	CARDIAC REHABILITATION	2	460	0.004348	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,126	2,236,498	0.012129	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	937,268	32,416,286	0.028913	7,137	206	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	86	0.000000	0	0	90.01
90.02	09005	CLINIC	459	2,432,645	0.000189	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1,166,842	56,797,089	0.020544	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	278,628	1,553,736	0.179328	0	0	90.04
90.05	09007	CLINIC	0	0	0.000000	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	96,216	4,704,246	0.020453	0	0	90.06
90.07	09004	WOUND CARE CENTER	224,891	6,895,142	0.032616	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	122,889	11,440,194	0.010742	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	169,301	5,232,620	0.032355	0	0	90.09
90.10	09010	MULTI-SPECIALTY CLINIC	137,842	5,604,817	0.024593	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	100,139	3,268,955	0.030633	0	0	90.11
90.12	09012	VASCULAR CLINIC	98,814	8,386,171	0.011783	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	114,278	1,582,504	0.072213	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	689	81,856	0.008417	0	0	90.14
91.00	09100	EMERGENCY	354,832	111,018,786	0.003196	373,291	1,193	91.00
92.00	09200	OBSERVATION BEDS	0	11,248,952	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,804,859	1,561,246,667		1,310,727	7,599	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	184,734	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	165,934	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0	0	0	0	0	90.01
90.02	09005	CLINIC		0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0	0	26,975	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0	0	0	0	0	90.04
90.05	09007	CLINIC		0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0	0	14,713	0	0	90.06
90.07	09004	WOUND CARE CENTER		0	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0	0	0	0	0	90.14
91.00	09100	EMERGENCY		0	0	731,854	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	1,124,210	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8) Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				4.00	5.00	6.00	7.00 8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	184,734	184,734	158,998,332	0.001162 50.00
51.00	05100	RECOVERY ROOM	0	0	0	42,337,096	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	165,934	165,934	12,467,419	0.013309 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	99,165,293	0.000000 53.00
53.01	03950	PAIN CLINIC	0	0	0	1,540,494	0.000000 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,159,442	0.000000 54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,772,276	0.000000 54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,952,297	0.000000 54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	75,795	0.000000 54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000 54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	38,316,692	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	8,610,655	0.000000 56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	80,180,958	0.000000 57.00
57.01	05701	NORTHSIDE CT	0	0	0	8,709,551	0.000000 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,726,494	0.000000 58.00
58.01	05801	NORTHSIDE MRI	0	0	0	9,815,129	0.000000 58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	39,795,362	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	324,997,277	0.000000 60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000 62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,073,009	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28,950,372	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,506,472	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,393,001	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,100,345	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,597,159	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,604,410	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,470,822	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	63,210,636	0.000000 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	71,800,912	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	93,056,919	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,774,106	0.000000 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,215,020	0.000000 76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	29,907,076	0.000000 76.01
76.02	03140	CARDIOLOGY	0	0	0	14,851,870	0.000000 76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	7,212,933	0.000000 76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	460	0.000000 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,236,498	0.000000 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	32,416,286	0.000000 90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	86	0.000000 90.01
90.02	09005	CLINIC	0	0	0	2,432,645	0.000000 90.02
90.03	09002	PHYSICIAN OFFICES	0	26,975	26,975	56,797,089	0.000475 90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	1,553,736	0.000000 90.04
90.05	09007	CLINIC	0	0	0	0	0.000000 90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	14,713	14,713	4,704,246	0.003128 90.06
90.07	09004	WOUND CARE CENTER	0	0	0	6,895,142	0.000000 90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	11,440,194	0.000000 90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	5,232,620	0.000000 90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	5,604,817	0.000000 90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	3,268,955	0.000000 90.11
90.12	09012	VASCULAR CLINIC	0	0	0	8,386,171	0.000000 90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	1,582,504	0.000000 90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	0	81,856	0.000000 90.14
91.00	09100	EMERGENCY	0	731,854	731,854	111,018,786	0.006592 91.00
92.00	09200	OBSERVATION BEDS	0	0	0	11,248,952	0.000000 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000 95.00
200.00		Total (lines 50 through 199)	0	1,124,210	1,124,210	1,561,246,667	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.001162	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.013309	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	45,589	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	6,360	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	101,980	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	18,469	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	425,675	0	3,311	0	60.00
60.01	06001	NORTHSIDE LAB		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	23,332	0	693	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	121,419	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	5,650	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	2,104	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	2,131	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	34,216	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,986	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	8,904	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	102,015	0	100	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	8,772	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0.000000	17,533	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0.000000	1,164	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	7,137	0	868	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0.000000	0	0	0	0	90.01
90.02	09005	CLINIC		0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0.000475	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0.000000	0	0	0	0	90.04
90.05	09007	CLINIC		0.000000	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0.003128	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER		0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0.000000	0	0	0	0	90.14
91.00	09100	EMERGENCY		0.006592	373,291	2,461	14,872	98	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,310,727	2,461	19,844	98	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/24/2022 4:21 pm

		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.227059	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.119559	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.237728	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060837	0	0	0	0	53.00
53.01	03950 PAIN CLINIC	0.268104	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218076	0	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0.332819	0	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.234647	0	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.108688	0	0	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.109384	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.255305	0	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.016107	0	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0.062018	0	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.050332	0	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0.068987	0	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.028799	0	0	0	0	59.00
60.00	06000 LABORATORY	0.106172	3,311	0	0	352	60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.215228	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.203305	693	0	0	141	64.00
65.00	06500 RESPIRATORY THERAPY	0.080992	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.322431	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.281380	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.289560	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.050270	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.202820	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.031544	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.257872	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262727	100	0	19	26	73.00
74.00	07400 RENAL DIALYSIS	0.228049	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415240	0	0	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.068096	0	0	0	0	76.01
76.02	03140 CARDIOLOGY	0.171357	0	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.039637	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	2.139130	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.298704	0	0	0	0	76.98
76.99	07699 LITHOTRIPS	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.196982	868	0	0	171	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.139535	0	0	0	0	90.01
90.02	09005 CLINIC	0.070182	0	0	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0.276984	0	0	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	0.121696	0	0	0	0	90.04
90.05	09007 CLINIC	0.000000	0	0	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.261488	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.231464	0	0	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0.208622	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0.200902	0	0	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0.235661	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.106163	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	0.125152	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.405508	0	0	0	0	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	1.818327	0	0	0	0	90.14
91.00	09100 EMERGENCY	0.110843	14,872	0	0	1,648	91.00
92.00	09200 OBSERVATION BEDS	0.529647	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		19,844	0	19	2,338	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		19,844	0	19	2,338	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/24/2022 4:21 pm		
			Component CCN: 14-S209						
			Title XVIII		Subprovider - IPF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
53.01	03950	PAIN CLINIC	0	0					53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	NORTHSIDE IMAGING	0	0					54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0					54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0					54.03
54.04	05404	NORTHSIDE CARDIO	0	0					54.04
54.05	05405	NORTHSIDE ADMIN	0	0					54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0					56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0					57.00
57.01	05701	NORTHSIDE CT	0	0					57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
58.01	05801	NORTHSIDE MRI	0	0					58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	NORTHSIDE LAB	0	0					60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0					71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0					76.01
76.02	03140	CARDIOLOGY	0	0					76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0					76.03
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0					90.01
90.02	09005	CLINIC	0	0					90.02
90.03	09002	PHYSICIAN OFFICES	0	0					90.03
90.04	09006	UPC SURGICAL GROUP	0	0					90.04
90.05	09007	CLINIC	0	0					90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0					90.06
90.07	09004	WOUND CARE CENTER	0	0					90.07
90.08	09008	INTENSIVISTS CLINIC	0	0					90.08
90.09	09009	NEUROLOGY CLINIC	0	0					90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0					90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0					90.11
90.12	09012	VASCULAR CLINIC	0	0					90.12
90.13	09013	ONCOLOGY CLINIC	0	0					90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0					90.14
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	5					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	5					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pm

			Title XVIII		Subprovider -	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	2,944,747	158,998,332	0.018521	58,778	1,089
51.00	05100	RECOVERY ROOM	431,272	42,337,096	0.010187	12,133	124
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,165	12,467,419	0.016617	0	0
53.00	05300	ANESTHESIOLOGY	172,355	99,165,293	0.001738	16,400	29
53.01	03950	PAIN CLINIC	81,959	1,540,494	0.053203	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,832,284	53,159,442	0.034468	212,858	7,337
54.01	05401	NORTHSIDE IMAGING	24,473	2,772,276	0.008828	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	13,548	1,952,297	0.006940	0	0
54.03	05403	NORTHSIDE ULTRASOUND	3,249	75,795	0.042866	0	0
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0
54.05	05405	NORTHSIDE ADMIN	1,173,332	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	638,970	38,316,692	0.016676	3,526	59
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	191,756	8,610,655	0.022270	22,078	492
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	58,119	80,180,958	0.000725	272,384	197
57.01	05701	NORTHSIDE CT	28,398	8,709,551	0.003261	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,461	23,726,494	0.003475	131,579	457
58.01	05801	NORTHSIDE MRI	49,576	9,815,129	0.005051	0	0
59.00	05900	CARDIAC CATHETERIZATION	84,314	39,795,362	0.002119	0	0
60.00	06000	LABORATORY	1,499,409	324,997,277	0.004614	1,161,616	5,360
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,550	8,073,009	0.000440	61,365	27
64.00	06400	INTRAVENOUS THERAPY	380,973	28,950,372	0.013160	12,692	167
65.00	06500	RESPIRATORY THERAPY	125,050	32,506,472	0.003847	667,633	2,568
66.00	06600	PHYSICAL THERAPY	260,281	8,393,001	0.031012	2,021,377	62,687
67.00	06700	OCCUPATIONAL THERAPY	80,422	5,100,345	0.015768	1,937,680	30,553
68.00	06800	SPEECH PATHOLOGY	61,231	3,597,159	0.017022	321,692	5,476
69.00	06900	ELECTROCARDIOLOGY	56,743	9,604,410	0.005908	38,167	225
70.00	07000	ELECTROENCEPHALOGRAPHY	132,911	7,470,822	0.017791	6,648	118
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	35,042	63,210,636	0.000554	466,898	259
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	38,833	71,800,912	0.000541	7,424	4
73.00	07300	DRUGS CHARGED TO PATIENTS	49,945	93,056,919	0.000537	542,494	291
74.00	07400	RENAL DIALYSIS	99,654	2,774,106	0.035923	84,098	3,021
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,238	3,215,020	0.019047	0	0
76.01	03340	GASTRO INTESTINAL SERVICES	464,507	29,907,076	0.015532	13,077	203
76.02	03140	CARDIOLOGY	592,114	14,851,870	0.039868	39,435	1,572
76.03	03560	PULMONARY FUNCTION TESTING	14,762	7,212,933	0.002047	33,168	68
76.97	07697	CARDIAC REHABILITATION	2	460	0.004348	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,126	2,236,498	0.012129	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	937,268	32,416,286	0.028913	131,997	3,816
90.01	09001	CHILLI FAMILY PHYSICIANS	0	86	0.000000	0	0
90.02	09005	CLINIC	459	2,432,645	0.000189	0	0
90.03	09002	PHYSICIAN OFFICES	1,166,842	56,797,089	0.020544	0	0
90.04	09006	UPC SURGICAL GROUP	278,628	1,553,736	0.179328	0	0
90.05	09007	CLINIC	0	0	0.000000	0	0
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	96,216	4,704,246	0.020453	0	0
90.07	09004	WOUND CARE CENTER	224,891	6,895,142	0.032616	0	0
90.08	09008	INTENSIVISTS CLINIC	122,889	11,440,194	0.010742	0	0
90.09	09009	NEUROLOGY CLINIC	169,301	5,232,620	0.032355	0	0
90.10	09010	MULTI-SPECIALTY CLINIC	137,842	5,604,817	0.024593	0	0
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	100,139	3,268,955	0.030633	0	0
90.12	09012	VASCULAR CLINIC	98,814	8,386,171	0.011783	0	0
90.13	09013	ONCOLOGY CLINIC	114,278	1,582,504	0.072213	0	0
90.14	09014	GYNECOLOGIC ONCOLOGY	689	81,856	0.008417	0	0
91.00	09100	EMERGENCY	354,832	111,018,786	0.003196	0	0
92.00	09200	OBSERVATION BEDS	0	11,248,952	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	15,804,859	1,561,246,667		8,277,197	126,199

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	184,734	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	165,934	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0	0	0	0	0	90.01
90.02	09005	CLINIC		0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0	0	26,975	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0	0	0	0	0	90.04
90.05	09007	CLINIC		0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0	0	14,713	0	0	90.06
90.07	09004	WOUND CARE CENTER		0	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0	0	0	0	0	90.14
91.00	09100	EMERGENCY		0	0	731,854	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	1,124,210	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	184,734	184,734	158,998,332	0.001162	50.00
51.00	05100	RECOVERY ROOM	0	0	0	42,337,096	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	165,934	165,934	12,467,419	0.013309	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	99,165,293	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	1,540,494	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	53,159,442	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,772,276	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,952,297	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	75,795	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	38,316,692	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	8,610,655	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	80,180,958	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	8,709,551	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	23,726,494	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	9,815,129	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	39,795,362	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	324,997,277	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,073,009	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	28,950,372	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,506,472	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,393,001	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,100,345	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,597,159	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,604,410	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,470,822	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	63,210,636	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	71,800,912	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	93,056,919	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,774,106	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,215,020	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	29,907,076	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	14,851,870	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	7,212,933	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	460	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,236,498	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	32,416,286	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	86	0.000000	90.01
90.02	09005	CLINIC	0	0	0	2,432,645	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	26,975	26,975	56,797,089	0.000475	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	1,553,736	0.000000	90.04
90.05	09007	CLINIC	0	0	0	0	0.000000	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	14,713	14,713	4,704,246	0.003128	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	6,895,142	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	11,440,194	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	5,232,620	0.000000	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	5,604,817	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	3,268,955	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	8,386,171	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	1,582,504	0.000000	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	0	81,856	0.000000	90.14
91.00	09100	EMERGENCY	0	731,854	731,854	111,018,786	0.006592	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	11,248,952	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	1,124,210	1,124,210	1,561,246,667		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.001162	58,778		68	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	12,133		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.013309	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	16,400		0	0	53.00
53.01	03950	PAIN CLINIC		0.000000	0		0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	212,858		0	1,844	54.00
54.01	05401	NORTHSIDE IMAGING		0.000000	0		0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0.000000	0		0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0.000000	0		0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0.000000	0		0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0.000000	0		0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	3,526		0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0		0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	22,078		0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	272,384		0	0	57.00
57.01	05701	NORTHSIDE CT		0.000000	0		0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	131,579		0	0	58.00
58.01	05801	NORTHSIDE MRI		0.000000	0		0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0		0	0	59.00
60.00	06000	LABORATORY		0.000000	1,161,616		0	0	60.00
60.01	06001	NORTHSIDE LAB		0.000000	0		0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0		0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.000000	61,365		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	12,692		0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	667,633		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,021,377		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,937,680		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	321,692		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	38,167		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	6,648		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	466,898		0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	7,424		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	542,494		0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	84,098		0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0		0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.000000	13,077		0	0	76.01
76.02	03140	CARDIOLOGY		0.000000	39,435		0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0.000000	33,168		0	346	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0		0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	131,997		0	808	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0.000000	0		0	0	90.01
90.02	09005	CLINIC		0.000000	0		0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0.000475	0		0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0.000000	0		0	0	90.04
90.05	09007	CLINIC		0.000000	0		0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0.003128	0		0	0	90.06
90.07	09004	WOUND CARE CENTER		0.000000	0		0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0.000000	0		0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0.000000	0		0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0.000000	0		0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0.000000	0		0	0	90.11
90.12	09012	VASCULAR CLINIC		0.000000	0		0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	0		0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0.000000	0		0	0	90.14
91.00	09100	EMERGENCY		0.006592	0		0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			8,277,197		68	2,998	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2021

Part V

To 12/31/2021

Date/Time Prepared:

5/24/2022 4:21 pm

		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.227059	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.119559	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.237728	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060837	0	0	0	0	53.00
53.01	03950 PAIN CLINIC	0.268104	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218076	1,844	0	0	402	54.00
54.01	05401 NORTHSIDE IMAGING	0.332819	0	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.234647	0	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.108688	0	0	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.109384	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.255305	0	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.016107	0	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0.062018	0	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.050332	0	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0.068987	0	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.028799	0	0	0	0	59.00
60.00	06000 LABORATORY	0.106172	0	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.215228	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.203305	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.080992	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.322431	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.281380	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.289560	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.050270	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.202820	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.031544	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.257872	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262727	0	0	768	0	73.00
74.00	07400 RENAL DIALYSIS	0.228049	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415240	0	0	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.068096	0	0	0	0	76.01
76.02	03140 CARDIOLOGY	0.171357	0	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.039637	346	0	0	14	76.03
76.97	07697 CARDIAC REHABILITATION	2.139130	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.298704	0	0	0	0	76.98
76.99	07699 LITHOTRIPS	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.196982	808	0	0	159	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.139535	0	0	0	0	90.01
90.02	09005 CLINIC	0.070182	0	0	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0.276984	0	0	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	0.121696	0	0	0	0	90.04
90.05	09007 CLINIC	0.000000	0	0	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.261488	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.231464	0	0	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0.208622	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0.200902	0	0	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0.235661	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.106163	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	0.125152	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.405508	0	0	0	0	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	1.818327	0	0	0	0	90.14
91.00	09100 EMERGENCY	0.110843	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.529647	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		2,998	0	768	575	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		2,998	0	768	575	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/24/2022 4:21 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	202		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.04	09006	UPC SURGICAL GROUP	0	0		90.04
90.05	09007	CLINIC	0	0		90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0		90.14
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	202		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	202		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/24/2022 4:21 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,641,180	0	2,641,180	50,579	52.22	30.00
31.00	INTENSIVE CARE UNIT	570,870		570,870	4,803	118.86	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	32,214		32,214	3,004	10.72	34.00
40.00	SUBPROVIDER - IPF	604,242	0	604,242	12,919	46.77	40.00
41.00	SUBPROVIDER - IRF	252,469	0	252,469	4,052	62.31	41.00
43.00	NURSERY	218,636		218,636	4,701	46.51	43.00
200.00	Total (lines 30 through 199)	4,319,611		4,319,611	80,058		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	14,993	782,934				30.00
31.00	INTENSIVE CARE UNIT	75	8,915				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	163	1,747				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	356	22,182				41.00
43.00	NURSERY	804	37,394				43.00
200.00	Total (lines 30 through 199)	16,391	853,172				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Title XIX		Hospital		PPS	
		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	2,944,747	0	0.000000	0	0 50.00
51.00	05100	RECOVERY ROOM	431,272	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,165	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	172,355	0	0.000000	0	0 53.00
53.01	03950	PAIN CLINIC	81,959	0	0.000000	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,832,284	0	0.000000	0	0 54.00
54.01	05401	NORTHSIDE IMAGING	24,473	0	0.000000	0	0 54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	13,548	0	0.000000	0	0 54.02
54.03	05403	NORTHSIDE ULTRASOUND	3,249	0	0.000000	0	0 54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0 54.04
54.05	05405	NORTHSIDE ADMIN	1,173,332	0	0.000000	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	638,970	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	191,756	0	0.000000	0	0 56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	58,119	0	0.000000	0	0 57.00
57.01	05701	NORTHSIDE CT	28,398	0	0.000000	0	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,461	0	0.000000	0	0 58.00
58.01	05801	NORTHSIDE MRI	49,576	0	0.000000	0	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	84,314	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	1,499,409	0	0.000000	0	0 60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,550	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	380,973	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	125,050	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	260,281	0	0.000000	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	80,422	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	61,231	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	56,743	0	0.000000	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,911	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	35,042	0	0.000000	0	0 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	38,833	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,945	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	99,654	0	0.000000	0	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,238	0	0.000000	0	0 76.00
76.01	03340	GASTRO INTESTINAL SERVICES	464,507	0	0.000000	0	0 76.01
76.02	03140	CARDIOLOGY	592,114	0	0.000000	0	0 76.02
76.03	03560	PULMONARY FUNCTION TESTING	14,762	0	0.000000	0	0 76.03
76.97	07697	CARDIAC REHABILITATION	2	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,126	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	937,268	0	0.000000	0	0 90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	0 90.01
90.02	09005	CLINIC	459	0	0.000000	0	0 90.02
90.03	09002	PHYSICIAN OFFICES	1,166,842	0	0.000000	0	0 90.03
90.04	09006	UPC SURGICAL GROUP	278,628	0	0.000000	0	0 90.04
90.05	09007	CLINIC	0	0	0.000000	0	0 90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	96,216	0	0.000000	0	0 90.06
90.07	09004	WOUND CARE CENTER	224,891	0	0.000000	0	0 90.07
90.08	09008	INTENSIVISTS CLINIC	122,889	0	0.000000	0	0 90.08
90.09	09009	NEUROLOGY CLINIC	169,301	0	0.000000	0	0 90.09
90.10	09010	MULTI-SPECIALITY CLINIC	137,842	0	0.000000	0	0 90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	100,139	0	0.000000	0	0 90.11
90.12	09012	VASCULAR CLINIC	98,814	0	0.000000	0	0 90.12
90.13	09013	ONCOLOGY CLINIC	114,278	0	0.000000	0	0 90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	689	0	0.000000	0	0 90.14
91.00	09100	EMERGENCY	354,832	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS	330,598	0	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	16,135,457	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/24/2022 4:21 pm	
					Title XIX		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	5,121,070	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	465,923	0	0	0	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	256,939	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	248,492	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	6,092,424	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	5,121,070	50,579	101.25	14,993	30.00		
31.00	03100	INTENSIVE CARE UNIT		465,923	4,803	97.01	75	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	3,004	0.00	163	34.00		
40.00	04000	SUBPROVIDER - IPF	0	256,939	12,919	19.89	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	248,492	4,052	61.33	356	41.00		
43.00	04300	NURSERY		0	4,701	0.00	804	43.00		
200.00		Total (lines 30 through 199)		6,092,424	80,058		16,391	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	1,518,041						30.00	
31.00	03100	INTENSIVE CARE UNIT	7,276						31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	21,833						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	1,547,150						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Title XIX		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	184,734	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	165,934	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
53.01	03950	PAIN CLINIC	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0
57.01	05701	NORTHSIDE CT	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
58.01	05801	NORTHSIDE MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0
60.01	06001	NORTHSIDE LAB	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0
76.02	03140	CARDIOLOGY	0	0	0	0	0
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0
90.02	09005	CLINIC	0	0	0	0	0
90.03	09002	PHYSICIAN OFFICES	0	0	26,975	0	0
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0
90.05	09007	CLINIC	0	0	0	0	0
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	14,713	0	0
90.07	09004	WOUND CARE CENTER	0	0	0	0	0
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0
90.12	09012	VASCULAR CLINIC	0	0	0	0	0
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	731,854	0	0
92.00	09200	OBSERVATION BEDS	0	0	641,009	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	1,765,219	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description			Title XIX		Hospital	PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	184,734	184,734	0	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	165,934	165,934	0	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000
53.01	03950	PAIN CLINIC	0	0	0	0	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0.000000
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0.000000
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0.000000
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0.000000
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0.000000
57.01	05701	NORTHSIDE CT	0	0	0	0	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000
58.01	05801	NORTHSIDE MRI	0	0	0	0	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000
60.00	06000	LABORATORY	0	0	0	0	0.000000
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0.000000
76.02	03140	CARDIOLOGY	0	0	0	0	0.000000
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0.000000
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000
90.02	09005	CLINIC	0	0	0	0	0.000000
90.03	09002	PHYSICIAN OFFICES	0	26,975	26,975	0	0.000000
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0.000000
90.05	09007	CLINIC	0	0	0	0	0.000000
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	14,713	14,713	0	0.000000
90.07	09004	WOUND CARE CENTER	0	0	0	0	0.000000
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0.000000
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0.000000
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0.000000
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0.000000
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000
90.14	09014	GYNECOLOGIC ONCOLOGY	0	0	0	0	0.000000
91.00	09100	EMERGENCY	0	731,854	731,854	0	0.000000
92.00	09200	OBSERVATION BEDS	0	641,009	641,009	0	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	1,765,219	1,765,219	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
Cost Center Description				Title XIX		Hospital		PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
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	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0.000000	0	0	0	0	90.01
90.02	09005	CLINIC		0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0.000000	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0.000000	0	0	0	0	90.04
90.05	09007	CLINIC		0.000000	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER		0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0.000000	0	0	0	0	90.14
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES			0	0	0	0	95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pm

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	2,944,747	0	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	431,272	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	207,165	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	172,355	0	0.000000	0	0	53.00
53.01	03950 PAIN CLINIC	81,959	0	0.000000	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,832,284	0	0.000000	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	24,473	0	0.000000	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	13,548	0	0.000000	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	3,249	0	0.000000	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	1,173,332	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	638,970	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	191,756	0	0.000000	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	58,119	0	0.000000	0	0	57.00
57.01	05701 NORTHSIDE CT	28,398	0	0.000000	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	82,461	0	0.000000	0	0	58.00
58.01	05801 NORTHSIDE MRI	49,576	0	0.000000	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	84,314	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,499,409	0	0.000000	0	0	60.00
60.01	06001 NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,550	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	380,973	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	125,050	0	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	260,281	0	0.000000	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	80,422	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	61,231	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	56,743	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	132,911	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	35,042	0	0.000000	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	38,833	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	49,945	0	0.000000	0	0	73.00
74.00	07400 RENAL DIALYSIS	99,654	0	0.000000	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,238	0	0.000000	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	464,507	0	0.000000	0	0	76.01
76.02	03140 CARDIOLOGY	592,114	0	0.000000	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	14,762	0	0.000000	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	2	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	27,126	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	937,268	0	0.000000	0	0	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	0	90.01
90.02	09005 CLINIC	459	0	0.000000	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	1,166,842	0	0.000000	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	278,628	0	0.000000	0	0	90.04
90.05	09007 CLINIC	0	0	0.000000	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	96,216	0	0.000000	0	0	90.06
90.07	09004 WOUND CARE CENTER	224,891	0	0.000000	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	122,889	0	0.000000	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	169,301	0	0.000000	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	137,842	0	0.000000	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	100,139	0	0.000000	0	0	90.11
90.12	09012 VASCULAR CLINIC	98,814	0	0.000000	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	114,278	0	0.000000	0	0	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	689	0	0.000000	0	0	90.14
91.00	09100 EMERGENCY	354,832	0	0.000000	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	15,804,859	0		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	184,734	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	165,934	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0	0	0	0	0	90.01
90.02	09005	CLINIC		0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0	0	26,975	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0	0	0	0	0	90.04
90.05	09007	CLINIC		0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0	0	14,713	0	0	90.06
90.07	09004	WOUND CARE CENTER		0	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0	0	0	0	0	90.14
91.00	09100	EMERGENCY		0	0	731,854	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	1,124,210	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		184,734	184,734	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		165,934	165,934	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0		0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0		0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0		0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0		0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0		0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0		0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0		0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	0.000000	66.00
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	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0		0	0	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0		0	0	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0		0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0		0	0	0	0.000000	90.01
90.02	09005	CLINIC	0		0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0		26,975	26,975	0	0.000000	90.03
90.04	09006	UPC SURGICAL GROUP	0		0	0	0	0.000000	90.04
90.05	09007	CLINIC	0		0	0	0	0.000000	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0		14,713	14,713	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0		0	0	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0		0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0		0	0	0	0.000000	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0		0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0		0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0		0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0		0	0	0	0.000000	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0		0	0	0	0.000000	90.14
91.00	09100	EMERGENCY	0		731,854	731,854	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0		0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Total (lines 50 through 199)	0		1,124,210	1,124,210	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
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	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0.000000	0	0	0	0	90.01
90.02	09005	CLINIC		0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0.000000	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0.000000	0	0	0	0	90.04
90.05	09007	CLINIC		0.000000	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER		0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0.000000	0	0	0	0	90.14
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,944,747	0	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	431,272	0	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,165	0	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	172,355	0	0.000000	0	0	0	53.00
53.01	03950	PAIN CLINIC	81,959	0	0.000000	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,832,284	0	0.000000	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	24,473	0	0.000000	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	13,548	0	0.000000	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	3,249	0	0.000000	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,173,332	0	0.000000	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	638,970	0	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	191,756	0	0.000000	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	58,119	0	0.000000	0	0	0	57.00
57.01	05701	NORTHSIDE CT	28,398	0	0.000000	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,461	0	0.000000	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	49,576	0	0.000000	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	84,314	0	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	1,499,409	0	0.000000	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,550	0	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	380,973	0	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	125,050	0	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	260,281	0	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	80,422	0	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	61,231	0	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,743	0	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,911	0	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	35,042	0	0.000000	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	38,833	0	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,945	0	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	99,654	0	0.000000	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,238	0	0.000000	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	464,507	0	0.000000	0	0	0	76.01
76.02	03140	CARDIOLOGY	592,114	0	0.000000	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	14,762	0	0.000000	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	2	0	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,126	0	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	937,268	0	0.000000	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	0	0	90.01
90.02	09005	CLINIC	459	0	0.000000	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1,166,842	0	0.000000	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	278,628	0	0.000000	0	0	0	90.04
90.05	09007	CLINIC	0	0	0.000000	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	96,216	0	0.000000	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	224,891	0	0.000000	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	122,889	0	0.000000	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	169,301	0	0.000000	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	137,842	0	0.000000	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	100,139	0	0.000000	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	98,814	0	0.000000	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	114,278	0	0.000000	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	689	0	0.000000	0	0	0	90.14
91.00	09100	EMERGENCY	354,832	0	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	15,804,859	0			0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	184,734	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	165,934	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0	0	0	0	0	90.01
90.02	09005	CLINIC		0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0	0	26,975	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0	0	0	0	0	90.04
90.05	09007	CLINIC		0	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0	0	14,713	0	0	90.06
90.07	09004	WOUND CARE CENTER		0	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0	0	0	0	0	90.14
91.00	09100	EMERGENCY		0	0	731,854	0	0	91.00
92.00	09200	OBSERVATION BEDS		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	1,124,210	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		184,734	184,734	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		165,934	165,934	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0		0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0		0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0		0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0		0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0		0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0		0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0		0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	0.000000	66.00
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	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0		0	0	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0		0	0	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0		0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0		0	0	0	0.000000	90.01
90.02	09005	CLINIC	0		0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0		26,975	26,975	0	0.000000	90.03
90.04	09006	UPC SURGICAL GROUP	0		0	0	0	0.000000	90.04
90.05	09007	CLINIC	0		0	0	0	0.000000	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0		14,713	14,713	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0		0	0	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0		0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0		0	0	0	0.000000	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0		0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0		0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0		0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0		0	0	0	0.000000	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	0		0	0	0	0.000000	90.14
91.00	09100	EMERGENCY	0		731,854	731,854	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0		0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0		1,124,210	1,124,210	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
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	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0.000000	0	0	0	0	90.01
90.02	09005	CLINIC		0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0.000000	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0.000000	0	0	0	0	90.04
90.05	09007	CLINIC		0.000000	0	0	0	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER		0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY		0.000000	0	0	0	0	90.14
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 4:21 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)		50,579	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,579	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)		44,248	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		13,209	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)		47,598,818	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)		47,598,818	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)		47,598,818	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)		941.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,430,726	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,430,726	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,904,066	4,803	3,311.28	2,081	6,890,774
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT	1,008,245	3,004	335.63	0	0
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)					24,010,067
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,331,567
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,476,411
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,388,112
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,864,523
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,467,044
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)					6,331
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					941.08
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,957,977

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 4:21 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,641,180	47,598,818	0.055488	5,957,977	330,596	90.00
91.00 Nursing Program cost	5,121,070	47,598,818	0.107588	5,957,977	641,007	91.00
92.00 Allied health cost	0	47,598,818	0.000000	5,957,977	0	92.00
93.00 All other Medical Education	0	47,598,818	0.000000	5,957,977	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN: 14-S209		Date/Time Prepared: 5/24/2022 4:21 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,919	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,919	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,919	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,701	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)		12,326,684	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)		12,326,684	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)		12,326,684	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)		954.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,623,009	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,623,009	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-S209		Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					154,999	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,778,008	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					113,389	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,060	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					123,449	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,654,559	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-S209

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	604,242	12,326,684	0.049019	0	0	90.00
91.00	Nursing Program cost	256,939	12,326,684	0.020844	0	0	91.00
92.00	Allied health cost	0	12,326,684	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,326,684	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 4:21 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,052	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,052	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,052	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)		2,741	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,788,918	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,788,918	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,788,918	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)		935.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,563,027	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,563,027	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
			Component CCN: 14-T209		Date/Time Prepared: 5/24/2022 4:21 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					1,782,805
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,345,832
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					338,898
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					126,267
52.00 Total Program excludable cost (sum of lines 50 and 51)					465,165
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,880,667
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-T209

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	252,469	3,788,918	0.066634	0	0	90.00
91.00	Nursing Program cost	248,492	3,788,918	0.065584	0	0	91.00
92.00	Allied health cost	0	3,788,918	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,788,918	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 4:21 pm
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		50,579	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,579	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)		44,248	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)		14,993	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)		4,701	15.00
16.00	Nursery days (title V or XIX only)		804	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)		48,841,010	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)		48,841,010	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)		48,841,010	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)		965.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,477,841	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)		14,477,841	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Title XIX		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	3,424,238	4,701	728.41	804	585,642
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	16,082,894	4,803	3,348.51	75	251,138
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT	1,029,741	3,004	342.79	163	55,875
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,370,496
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,356,307
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,356,307
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,014,189
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)					6,331
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					965.64
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,113,467

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,641,180	48,841,010	0.054077	6,113,467	330,598
91.00	Nursing Program cost	5,121,070	48,841,010	0.104852	6,113,467	641,009
92.00	Allied health cost	0	48,841,010	0.000000	6,113,467	0
93.00	All other Medical Education	0	48,841,010	0.000000	6,113,467	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN: 14-S209		Date/Time Prepared: 5/24/2022 4:21 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,919	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,919	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,919	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,701	15.00
16.00	Nursery days (title V or XIX only)		804	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)		12,725,045	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,725,045	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,725,045	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		984.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-S209		Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-S209

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

Title XIX

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	604,242	12,725,045	0.047484	0	0	90.00
91.00	Nursing Program cost	256,939	12,725,045	0.020192	0	0	91.00
92.00	Allied health cost	0	12,725,045	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,725,045	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 4:21 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,052	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,052	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,052	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)		356	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)		4,701	15.00
16.00	Nursery days (title V or XIX only)		804	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,819,562	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,819,562	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,819,562	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)		942.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		335,580	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)		335,580	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 14-T209		Date/Time Prepared: 5/24/2022 4:21 pm	
				Title XIX		Subprovider - IRF	PPS
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					335,580	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					44,015	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					44,015	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					291,565	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-T209

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

Title XIX

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	252,469	3,819,562	0.066099	0	0	90.00
91.00	Nursing Program cost	248,492	3,819,562	0.065058	0	0	91.00
92.00	Allied health cost	0	3,819,562	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,819,562	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 4:21 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		28,324,613	30.00
31.00	03100	INTENSIVE CARE UNIT		14,466,416	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227094	21,914,226	50.00
51.00	05100	RECOVERY ROOM	0.119559	3,721,778	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.237728	32,247	52.00
53.00	05300	ANESTHESIOLOGY	0.060922	5,390,047	53.00
53.01	03950	PAIN CLINIC	0.268104	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.218076	5,488,022	54.00
54.01	05401	NORTHSIDE IMAGING	0.332819	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.234647	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.108688	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.109384	260,984	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.255305	673,644	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016107	11,116,418	57.00
57.01	05701	NORTHSIDE CT	0.062018	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050332	2,839,314	58.00
58.01	05801	NORTHSIDE MRI	0.068987	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.028799	6,842,907	59.00
60.00	06000	LABORATORY	0.106172	21,480,696	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.215228	1,952,311	63.00
64.00	06400	INTRAVENOUS THERAPY	0.203305	1,840,875	64.00
65.00	06500	RESPIRATORY THERAPY	0.080992	9,908,935	65.00
66.00	06600	PHYSICAL THERAPY	0.322431	1,637,202	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.281380	545,730	67.00
68.00	06800	SPEECH PATHOLOGY	0.289560	583,471	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050270	1,306,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.202820	274,220	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.031544	13,528,790	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.257872	16,653,240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262727	15,955,609	73.00
74.00	07400	RENAL DIALYSIS	0.271071	1,178,296	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415240	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.068096	1,940,280	76.01
76.02	03140	CARDIOLOGY	0.172061	3,311,056	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.039637	1,343,767	76.03
76.97	07697	CARDIAC REHABILITATION	2.139130	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.298704	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.197065	2,485,942	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.139535	0	90.01
90.02	09005	CLINIC	0.070182	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.278196	0	90.03
90.04	09006	UPC SURGICAL GROUP	0.121696	0	90.04
90.05	09007	CLINIC	0.000000	0	90.05
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.261488	0	90.06
90.07	09004	WOUND CARE CENTER	0.231635	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.210002	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.200902	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.235661	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.106163	0	90.11
90.12	09012	VASCULAR CLINIC	0.126840	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.405508	0	90.13
90.14	09014	GYNECOLOGIC ONCOLOGY	1.818327	0	90.14
91.00	09100	EMERGENCY	0.110892	5,471,762	91.00
92.00	09200	OBSERVATION BEDS	0.529647	759,958	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		160,437,735	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 4:21 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	
202.00	Net charges (line 200 minus line 201)			160,437,735		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Component CCN: 14-S209		Date/Time Prepared: 5/24/2022 4:21 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF		4,285,834		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.227094	0	0	50.00
51.00	05100 RECOVERY ROOM	0.119559	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.237728	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060922	0	0	53.00
53.01	03950 PAIN CLINIC	0.268104	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218076	45,589	9,942	54.00
54.01	05401 NORTHSIDE IMAGING	0.332819	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.234647	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.108688	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.109384	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.255305	6,360	1,624	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.016107	101,980	1,643	57.00
57.01	05701 NORTHSIDE CT	0.062018	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.050332	18,469	930	58.00
58.01	05801 NORTHSIDE MRI	0.068987	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.028799	0	0	59.00
60.00	06000 LABORATORY	0.106172	425,675	45,195	60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.215228	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.203305	23,332	4,744	64.00
65.00	06500 RESPIRATORY THERAPY	0.080992	121,419	9,834	65.00
66.00	06600 PHYSICAL THERAPY	0.322431	5,650	1,822	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.281380	2,104	592	67.00
68.00	06800 SPEECH PATHOLOGY	0.289560	2,131	617	68.00
69.00	06900 ELECTROCARDIOLOGY	0.050270	34,216	1,720	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.202820	4,986	1,011	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.031544	8,904	281	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.257872	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262727	102,015	26,802	73.00
74.00	07400 RENAL DIALYSIS	0.271071	8,772	2,378	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415240	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.068096	0	0	76.01
76.02	03140 CARDIOLOGY	0.172061	17,533	3,017	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.039637	1,164	46	76.03
76.97	07697 CARDIAC REHABILITATION	2.139130	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.298704	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.197065	7,137	1,406	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.139535	0	0	90.01
90.02	09005 CLINIC	0.070182	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0.278196	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	0.121696	0	0	90.04
90.05	09007 CLINIC	0.000000	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.261488	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.231635	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0.210002	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0.200902	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0.235661	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.106163	0	0	90.11
90.12	09012 VASCULAR CLINIC	0.126840	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.405508	0	0	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	1.818327	0	0	90.14
91.00	09100 EMERGENCY	0.110892	373,291	41,395	91.00
92.00	09200 OBSERVATION BEDS	0.529647	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,310,727	154,999	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2021 To 12/31/2021		Worksheet D-3 Date/Time Prepared: 5/24/2022 4:21 pm		
				Title XVIII		Subprovider - IPF		PPS		
Cost Center Description				Ratio of Cost To Charges		Inpatient Program Charges		Inpatient Program Costs (col. 1 x col. 2)		
				1.00		2.00		3.00		
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)				0				201.00
202.00		Net charges (line 200 minus line 201)				1,310,727				202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3	
		Component CCN: 14-T209		Date/Time Prepared: 5/24/2022 4:21 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF		4,724,575		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.227094	58,778	13,348	50.00
51.00	05100 RECOVERY ROOM	0.119559	12,133	1,451	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.237728	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060922	16,400	999	53.00
53.01	03950 PAIN CLINIC	0.268104	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218076	212,858	46,419	54.00
54.01	05401 NORTHSIDE IMAGING	0.332819	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.234647	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.108688	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.109384	3,526	386	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.255305	22,078	5,637	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.016107	272,384	4,387	57.00
57.01	05701 NORTHSIDE CT	0.062018	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.050332	131,579	6,623	58.00
58.01	05801 NORTHSIDE MRI	0.068987	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.028799	0	0	59.00
60.00	06000 LABORATORY	0.106172	1,161,616	123,331	60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.215228	61,365	13,207	63.00
64.00	06400 INTRAVENOUS THERAPY	0.203305	12,692	2,580	64.00
65.00	06500 RESPIRATORY THERAPY	0.080992	667,633	54,073	65.00
66.00	06600 PHYSICAL THERAPY	0.322431	2,021,377	651,755	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.281380	1,937,680	545,224	67.00
68.00	06800 SPEECH PATHOLOGY	0.289560	321,692	93,149	68.00
69.00	06900 ELECTROCARDIOLOGY	0.050270	38,167	1,919	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.202820	6,648	1,348	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.031544	466,898	14,728	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.257872	7,424	1,914	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262727	542,494	142,528	73.00
74.00	07400 RENAL DIALYSIS	0.271071	84,098	22,797	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415240	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.068096	13,077	890	76.01
76.02	03140 CARDIOLOGY	0.172061	39,435	6,785	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.039637	33,168	1,315	76.03
76.97	07697 CARDIAC REHABILITATION	2.139130	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.298704	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.197065	131,997	26,012	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.139535	0	0	90.01
90.02	09005 CLINIC	0.070182	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0.278196	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	0.121696	0	0	90.04
90.05	09007 CLINIC	0.000000	0	0	90.05
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.261488	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.231635	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0.210002	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0.200902	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0.235661	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.106163	0	0	90.11
90.12	09012 VASCULAR CLINIC	0.126840	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.405508	0	0	90.13
90.14	09014 GYNECOLOGIC ONCOLOGY	1.818327	0	0	90.14
91.00	09100 EMERGENCY	0.110892	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.529647	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,277,197	1,782,805	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 4:21 pm	
			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Ratio of Cost To Charges		Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00		2.00	3.00	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0		201.00
202.00		Net charges (line 200 minus line 201)			8,277,197		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/24/2022 4:21 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)			22,448,703	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,956,693	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)			530,931	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			258,034	2.04
3.00	Managed Care Simulated Payments			19,966,591	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			234.47	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			25.32	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)			25.32	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			41.22	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)			25.32	12.00
13.00	Total allowable FTE count for the prior year.			20.48	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.			19.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.			21.76	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			21.76	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.092805	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.098098	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.092805	21.00
22.00	IME payment adjustment (see instructions)			1,502,209	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			986,469	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) .			8.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			15.90	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)			8.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.034120	26.00
27.00	IME payments adjustment factor. (see instructions)			0.009029	27.00
28.00	IME add-on adjustment amount (see instructions)			274,530	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			180,278	28.01
29.00	Total IME payment (sum of lines 22 and 28)			1,776,739	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,166,747	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.30	30.00
31.00	Percentage of Medicaid patient days (see instructions)			27.89	31.00
32.00	Sum of lines 30 and 31			32.19	32.00
33.00	Allowable disproportionate share percentage (see instructions)			15.77	33.00
34.00	Disproportionate share adjustment (see instructions)			1,198,733	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/24/2022 4:21 pm

			Title XVIII	Hospital	PPS
				Prior to 10/1	On/After 10/1
				1.00	2.00
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			0	0
35.01	Factor 3 (see instructions)			0.000000000	0.000000000
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,090,187	1,133,812
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			1,563,345	285,783
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)			1,849,128	
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)			36,018,961	
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)				37,185,708
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)				2,465,121
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)				0
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).				1,340,581
53.00	Nursing and Allied Health Managed Care payment				347,424
54.00	Special add-on payments for new technologies				294,823
54.01	Islet isolation add-on payment				0
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				0
56.00	Cost of physicians' services in a teaching hospital (see intructions)				0
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).				1,539,289
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)				105,268
59.00	Total (sum of amounts on lines 49 through 58)				43,278,214
60.00	Primary payer payments				26,132
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)				43,252,082
62.00	Deductibles billed to program beneficiaries				2,732,960
63.00	Coinsurance billed to program beneficiaries				54,166
64.00	Allowable bad debts (see instructions)				23,484
65.00	Adjusted reimbursable bad debts (see instructions)				15,265
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				2,830
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)				40,480,221
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)				0
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)				0
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)				0
70.87	Demonstration payment adjustment amount before sequestration				0
70.88	SCH or MDH volume decrease adjustment (contractor use only)				0
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				0
70.90	HSP bonus payment HVBP adjustment amount (see instructions)				0
70.91	HSP bonus payment HRR adjustment amount (see instructions)				0
70.92	Bundled Model 1 discount amount (see instructions)				0
70.93	HVBP payment adjustment amount (see instructions)				51,883
70.94	HRR adjustment amount (see instructions)				-124,256
70.95	Recovery of accelerated depreciation				0

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
5/24/2022 4:21 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		40,407,848	0	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		658,815	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		41,659,110	0	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-1,910,077	0	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	0	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2022 4:21 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,448,703	0	22,448,703		22,448,703	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,956,693	0		7,956,693	7,956,693	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	530,931	0	530,931		530,931	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	258,034	0		258,034	258,034	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,966,591	0	15,051,790	4,914,801	19,966,591	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.092805	0.092805	0.092805	0.092805		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,502,209	0	1,109,101	393,108	1,502,209	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	986,469	0	743,648	242,821	986,469	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.009029	0.009029	0.009029	0.009029		7.00
8.00	IME adjustment (see instructions)	28.00	274,530	0	202,689	71,841	274,530	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	180,278	0	135,902	44,376	180,278	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,776,739	0	1,311,790	464,949	1,776,739	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,166,747	0	879,550	287,197	1,166,747	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1577	0.1577	0.1577	0.1577		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,198,733	0	885,040	313,693	1,198,733	11.00
11.01	Uncompensated care payments	36.00	1,849,128	0	1,563,345	285,783	1,849,128	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	36,018,961	0	26,739,809	9,279,152	36,018,961	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	37,185,708	0	27,619,359	9,566,349	37,185,708	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,465,121	0	1,826,864	638,257	2,465,121	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2022 4:21 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	294,823	0	173,343	121,481	294,824	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	29,619,566	10,326,087	39,945,653	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,299,065	0	1,706,686	592,379	2,299,065	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	32,021	0	20,679	11,342	32,021	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0583	0.0583	0.0583	0.0583		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	134,035	0	99,499	34,536	134,035	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,465,121	0	1,826,864	638,257	2,465,121	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2022 4:21 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,448,703	22,448,703		22,448,703	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,956,693		7,956,693	7,956,693	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	530,931	530,931		530,931	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	258,034		258,034	258,034	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,966,591	15,051,789	4,914,801	19,966,590	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.092805	0.092805	0.092805		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,502,209	1,109,101	393,108	1,502,209	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	986,469	743,648	242,821	986,469	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.009029	0.009029	0.009029		7.00
8.00	IME adjustment (see instructions)	28.00	274,530	202,689	71,841	274,530	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	180,278	135,902	44,376	180,278	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,776,739	1,311,790	464,949	1,776,739	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,166,747	879,550	287,197	1,166,747	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1577	0.1577	0.1577		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,198,733	885,040	313,693	1,198,733	11.00
11.01	Uncompensated care payments	36.00	1,849,128	1,563,345	285,783	1,849,128	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	36,018,961	26,739,809	9,279,152	36,018,961	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	37,185,708	27,619,359	9,566,349	37,185,708	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,465,121	1,826,864	638,257	2,465,121	16.00
17.00	Special add-on payments for new technologies	54.00	294,823	173,342	121,481	294,823	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			29,619,565	10,326,087	39,945,652	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2022 4:21 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,299,065	1,706,686	592,379	2,299,065	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	32,021	20,679	11,342	32,021	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0583	0.0583	0.0583		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	134,035	99,499	34,536	134,035	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,465,121	1,826,864	638,257	2,465,121	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	51,883	51,883	0	51,883	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-124,256	-92,751	-31,505	-124,256	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 4:21 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,757	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,526,597	2.00
3.00	OPPS payments		23,430,531	3.00
4.00	Outlier payment (see instructions)		105,240	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		139,009	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,757	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		44,817	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)		44,817	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)		44,817	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		35,060	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)		9,757	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)		23,674,780	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,339,032	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)		19,345,505	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		696,250	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)		20,041,755	30.00
31.00	Primary payer payments		6,640	31.00
32.00	Subtotal (line 30 minus line 31)		20,035,115	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)		32,214	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		20,939	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		9,319	36.00
37.00	Subtotal (see instructions)		20,056,054	37.00
38.00	MSP-LCC reconciliation amount from PS&R		74	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)		20,055,980	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		462,864	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		19,567,722	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)		25,394	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 4:21 pm
		Component CCN: 14-S209		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,240	2.00
3.00	OPPS payments		3,066	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		98	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		19	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)		19	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		19	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14	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)		5	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)		3,164	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		576	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)		2,593	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)		2,593	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,593	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,593	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,593	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		2	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	
41.00	Interim payments		2,492	41.00
41.01	Interim payments-PARHM		41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	
43.00	Balance due provider/program (see instructions)		99	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

Health Financial Systems		METHODIST MEDICAL CTR OF ILLINOIS		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 4:21 pm	
		Component CCN: 14-T209			
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		202	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		575	2.00	
3.00	OPPS payments		504	3.00	
4.00	Outlier payment (see instructions)		0	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		202	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		768	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)		768	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)		768	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		566	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)		202	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)		504	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		20	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)		686	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)		686	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		686	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00	
34.00	Allowable bad debts (see instructions)		0	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00	
37.00	Subtotal (see instructions)		686	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50		
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		686	40.00	
40.01	Sequestration adjustment (see instructions)		0	40.01	
40.02	Demonstration payment adjustment amount after sequestration		25	40.02	
40.03	Sequestration adjustment-PARHM pass-throughs		40.03		
41.00	Interim payments		652	41.00	
41.01	Interim payments-PARHM		41.01		
42.00	Tentative settlement (for contractors use only)		0	42.00	
42.01	Tentative settlement-PARHM (for contractor use only)		42.01		
43.00	Balance due provider/program (see instructions)		9	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		43.01		
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
5/24/2022 4:21 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		41,567,490		19,728,300	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	04/21/2021	110,368		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	10/06/2021	18,748	10/06/2021	160,578	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)		91,620		-160,578	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)		41,659,110		19,567,722	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		25,394	6.01
6.02	SETTLEMENT TO PROGRAM		1,910,077		0	6.02
7.00	Total Medicare program liability (see instructions)		39,749,033		19,593,116	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0209

Period:

Worksheet E-1

Component CCN: 14-S209

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,267,683		2,492	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)		0		0	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	10/01/2021	99,278		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-99,278		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,168,405		2,492	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		99	6.01
6.02	SETTLEMENT TO PROGRAM		12,989		0	6.02
7.00	Total Medicare program liability (see instructions)		1,155,416		2,591	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0209

Period:

Worksheet E-1

Component CCN: 14-T209

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,629,691		652	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	10/06/2021	25,723		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		25,723		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,655,414		652	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		245,213		9	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,900,627		661	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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/24/2022 4:21 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/24/2022 4:21 pm
		Component CCN: 14-S209		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,345,362 1.00
2.00	Net IPF PPS Outlier Payments			634 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.75 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			12.58 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.75 8.00
9.00	Average Daily Census (see instructions)			35.394521 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.010857 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			14,607 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,360,603 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,360,603 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,360,603 18.00
19.00	Deductibles			164,724 19.00
20.00	Subtotal (line 18 minus line 19)			1,195,879 20.00
21.00	Coinsurance			92,113 21.00
22.00	Subtotal (line 20 minus line 21)			1,103,766 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			32,214 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			20,939 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,534 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,124,705 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			36,294 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,160,999 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			5,583 31.02
32.00	Interim payments			1,168,405 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			-12,989 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			634 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.010857 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/24/2022 4:21 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,646,165 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0152 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			146,819 3.00
4.00	Outlier Payments			109,316 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.101370 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,902,300 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,902,300 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,902,300 19.00
20.00	Deductibles			39,992 20.00
21.00	Subtotal (line 19 minus line 20)			4,862,308 21.00
22.00	Coinsurance			21,832 22.00
23.00	Subtotal (line 21 minus line 22)			4,840,476 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,840,476 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			168,174 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,008,650 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			108,023 32.02
33.00	Interim payments			4,655,414 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			245,213 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			109,316 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT
Provider CCN: 14-0209
Period: From 01/01/2021 To 12/31/2021
Worksheet E-4
MEDICAL EDUCATION COSTS
Date/Time Prepared: 5/24/2022 4:21 pm

Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		27.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)		27.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		41.22	6.00
7.00	Enter the lesser of line 5 or line 6		27.33	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	28.64	12.58	41.22	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	18.99	8.34	27.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	18.99	8.34		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	20.88	6.45		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	19.63	7.66		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.83	7.48		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	19.83	7.48		17.00
18.00	Per resident amount	141,145.00	133,652.00		18.00
19.00	Approved amount for resident costs	2,798,905	999,717	3,798,622	19.00

					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.66	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			13.89	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.66	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			109,431.00	23.00
24.00	Multiply line 22 time line 23			619,379	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,418,001	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	19,732	13,051	26.00
27.00	Total Inpatient Days (see instructions)	69,956	69,956	27.00
28.00	Ratio of inpatient days to total inpatient days	0.282063	0.186560	28.00
29.00	Program direct GME amount	1,246,155	824,222	29.00
29.01	Percent reduction for MA DGME		4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		33,546	30.00
31.00	Net Program direct GME amount		2,036,831	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/24/2022 4:21 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,774,106	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		49,455,407	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		26,132	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,429,275	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		25,678,483	42.00
43.00	Primary payer payments (see instructions)		6,640	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,671,843	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		75,101,118	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.658170	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.341830	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,036,831	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,340,581	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		696,250	50.00

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

Provider CCN: 14-0209

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

Worksheet G

Date/Time Prepared:
5/24/2022 4:21 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	4,844,798	0	0	0	1.00
2.00	Temporary investments	22,547	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	51,571,350	0	0	0	4.00
5.00	Other receivable	7,694,809	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	9,072,801	0	0	0	8.00
9.00	Other current assets	1,976,740	0	0	0	9.00
10.00	Due from other funds	48,301,698	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	123,484,743	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,458,352	0	0	0	12.00
13.00	Land improvements	8,591,490	0	0	0	13.00
14.00	Accumulated depreciation	-6,076,793	0	0	0	14.00
15.00	Buildings	178,411,126	0	0	0	15.00
16.00	Accumulated depreciation	-70,354,888	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	21,733,341	0	0	0	19.00
20.00	Accumulated depreciation	-13,080,693	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	89,631,468	0	0	0	23.00
24.00	Accumulated depreciation	-63,088,502	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)	147,224,901	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	179,681,723	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	146,133,246	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	325,814,969	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	596,524,613	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,108,503	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,604,737	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	145,645	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	54,702,236	0	0	0	43.00
44.00	Other current liabilities	38,302,881	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	125,864,002	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	13,448,359	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	185,336,308	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	198,784,667	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	324,648,669	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	271,875,944	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)	271,875,944	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	596,524,613	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0209

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

Worksheet G-1

Date/Time Prepared:
5/24/2022 4:21 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		201,931,341		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		23,837,646				2.00
3.00	Total (sum of line 1 and line 2)		225,768,987		0		3.00
4.00	CHANGE IN TEMP & PERM REST	-19,682,068		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)		-19,682,068		0		10.00
11.00	Subtotal (line 3 plus line 10)		206,086,919		0		11.00
12.00	CHANGE IN UNRESTRICTED	-65,789,023		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)		-65,789,023		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		271,875,942		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CHANGE IN TEMP & PERM REST		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	CHANGE IN UNRESTRICTED		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: 14-0209

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	110,163,284		110,163,284	1.00
2.00	SUBPROVIDER - IPF	32,764,263		32,764,263	2.00
3.00	SUBPROVIDER - IRF	13,344,058		13,344,058	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	156,271,605		156,271,605	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,413,187		26,413,187	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	17,076,733		17,076,733	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	43,489,920		43,489,920	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	199,761,525		199,761,525	17.00
18.00	Ancillary services	527,882,087	0	527,882,087	18.00
19.00	Outpatient services	0	770,973,988	770,973,988	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		9,216,221	9,216,221	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	5,873,182	5,873,182	26.00
27.00	PHYSICIAN CLINIC	0	177,669,022	177,669,022	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	727,643,612	963,732,413	1,691,376,025	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		389,524,938		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		389,524,938		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0209

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

Worksheet G-3

Date/Time Prepared:
5/24/2022 4:21 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,691,376,025	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,303,410,842	2.00
3.00	Net patient revenues (line 1 minus line 2)	387,965,183	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	389,524,938	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,559,755	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	10,000	6.00
7.00	Income from investments	14,767,554	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,530,434	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.)	11,623,480	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	68,737,081	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	96,668,549	25.00
26.00	Total (line 5 plus line 25)	95,108,794	26.00
27.00	HOME OFFICE EXPENSES	71,271,148	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	71,271,148	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,837,646	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0209

Period:

Worksheet H

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pmHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	1,854,113	453,483	0	50,277	312,741	2,670,614	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	2,209,051	514,643	0	0	352,189	3,075,883	6.00
7.00 Physical Therapy	0	0	0	1,856,632	0	1,856,632	7.00
8.00 Occupational Therapy	0	0	0	297,328	0	297,328	8.00
9.00 Speech Pathology	0	0	0	79,255	0	79,255	9.00
10.00 Medical Social Services	61,933	14,995	0	0	3,197	80,125	10.00
11.00 Home Health Aide	89,616	30,750	0	0	28,383	148,749	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	1,923	1,923	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	4,214,713	1,013,871	0	2,283,492	698,433	8,210,509	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	-183,427	2,487,187	-110,874	2,376,313			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	3,075,883	0	3,075,883			6.00
7.00 Physical Therapy	0	1,856,632	0	1,856,632			7.00
8.00 Occupational Therapy	0	297,328	0	297,328			8.00
9.00 Speech Pathology	0	79,255	0	79,255			9.00
10.00 Medical Social Services	0	80,125	0	80,125			10.00
11.00 Home Health Aide	0	148,749	0	148,749			11.00
12.00 Supplies (see instructions)	0	0	0	0			12.00
13.00 Drugs	0	1,923	0	1,923			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	-183,427	8,027,082	-110,874	7,916,208			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0209

Period:

Worksheet H-1

HHA CCN: 14-7259

From 01/01/2021

Part I

To 12/31/2021

Date/Time Prepared:

5/24/2022 4:21 pm

Home Health

PPS

Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	2,376,313	0	0	0	0	2,376,313	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,075,883	0	0	0	0	3,075,883	6.00
7.00	Physical Therapy	1,856,632	0	0	0	0	1,856,632	7.00
8.00	Occupational Therapy	297,328	0	0	0	0	297,328	8.00
9.00	Speech Pathology	79,255	0	0	0	0	79,255	9.00
10.00	Medical Social Services	80,125	0	0	0	0	80,125	10.00
11.00	Home Health Aide	148,749	0	0	0	0	148,749	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	1,923	0	0	0	0	1,923	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	7,916,208	0	0	0	0	7,916,208	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	2,376,313						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,319,388	4,395,271					6.00
7.00	Physical Therapy	796,393	2,653,025					7.00
8.00	Occupational Therapy	127,537	424,865					8.00
9.00	Speech Pathology	33,996	113,251					9.00
10.00	Medical Social Services	34,369	114,494					10.00
11.00	Home Health Aide	63,805	212,554					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	825	2,748					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		7,916,208					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-1

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,376,313	5,539,895
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	3,075,883	6.00
7.00	Physical Therapy	0	0	0	0	1,856,632	7.00
8.00	Occupational Therapy	0	0	0	0	297,328	8.00
9.00	Speech Pathology	0	0	0	0	79,255	9.00
10.00	Medical Social Services	0	0	0	0	80,125	10.00
11.00	Home Health Aide	0	0	0	0	148,749	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	1,923	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,376,313	5,539,895
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,376,313
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.428945

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	Subtotal	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4.01	4A.01	
1.00	Administrative and General	0	1,983	521	145,960	73	148,537	1.00
2.00	Skilled Nursing Care	4,395,271	0	0	0	0	4,395,271	2.00
3.00	Physical Therapy	2,653,025	0	0	0	0	2,653,025	3.00
4.00	Occupational Therapy	424,865	0	0	0	0	424,865	4.00
5.00	Speech Pathology	113,251	0	0	0	0	113,251	5.00
6.00	Medical Social Services	114,494	0	0	0	0	114,494	6.00
7.00	Home Health Aide	212,554	0	0	0	0	212,554	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	2,748	0	0	0	0	2,748	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	7,916,208	1,983	521	145,960	73	8,064,745	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	42,980	1,898	4,583	0	0	0	1.00
2.00	Skilled Nursing Care	1,271,790	0	0	0	0	0	2.00
3.00	Physical Therapy	767,663	0	0	0	0	0	3.00
4.00	Occupational Therapy	122,936	0	0	0	0	0	4.00
5.00	Speech Pathology	32,770	0	0	0	0	0	5.00
6.00	Medical Social Services	33,129	0	0	0	0	0	6.00
7.00	Home Health Aide	61,503	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	795	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,333,566	1,898	4,583	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pmHome Health
Agency I

PPS

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	110,921	0	327,322	19,020	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	110,921	0	327,322	19,020	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS		Subtotal	
		17.00	19.00	20.00	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	24.00	
1.00	Administrative and General	0	0	0	0	0	655,261	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	5,667,061	2.00
3.00	Physical Therapy	0	0	0	0	0	3,420,688	3.00
4.00	Occupational Therapy	0	0	0	0	0	547,801	4.00
5.00	Speech Pathology	0	0	0	0	0	146,021	5.00
6.00	Medical Social Services	0	0	0	0	0	147,623	6.00
7.00	Home Health Aide	0	0	0	0	0	274,057	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	3,543	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	10,862,055	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pmHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	655,261				1.00
2.00	Skilled Nursing Care	0	5,667,061	363,816	6,030,877		2.00
3.00	Physical Therapy	0	3,420,688	219,605	3,640,293		3.00
4.00	Occupational Therapy	0	547,801	35,168	582,969		4.00
5.00	Speech Pathology	0	146,021	9,374	155,395		5.00
6.00	Medical Social Services	0	147,623	9,477	157,100		6.00
7.00	Home Health Aide	0	274,057	17,594	291,651		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	3,543	227	3,770		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	0	10,862,055	655,261	10,862,055		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.064199			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	4.01	5A	5.00	
1.00	Administrative and General	174	17,556	4,214,714	174	0	148,537	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,395,271	2.00
3.00	Physical Therapy	0	0	0	0	0	2,653,025	3.00
4.00	Occupational Therapy	0	0	0	0	0	424,865	4.00
5.00	Speech Pathology	0	0	0	0	0	113,251	5.00
6.00	Medical Social Services	0	0	0	0	0	114,494	6.00
7.00	Home Health Aide	0	0	0	0	0	212,554	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	2,748	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	174	17,556	4,214,714	174	0	8,064,745	20.00
21.00	Total cost to be allocated	1,983	521	145,960	73	0	2,333,566	21.00
22.00	Unit cost multiplier	11.396552	0.029676	0.034631	0.419540	0	0.289354	22.00
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	174	174	0	0	0	6,026	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	174	174	0	0	0	6,026	20.00
21.00	Total cost to be allocated	1,898	4,583	0	0	0	110,921	21.00
22.00	Unit cost multiplier	10.908046	26.339080	0.000000	0.000000	0.000000	18.407069	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pmHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	6,026	222,834	10,720	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	6,026	222,834	10,720	0	0	20.00
21.00	Total cost to be allocated	0	327,322	19,020	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	54.318287	0.085355	0.000000	0.000000	0.000000	22.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS				
		19.00	20.00	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pm

				Title XVIII		Home Health Agency I	5/24/2022 4:21 pm PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	6,030,877		6,030,877	19,642	307.04	1.00
2.00	Physical Therapy	3.00	3,640,293	0	3,640,293	19,679	184.98	2.00
3.00	Occupational Therapy	4.00	582,969	0	582,969	4,438	131.36	3.00
4.00	Speech Pathology	5.00	155,395	0	155,395	1,003	154.93	4.00
5.00	Medical Social Services	6.00	157,100		157,100	273	575.46	5.00
6.00	Home Health Aide	7.00	291,651		291,651	2,472	117.98	6.00
7.00	Total (sum of lines 1-6)		10,858,285	0	10,858,285	47,507		7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		37900	0	6,627			8.00
9.00	Physical Therapy		37900	0	7,493			9.00
10.00	Occupational Therapy		37900	0	1,751			10.00
11.00	Speech Pathology		37900	0	344			11.00
12.00	Medical Social Services		37900	0	96			12.00
13.00	Home Health Aide		37900	0	989			13.00
14.00	Total (sum of lines 8-13)			0	17,300			14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	3,770	0	3,770	0	0.000000	16.00
Cost Center Description		Program Visits			Cost of Services			
		Part B						
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00	8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	6,627		0	2,034,754		1.00
2.00	Physical Therapy	0	7,493		0	1,386,055		2.00
3.00	Occupational Therapy	0	1,751		0	230,011		3.00
4.00	Speech Pathology	0	344		0	53,296		4.00
5.00	Medical Social Services	0	96		0	55,244		5.00
6.00	Home Health Aide	0	989		0	116,682		6.00
7.00	Total (sum of lines 1-6)	0	17,300		0	3,876,042		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	13,871	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,034,754						1.00
2.00	Physical Therapy	1,386,055						2.00
3.00	Occupational Therapy	230,011						3.00
4.00	Speech Pathology	53,296						4.00
5.00	Medical Social Services	55,244						5.00
6.00	Home Health Aide	116,682						6.00
7.00	Total (sum of lines 1-6)	3,876,042						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.322431	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.281380	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.289560	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.031544	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.262727	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209 HHA CCN: 14-7259		Period: From 01/01/2021 To 12/31/2021		Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2022 4:21 pm	
		Title XVIII		Home Health Agency I		PPS	
		Part A		Part B			
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	
		1.00		2.00		3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES							
Reasonable Cost of Part A & Part B Services							
1.00	Reasonable cost of services (see instructions)	0	0	0	0	0	1.00
2.00	Total charges	0	0	0	0	0	2.00
Customary Charges							
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	0	0	9.00
				Part A Services		Part B Services	
				1.00		2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT							
10.00	Total reasonable cost (see instructions)	0	0	0	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	0	3,095,847	0	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	0	249,400	0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	0	42,710	0	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	0	8,837	0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	42,360	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	0	0	0	16.00
17.00	Total Other Payments	0	0	0	0	0	17.00
18.00	DME Payments	0	0	0	0	0	18.00
19.00	Oxygen Payments	0	0	0	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	0	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	0	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	0	3,439,154	0	0	22.00
23.00	Excess reasonable cost (from line 8)	0	0	0	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	0	3,439,154	0	0	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	0	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	0	3,439,154	0	0	26.00
27.00	Reimbursable bad debts (from your records)	0	0	0	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	0	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	0	3,439,154	0	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	0	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	0	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	0	0	0	30.99
31.00	Subtotal (see instructions)	0	0	3,439,154	0	0	31.00
31.01	Sequestration adjustment (see instructions)	0	0	0	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	93,383	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	0	0	0	31.75
32.00	Interim payments (see instructions)	0	0	3,345,771	0	0	32.00
33.00	Tentative settlement (for contractor use only)	0	0	0	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	0	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	0	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 14-0209

Period:

Worksheet H-5

HHA CCN: 14-7259

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/24/2022 4:21 pm

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0			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		3,345,771	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,345,771	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,345,771	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

						Hospice I		01/24/2022 4:21 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0		0	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP*		890	890			890	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0		0	3.00	
4.00	ADMINISTRATIVE & GENERAL*	476,146	991,754	1,467,900	0		1,467,900	4.00	
5.00	PLANT OPERATION & MAINTENANCE*	0	19,055	19,055	0		19,055	5.00	
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0		0	6.00	
7.00	HOUSEKEEPING*	0	0	0	0		0	7.00	
8.00	DIETARY*	0	192	192	0		192	8.00	
9.00	NURSING ADMINISTRATION*	0	0	0	0		0	9.00	
10.00	ROUTINE MEDICAL SUPPLIES*	0	97,528	97,528	0		97,528	10.00	
11.00	MEDICAL RECORDS*	0	0	0	0		0	11.00	
12.00	STAFF TRANSPORTATION*	0	92,683	92,683	0		92,683	12.00	
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0		0	13.00	
14.00	PHARMACY*	0	249,525	249,525	0		249,525	14.00	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0		0	15.00	
16.00	OTHER GENERAL SERVICE*	0	0	0	0		0	16.00	
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00	
DIRECT PATIENT CARE SERVICE COST CENTERS									
25.00	INPATIENT CARE-CONTRACTED**		0	0	0		0	25.00	
26.00	PHYSICIAN SERVICES**	68,995	15,945	84,940	0		84,940	26.00	
27.00	NURSE PRACTITIONER**	0	0	0	0		0	27.00	
28.00	REGISTERED NURSE**	670,079	154,853	824,932	0		824,932	28.00	
29.00	LPN/LVN**	54,947	12,698	67,645	0		67,645	29.00	
30.00	PHYSICAL THERAPY**	0	0	0	0		0	30.00	
31.00	OCCUPATIONAL THERAPY**	0	0	0	0		0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0		0	32.00	
33.00	MEDICAL SOCIAL SERVICES**	105,679	24,422	130,101	0		130,101	33.00	
34.00	SPIRITUAL COUNSELING**	0	0	0	0		0	34.00	
35.00	DIETARY COUNSELING**	0	0	0	0		0	35.00	
36.00	COUNSELING - OTHER**	0	0	0	0		0	36.00	
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	435,608	100,668	536,276	0		536,276	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	310,567	310,567	0		310,567	38.00	
39.00	PATIENT TRANSPORTATION**	0	0	0	0		0	39.00	
40.00	IMAGING SERVICES**	0	0	0	0		0	40.00	
41.00	LABS & DIAGNOSTICS**	0	0	0	0		0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0		0	42.00	
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0		0	42.50	
43.00	OUTPATIENT SERVICES**	0	0	0	0		0	43.00	
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0		0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0		0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0		0	46.00	
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM *	99,378	22,966	122,344	0		122,344	60.00	
61.00	VOLUNTEER PROGRAM *	0	0	0	0		0	61.00	
62.00	FUNDRAISING*	0	0	0	0		0	62.00	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0		0	63.00	
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0		0	64.00	
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0		0	65.00	
66.00	RESIDENTIAL CARE*	0	0	0	0		0	66.00	
67.00	ADVERTISING*	0	0	0	0		0	67.00	
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0		0	68.00	
69.00	THRIFT STORE*	0	0	0	0		0	69.00	
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0		0	70.00	
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0		0	71.00	
100.00	TOTAL	1,910,832	2,093,746	4,004,578	0		4,004,578	100.00	

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	890		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	-3,701	1,464,199		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	19,055		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	192		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	97,528		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	92,683		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	249,525		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	84,940		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	824,932		28.00
29.00	LPN/LVN**	0	67,645		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	130,101		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	536,276		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	310,567		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	122,344		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-3,701	4,000,877		100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0209

Period:

Worksheet 0-2

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

					Hospice I		
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	68,836	15,908	84,744	0	84,744	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	668,538	154,497	823,035	0	823,035	28.00
29.00	LPN/LVN	54,821	12,669	67,490	0	67,490	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	105,436	24,366	129,802	0	129,802	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	434,606	100,436	535,042	0	535,042	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	310,567	310,567	0	310,567	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,332,237	618,443	1,950,680	0	1,950,680	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	84,744	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	823,035	28.00
29.00	LPN/LVN	0	67,490	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	129,802	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	535,042	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	310,567	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,950,680	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 14-0209

Period:

Worksheet 0-4

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

						Hospice I		07/27/2022 4:21 PM	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL			
		1.00	2.00	3.00	4.00	5.00			
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	0	25.00	
26.00	PHYSICIAN SERVICES	159	37	196	0	0	196	26.00	
27.00	NURSE PRACTITIONER	0	0	0	0	0	0	27.00	
28.00	REGISTERED NURSE	1,541	356	1,897	0	0	1,897	28.00	
29.00	LPN/LVN	126	29	155	0	0	155	29.00	
30.00	PHYSICAL THERAPY	0	0	0	0	0	0	30.00	
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	0	32.00	
33.00	MEDICAL SOCIAL SERVICES	243	56	299	0	0	299	33.00	
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	0	34.00	
35.00	DIETARY COUNSELING	0	0	0	0	0	0	35.00	
36.00	COUNSELING - OTHER	0	0	0	0	0	0	36.00	
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	1,002	232	1,234	0	0	1,234	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	0	38.00	
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	0	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	0	41.00	
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	0	42.00	
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	42.50	
43.00	OUTPATIENT SERVICES	0	0	0	0	0	0	43.00	
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	0	44.00	
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	0	45.00	
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	0	46.00	
100.00	TOTAL *	3,071	710	3,781	0	0	3,781	100.00	

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	196	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,897	28.00
29.00	LPN/LVN	0	155	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	299	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	1,234	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,781	100.00

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

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 14-0209

Period:

Worksheet 0-5

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	890	26	916	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	66,174	66,174	3.00
4.00	ADMINISTRATIVE & GENERAL	1,464,199	1,226,211	2,690,410	4.00
5.00	PLANT OPERATION & MAINTENANCE	19,055	0	19,055	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	192	0	192	8.00
9.00	NURSING ADMINISTRATION	0	145,736	145,736	9.00
10.00	ROUTINE MEDICAL SUPPLIES	97,528	13,333	110,861	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	92,683	0	92,683	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	249,525	0	249,525	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,950,680	0	1,950,680	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,781	0	3,781	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	122,344	0	122,344	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	4,000,877	1,451,480	5,452,357	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	916		916				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	66,174	0	916	67,090			3.00
4.00	ADMINISTRATIVE & GENERAL	2,690,410	0	0	20,805	2,711,215		4.00
5.00	PLANT OPERATION & MAINTENANCE	19,055	0	0	0	19,055		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	0	0	0	0	0		7.00
8.00	DIETARY	192	0	0	0	192		8.00
9.00	NURSING ADMINISTRATION	145,736	0	0	0	145,736		9.00
10.00	ROUTINE MEDICAL SUPPLIES	110,861	0	0	0	110,861		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	92,683	0	0	0	92,683		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	249,525	0	0	0	249,525		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	1,950,680			46,179	1,996,859		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,781	0	0	106	3,887		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	122,344	0	0	0	122,344		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	5,452,357	0	916	67,090	5,452,357		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	2,711,215						4.00
5.00	PLANT OPERATION & MAINTENANCE	18,847	37,902					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	190	0			0	382	8.00
9.00	NURSING ADMINISTRATION	144,145	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	109,651	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	91,671	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	246,801	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,975,057						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,845	37,902		0	0	382	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	121,008	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	2,711,215	37,902		0	0	382	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	289,881					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	220,512				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			184,354		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	289,233	220,005	0	183,930	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	648	507	0	424	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	289,881	220,512	0	184,354	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/24/2022 4:21 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	496,326					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	489,229	0	0		5,154,313	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	7,097	0	0	0	54,692	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		243,352	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	496,326	0	0	0	5,452,357	100.00

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

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		890				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	890	1,855,886			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	575,525	-2,711,215	2,741,142	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	19,055	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	192	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	145,736	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	110,861	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	92,683	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	249,525	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,277,416	0	1,996,859	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	2,945	0	3,887	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	122,344	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	916	67,090		2,711,215	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.029213	0.036150		0.989082	101.00

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

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	62		8.00
9.00	NURSING ADMINISTRATION	0		0		2,683	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					2,677	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	100	0	100	62	6	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	37,902	0	0	382	289,881	100.00
101.00	UNIT COST MULTIPLIER	379.020000	0.000000	0.000000	6.161290	108.043608	101.00

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

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	26,952					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			92,683			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	9,218,467	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	26,890	0	92,470	0	9,086,654	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	62	0	213	0	131,813	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	220,512	0	184,354	0	496,326	100.00
101.00	UNIT COST MULTIPLIER	8.181656	0.000000	1.989081	0.000000	0.053840	101.00

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

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/24/2022 4:21 pm

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

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 14-0209

Period:

Worksheet 0-7

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
				2.00	3.00	4.00		
		0	1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.322431	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.281380	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.289560	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.262727	0	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.106172	0	0	0	6.00	
6.01	NORTHSIDE LAB	60.01	0.000000	0	0	0	6.01	
7.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0.031544	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.109384	0	0	0	9.00	
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.415240	0	0	0	10.00	
10.01	GASTRO INTESTINAL SERVICES	76.01	0.068096	0	0	0	10.01	
10.02	CARDIOLOGY	76.02	0.171357	0	0	0	10.02	
10.03	PULMONARY FUNCTION TESTING	76.03	0.039637	0	0	0	10.03	
10.97	CARDIAC REHABILITATION	76.97	2.139130	0	0	0	10.97	
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.298704	0	0	0	10.98	
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC					
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
		5.00	6.00	7.00	8.00	9.00		
	ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
6.01	NORTHSIDE LAB	0	0	0	0	0	6.01	
7.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00	
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00	
10.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	10.01	
10.02	CARDIOLOGY	0	0	0	0	0	10.02	
10.03	PULMONARY FUNCTION TESTING	0	0	0	0	0	10.03	
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97	
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98	
10.99	LITHOTRIPSY	0	0	0	0	0	10.99	
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0209

Period:

Worksheet 0-8

Hospice CCN: 14-1537

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/24/2022 4:21 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			5,154,313	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			26,890	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			191.68	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	26,890	0		9.00
10.00	Program cost (line 8 times line 9)	5,154,275	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			54,692	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			62	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			882.13	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	62	0		19.00
20.00	Program cost (line 18 times line 19)	54,692	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			5,209,005	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			26,952	22.00
23.00	Average cost per diem (line 21 divided by line 22)			193.27	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0209	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/24/2022 4:21 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,299,065	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		32,021	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)		148.18	3.00
4.00	Number of interns & residents (see instructions)		29.76	4.00
5.00	Indirect medical education percentage (see instructions)		5.83	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)		134,035	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,465,121	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