

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all inter-
payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/27/2022 12:27 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/27/2022	Time: 12:27 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☐ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☐ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE LUTHERAN GENERAL HOSPITAL (14-0223) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	-85,625	360,392	0	0	1.00
2.00	Subprovider - IPF	0	24,098	0		0	2.00
3.00	Subprovider - IRF	0	40,016	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-21,511	360,392	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 12:27 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street:1775 W. DEMPSTER STREET			PO Box:				1.00	
2.00	City: PARK RIDGE			State: IL		Zip Code:60068-		County: COOK 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16984	1	07/01/1966	N P O
4.00	Subprovider - IPF			ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16984	4	07/01/1984	N P O
5.00	Subprovider - IRF			ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16984	5	07/01/1984	N P O
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021	
21.00	Type of Control (see instructions)						1		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised 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.					1	N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0223

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,615	7,914	0	124	24,202	164	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.	102	606	0	0	398		25.00
				Urban/Rural Status	Date of Geographic Reclassification		
				1.00	2.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					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)					Y		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	45.00
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	48.00
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y		56.00
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							57.00
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 12:27 pm		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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" Y for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0223

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From 01/01/2021
To 12/31/2021Worksheet S-2
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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)		10.41	73.07	0.124701	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	9.97	26.06	0.276714
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042
65.03		PEDIATRICS	2000	7.34	35.78	0.170223
			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)		4.12	84.63	0.046423	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	4.23	22.47	0.158427
67.01		INTERNAL MEDICINE	1400	10.69	56.84	0.158300
67.02		PEDIATRICS	2000	6.04	32.13	0.158239

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 12:27 pm
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
	1.00	2.00	3.00	4.00	5.00
67.03			0.00	0.00	0.000000
67.04			0.00	0.00	0.000000
67.05			0.00	0.00	0.000000
				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? Y				
Enter "Y" for yes or "N" for no.					
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N 0
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Y				
Enter "Y" for yes and "N" for no.					
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 0
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
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
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
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.				
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
V XIX					
1.00 2.00					
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				Y
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
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y
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
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
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 12:27 pm	
			V 1.00	XIX 2.00	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
				1.00	2.00
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			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,306,424	1,350,000	-1,464,052	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 §312N and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	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.	Y		5.06	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

MCRTF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 12:27 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			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)			0.00169.00
			Beginning	Ending
			1.00	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)			0171.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 12:27 pm	
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/21/2022	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 1.00	Legal Oper. 2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N 1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				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 1.00	Date 2.00	Y/N 3.00
					Date 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	04/12/2022	Y	04/12/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021	
		Worksheet S-2 Part II		Date/Time Prepared: 5/27/2022 12:27 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ELLEN	SCHULTZ		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH AND HOSPITALS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	CORP. (708) 606-8044	ELLEN.SCHULTZ2@AAH.ORG		43.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 12:27 pm	
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 12:27 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	415	151,475	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)		415	151,475	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	42	15,330	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,710	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		543	198,195	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	55	20,075		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,425		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		643				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)		17	6,205			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:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 12:27 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)	38,234	4,880	121,622			1.00
2.00 HMO and other (see instructions)	23,345	25,759				2.00
3.00 HMO IPF Subprovider	699	2,671				3.00
4.00 HMO IRF Subprovider	2,058	467				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)	38,234	4,880	121,622			7.00
8.00 INTENSIVE CARE UNIT	1,732	241	9,601			8.00
9.00 CORONARY CARE UNIT	2,804	314	8,954			9.00
9.01 NEONATAL CARE UNIT	0	1,172	13,600			9.01
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		781	5,319			13.00
14.00 Total (see instructions)	42,770	7,388	159,096	214.60	2,929.07	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	957	449	9,037	2.93	81.18	16.00
17.00 SUBPROVIDER - IRF	6,470	265	13,240	0.00	68.48	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			1,116			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	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)				217.53	3,078.73	27.00
28.00 Observation Bed Days		395	14,812			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	164	1,714			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:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 12:27 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	7,032	756	27,643	1.00
2.00 HMO and other (see instructions)			3,638	4,600		2.00
3.00 HMO IPF Subprovider				337		3.00
4.00 HMO IRF Subprovider				29		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
9.01 NEONATAL CARE UNIT						9.01
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	7,032	756	27,643	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	98	55	1,216	16.00
17.00 SUBPROVIDER - IRF	0.00	0	426	15	858	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					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:14-0223

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

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	261,513,529	0	261,513,529	6,403,733.65	40.84
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		2,461,276	0	2,461,276	16,511.03	149.07
4.01	Physicians - Part A - Teaching		7,898,417	180,104	8,078,521	62,495.75	129.27
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	14,461,424	329,758	14,791,182	459,983.47	32.16
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)		12,870,531	189,405	13,059,936	380,265.60	34.34
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,914,539	0	5,914,539	39,260.93	150.65
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		59,794	0	59,794	447.00	133.77
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		52,989,331	0	52,989,331	1,161,262.21	45.63
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)		58,437,686	0	58,437,686		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,348,708	0	3,348,708		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		508,895	0	508,895		
22.01	Physician Part A - Teaching		1,670,322	0	1,670,322		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,059,583	0	3,059,583		
25.50	Home office wage-related (core)		13,766,473	0	13,766,473		
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:14-0223

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

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	5,830,236	-5,830,236	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	19,880,091	94,721	19,974,812	513,406.40	38.91	27.00
28.00	Administrative & General under contract (see inst.)		1,705,345	0	1,705,345	10,315.12	165.32	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,652,695	1,349,584	4,002,279	59,508.80	67.26	38.00
39.00	Central Services and Supply	14.00	1,744,554	39,780	1,784,334	73,652.80	24.23	39.00
40.00	Pharmacy	15.00	10,543,775	-668,735	9,875,040	173,097.60	57.05	40.00
41.00	Medical Records & Medical Records Library	16.00	669	15	684	20.80	32.88	41.00
42.00	Social Service	17.00	1,980,994	45,172	2,026,166	47,985.60	42.22	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0223

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

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	240,859,033	-509,862	240,349,171	5,891,569.55	40.80	1.00
2.00	Excluded area salaries (see instructions)	12,870,531	189,405	13,059,936	380,265.60	34.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	227,988,502	-699,267	227,289,235	5,511,303.95	41.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	58,963,664	0	58,963,664	1,200,970.14	49.10	4.00
5.00	Subtotal wage-related costs (see inst.)	72,713,054	0	72,713,054	0.00	31.99	5.00
6.00	Total (sum of lines 3 thru 5)	359,665,220	-699,267	358,965,953	6,712,274.09	53.48	6.00
7.00	Total overhead cost (see instructions)	44,338,359	-4,969,699	39,368,660	877,987.12	44.84	7.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2022 12:27 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		12,873,669	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)		1,349,128	4.00	
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)					
5.00	401K/TSA Plan Administration fees		0	5.00	
6.00	Legal/Accounting/Management Fees-Pension Plan		80,772	6.00	
7.00	Employee Managed Care Program Administration Fees		2,335,857	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)		16,112,160	8.02	
8.03	Health Insurance (Purchased)		0	8.03	
9.00	Prescription Drug Plan		6,519,221	9.00	
10.00	Dental, Hearing and Vision Plan		891,944	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		190,578	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)		2,498,126	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		3,141,800	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		18,437,388	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		63,255	19.00	
20.00	State or Federal Unemployment Taxes		0	20.00	
OTHER					
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		91,788	21.00	
22.00	Day Care Cost and Allowances		1,035,079	22.00	
23.00	Tuition Reimbursement		1,404,429	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		67,025,194	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:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/27/2022 12:27 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	5,914,539	67,025,194	1.00
2.00	Hospital	5,914,539	64,015,206	2.00
3.00	Subprovider - IPF	0	1,661,241	3.00
4.00	Subprovider - IRF	0	1,348,747	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/27/2022 12:27 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)			0.233412	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			111,704,798	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			513,768,163	6.00
7.00	Medicaid cost (line 1 times line 6)			119,919,654	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)			8,214,856	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, 14, 15, 16 and 17)			8,214,856	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	45,855,029	2,650,029	48,505,058	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,703,114	2,650,029	13,353,143	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,703,114	2,650,029	13,353,143	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			31,999,817	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,548,878	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,382,890	27.01
28.00	Non-Medicare bad debt expense (see instructions)			29,616,927	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,746,958	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			21,100,101	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			29,314,957	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/27/2022 12:27 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 NEW CAP REL COSTS-BLDG & FIXT		0	0	20,149,059	20,149,059 1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	13,672,394	13,672,394 2.00
3.00	00300 OTHER CAPITAL RELATED COSTS		0	0	0	0 3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	5,830,236	44,670,511	50,500,747	-5,830,236	44,670,511 4.00
5.03	00560 PURCHASING RECEIVING AND STORES	0	6,837,821	6,837,821	0	6,837,821 5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	1,586	24,065,539	24,067,125	38	24,067,163 5.05
5.06	00590 OTHER ADMIN AND GENERAL	19,878,505	173,041,881	192,920,386	-16,497,890	176,422,496 5.06
6.00	00600 MAINTENANCE & REPAIRS	0	30,301,266	30,301,266	-180,534	30,120,732 6.00
7.00	00700 OPERATION OF PLANT	0	0	0	0	0 7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	2,853,920	2,853,920 8.00
9.00	00900 HOUSEKEEPING	0	12,745,666	12,745,666	-2,897,895	9,847,771 9.00
10.00	01000 DIETARY	0	11,218,980	11,218,980	-4,842,205	6,376,775 10.00
11.00	01100 CAFETERIA	0	0	0	4,779,294	4,779,294 11.00
13.00	01300 NURSING ADMINISTRATION	2,652,695	1,759,117	4,411,812	1,111,181	5,522,993 13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	1,744,554	1,623,978	3,368,532	-314,498	3,054,034 14.00
15.00	01500 PHARMACY	10,543,775	50,944,534	61,488,309	-45,198,887	16,289,422 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	669	454,398	455,067	15	455,082 16.00
17.00	01700 SOCIAL SERVICE	1,980,994	420,623	2,401,617	45,172	2,446,789 17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	14,461,424	3,646,302	18,107,726	329,758	18,437,484 21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	7,898,417	5,036,853	12,935,270	158,732	13,094,002 22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.	1,121,918	203,108	1,325,026	-1,152,798	172,228 23.00
23.01	02301 PARAMED ED PRGM-PHARMACY	0	0	0	981,937	981,937 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	61,957,595	16,759,112	78,716,707	-373,417	78,343,290 30.00
31.00	03100 INTENSIVE CARE UNIT	10,440,509	3,686,179	14,126,688	-210,151	13,916,537 31.00
32.00	03200 CORONARY CARE UNIT	8,189,575	4,451,975	12,641,550	-132,695	12,508,855 32.00
32.01	03201 NEONATAL CARE UNIT	10,379,367	2,129,044	12,508,411	115,888	12,624,299 32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000 SUBPROVIDER - IPF	6,334,404	860,730	7,195,134	136,615	7,331,749 40.00
41.00	04100 SUBPROVIDER - IRF	5,184,850	914,349	6,099,199	-224	6,098,975 41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300 NURSERY	0	0	0	1,161,219	1,161,219 43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	13,253,329	16,258,982	29,512,311	-3,351,799	26,160,512 50.00
51.00	05100 RECOVERY ROOM	1,760,145	210,429	1,970,574	37,583	2,008,157 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,543,247	1,469,504	6,012,751	-73,386	5,939,365 52.00
53.00	05300 ANESTHESIOLOGY	644,710	2,090,799	2,735,509	-171,148	2,564,361 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,388,071	4,512,067	14,900,138	-2,261,718	12,638,420 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,191,626	5,213,056	6,404,682	-416,787	5,987,895 55.00
56.00	05600 RADIOISOTOPE	1,476,229	1,687,849	3,164,078	48,515	3,212,593 56.00
57.00	05700 CT SCAN	2,096,198	1,986,984	4,083,182	-567,855	3,515,327 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,747,573	1,084,072	2,831,645	-429,039	2,402,606 58.00
59.00	05900 CARDIAC CATHETERIZATION	2,011,062	2,158,306	4,169,368	-875,071	3,294,297 59.00
60.00	06000 LABORATORY	0	26,322,643	26,322,643	0	26,322,643 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500 RESPIRATORY THERAPY	9,568,895	1,700,212	11,269,107	-6,771	11,262,336 65.00
66.00	06600 PHYSICAL THERAPY	11,525,728	1,595,299	13,121,027	228,715	13,349,742 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	3,156,026	880,852	4,036,878	-120,519	3,916,359 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,157,852	2,682,039	3,839,891	-47,690	3,792,201 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,380,217	33,380,217	0	33,380,217 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	40,020,410	40,020,410	0	40,020,410 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	44,109,073	44,109,073 73.00
74.00	07400 RENAL DIALYSIS	931,498	508,717	1,440,215	1,843	1,442,058 74.00
75.00	07500 ASC (NON-DISTINCT PART)	2,801,840	1,145,721	3,947,561	42,169	3,989,730 75.00
76.00	03950 REHAB MEDICINE	884,544	114,881	999,425	17,617	1,017,042 76.00
76.20	03951 DAY HOSPITAL	995,084	86,432	1,081,516	22,690	1,104,206 76.20
76.45	03340 GASTRO INTESTINAL SERVICES	2,863,510	1,242,066	4,105,576	-364,816	3,740,760 76.45
76.97	07697 CARDIAC REHABILITATION	586,084	82,185	668,269	7,371	675,640 76.97
76.98	07698 CAR-T CELLS	0	1,593,502	1,593,502	-482,665	1,110,837 76.98
76.99	07699 LITHOTRIPER	0	568,300	568,300	0	568,300 76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	505,645	505,645 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	0 90.00
90.01	09001 DIABETES CARE CENTER	194,528	15,188	209,716	4,436	214,152 90.01
90.02	09002 OUTPATIENT CENTER	3,279,344	594,348	3,873,692	51,536	3,925,228 90.02
90.03	09003 PAIN CLINIC	446,019	89,395	535,414	-1,930	533,484 90.03
90.04	09007 CLINIC	0	0	0	0	0 90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0223

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

Worksheet A

Date/Time Prepared:
5/27/2022 12:27 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	
90.05	09004	WOUND CARE CENTER	441,080	138,318	579,398	10,058	589,456	90.05
90.06	09005	ANTI-COAG LAB	597,664	87,880	685,544	13,628	699,172	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	2,024,194	22,230,495	24,254,689	-204,836	24,049,853	90.08
91.00	09100	EMERGENCY	12,117,017	5,128,002	17,245,019	-177,887	17,067,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	261,284,170	572,651,116	833,935,286	3,410,754	837,346,040	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	229,359	3,595,961	3,825,320	-3,410,754	414,566	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	261,513,529	576,247,077	837,760,606	0	837,760,606	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0223

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

Worksheet A

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,636,963	22,786,022	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,451,548	18,123,942	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,929,273	56,599,784	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	6,837,821	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-2,807	24,064,356	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-72,336,485	104,086,011	5.06
6.00	00600	MAINTENANCE & REPAIRS	-263,156	29,857,576	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,853,920	8.00
9.00	00900	HOUSEKEEPING	0	9,847,771	9.00
10.00	01000	DIETARY	0	6,376,775	10.00
11.00	01100	CAFETERIA	-2,039,200	2,740,094	11.00
13.00	01300	NURSING ADMINISTRATION	-1,365	5,521,628	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-133	3,053,901	14.00
15.00	01500	PHARMACY	-1,114	16,288,308	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	455,082	16.00
17.00	01700	SOCIAL SERVICE	-232,108	2,214,681	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	18,437,484	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-406,187	12,687,815	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-33,345	138,883	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	981,937	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-908,941	77,434,349	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,972	13,907,565	31.00
32.00	03200	CORONARY CARE UNIT	-10,425	12,498,430	32.00
32.01	03201	NEONATAL CARE UNIT	-13,211	12,611,088	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-107,206	7,224,543	40.00
41.00	04100	SUBPROVIDER - IRF	-319	6,098,656	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,161,219	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-345,399	25,815,113	50.00
51.00	05100	RECOVERY ROOM	-7	2,008,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,067	5,936,298	52.00
53.00	05300	ANESTHESIOLOGY	-719,844	1,844,517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-155,884	12,482,536	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-34,953	5,952,942	55.00
56.00	05600	RADIOISOTOPE	-8	3,212,585	56.00
57.00	05700	CT SCAN	0	3,515,327	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,402,606	58.00
59.00	05900	CARDIAC CATHETERIZATION	-3,450	3,290,847	59.00
60.00	06000	LABORATORY	0	26,322,643	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	-570	11,261,766	65.00
66.00	06600	PHYSICAL THERAPY	0	13,349,742	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-84,282	3,832,077	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-926,390	2,865,811	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,380,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	40,020,410	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	44,109,073	73.00
74.00	07400	RENAL DIALYSIS	-5	1,442,053	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,989,730	75.00
76.00	03950	REHAB MEDICINE	-2,720	1,014,322	76.00
76.20	03951	DAY HOSPITAL	-11,704	1,092,502	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	3,740,760	76.45
76.97	07697	CARDIAC REHABILITATION	0	675,640	76.97
76.98	07698	CAR-T CELLS	0	1,110,837	76.98
76.99	07699	LITHOTRIPER	0	568,300	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	505,645	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	214,152	90.01
90.02	09002	OUTPATIENT CENTER	-13	3,925,215	90.02
90.03	09003	PAIN CLINIC	0	533,484	90.03
90.04	09007	CLINIC	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	589,456	90.05
90.06	09005	ANTI-COAG LAB	0	699,172	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0223

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

Worksheet A

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	-142	24,049,711	90.08
91.00	09100	EMERGENCY	-319,206	16,747,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-59,954,834	777,391,206	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	414,566	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-59,954,834	777,805,772	200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
1.00	A - DRUGS CHARGES					1.00
	DRUGS CHARGED TO PATIENTS	73.00	0	44,109,073		
	0		0	44,109,073		
1.00	B - LINEN					1.00
	LAUNDRY & LINEN SERVICE	8.00	0	2,853,920		
	0		0	2,853,920		
1.00 2.00 3.00 4.00	C - RADIOLOGY ADMIN					1.00 2.00 3.00 4.00
	RADIOLOGY-THERAPEUTIC	55.00	68,442	12,351		
	RADIOISOTOPE	56.00	66,647	12,027		
	CT SCAN	57.00	115,629	20,867		
	MAGNETIC RESONANCE IMAGING (MRI)	58.00	95,365	17,210		
0		346,083	62,455			
1.00	D - PARAMEDIC CHAPLAIN					1.00
	OTHER ADMIN AND GENERAL	5.06	973,120	184,438		
	0		973,120	184,438		
1.00 2.00	E - REHAB DIRECTORS					1.00 2.00
	PHYSICAL THERAPY	66.00	19,223	3,602		
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	22,781	4,270		
0		42,004	7,872			
1.00	G - NURSERY					1.00
	NURSERY	43.00	1,041,567	95,902		
	0		1,041,567	95,902		
1.00	H - CAFETERIA COSTS					1.00
	CAFETERIA	11.00	0	4,779,294		
	0		0	4,779,294		
1.00	J - NURSING ADMIN PERSONNEL					1.00
	NURSING ADMINISTRATION	13.00	1,260,356	62,125		
	0		1,260,356	62,125		
1.00	K - PARAMEDIC PHARMACY					1.00
	PARAMED ED PRGM-PHARMACY	23.01	888,891	72,777		
	0		888,891	72,777		
1.00	L - CHILD LIFE/PRENATAL					1.00
	ADULTS & PEDIATRICS	30.00	61,671	11,631		
	0		61,671	11,631		
N - BOOK DEPRECIATION RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,443,550		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		0	13,672,394		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

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
38.00	0.00	0	0		38.00
39.00	0.00	0	0		39.00
0		0	30,115,944		
0 - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,705,509	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0		0	3,705,509		
R - LT, MGT, AND ASSOCIATE INCENTIVE					
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	38	0	1.00
2.00	OTHER ADMIN AND GENERAL	5.06	443,590	0	2.00
3.00	NURSING ADMINISTRATION	13.00	89,228	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	39,780	0	4.00
5.00	PHARMACY	15.00	220,156	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	15	0	6.00
7.00	SOCIAL SERVICE	17.00	45,172	0	7.00
8.00	I&R SERVICES-SALARY & FRINGES	21.00	329,758	0	8.00
	APPRVD				
9.00	I&R SERVICES-OTHER PRGM COSTS	22.00	180,104	0	9.00
	APPRVD				
10.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	5,128	0	10.00
11.00	PARAMED ED PRGM-PHARMACY	23.01	20,269	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	1,390,448	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	238,070	0	13.00
14.00	CORONARY CARE UNIT	32.00	186,743	0	14.00
15.00	NEONATAL CARE UNIT	32.01	236,676	0	15.00
16.00	SUBPROVIDER - IPF	40.00	144,441	0	16.00
17.00	SUBPROVIDER - IRF	41.00	117,270	0	17.00
18.00	NURSERY	43.00	23,750	0	18.00
19.00	OPERATING ROOM	50.00	302,210	0	19.00
20.00	RECOVERY ROOM	51.00	40,136	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	103,598	0	21.00
22.00	ANESTHESIOLOGY	53.00	14,701	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	228,983	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	28,733	0	24.00
25.00	RADIOISOTOPE	56.00	35,182	0	25.00
26.00	CT SCAN	57.00	50,435	0	26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	42,024	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	45,857	0	28.00
29.00	RESPIRATORY THERAPY	65.00	218,195	0	29.00
30.00	PHYSICAL THERAPY	66.00	263,255	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	71,966	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	26,402	0	32.00
33.00	RENAL DIALYSIS	74.00	21,241	0	33.00
34.00	ASC (NON-DISTINCT PART)	75.00	63,889	0	34.00
35.00	REHAB MEDICINE	76.00	20,170	0	35.00
36.00	DAY HOSPITAL	76.20	22,690	0	36.00
37.00	GASTRO INTESTINAL SERVICES	76.45	65,295	0	37.00
38.00	CARDIAC REHABILITATION	76.97	13,364	0	38.00
39.00	DIABETES CARE CENTER	90.01	4,436	0	39.00
40.00	OUTPATIENT CENTER	90.02	74,777	0	40.00
41.00	PAIN CLINIC	90.03	10,170	0	41.00
42.00	WOUND CARE CENTER	90.05	10,058	0	42.00
43.00	ANTI-COAG LAB	90.06	13,628	0	43.00
44.00	CRYSTAL LAKE INFUSION	90.08	46,157	0	44.00
45.00	EMERGENCY	91.00	276,299	0	45.00
46.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	5,749	0	46.00
0			5,830,236	0	
S - ALLOGENEIC BONE MARROW ACQUISITION					
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	505,645	1.00
2.00		0.00	0	0	2.00
0		0	505,645		
500.00	Grand Total: Increases		10,443,928	86,566,585	500.00

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
1.00	A - DRUGS CHARGES						1.00
	PHARMACY	15.00	0	44,109,073	0		
	0		0	44,109,073			
1.00	B - LINEN						1.00
	HOUSEKEEPING	9.00	0	2,853,920	0		
	0		0	2,853,920			
1.00	C - RADIOLOGY ADMIN						1.00
	RADIOLOGY-DIAGNOSTIC	54.00	346,083	62,455	0		
	2.00	0.00	0	0	0		
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	0		346,083	62,455			
1.00	D - PARAMEDIC CHAPLAIN						1.00
	PARAMED ED PRGM-PASTORAL EDUC.	23.00	973,120	184,438	0		
	0		973,120	184,438			
1.00	E - REHAB DIRECTORS						1.00
	SUBPROVIDER - IRF	41.00	42,004	7,872	0		
	2.00	0.00	0	0	0		
	0		42,004	7,872		2.00	
1.00	G - NURSERY						1.00
	ADULTS & PEDIATRICS	30.00	1,041,567	95,902	0		
	0		1,041,567	95,902			
1.00	H - CAFETERIA COSTS						1.00
	DIETARY	10.00	0	4,779,294	0		
	0		0	4,779,294			
1.00	J - NURSING ADMIN PERSONNEL						1.00
	OTHER ADMIN AND GENERAL	5.06	1,260,356	62,125	0		
	0		1,260,356	62,125			
1.00	K - PARAMEDIC PHARMACY						1.00
	PHARMACY	15.00	888,891	72,777	0		
	0		888,891	72,777			
1.00	L - CHILD LIFE/PRENATAL						1.00
	OTHER ADMIN AND GENERAL	5.06	61,671	11,631	0		
	0		61,671	11,631			
1.00	N - BOOK DEPRECIATION RECLASS						1.00
	OTHER ADMIN AND GENERAL	5.06	0	16,549,030	9		
	2.00	MAINTENANCE & REPAIRS	6.00	0	180,534	9	
3.00	HOUSEKEEPING	9.00	0	43,975	0	3.00	
4.00	DIETARY	10.00	0	62,911	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	300,528	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	354,278	0	6.00	
7.00	PHARMACY	15.00	0	348,302	0	7.00	
8.00	I&R SERVICES-OTHER PRGM COSTS	22.00	0	21,372	0	8.00	
9.00	APPRVD						
9.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	368	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	676,718	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	448,221	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	319,438	0	12.00	
13.00	NEONATAL CARE UNIT	32.01	0	120,788	0	13.00	
14.00	SUBPROVIDER - IPF	40.00	0	7,826	0	14.00	
15.00	SUBPROVIDER - IRF	41.00	0	67,618	0	15.00	
16.00	OPERATING ROOM	50.00	0	3,654,009	0	16.00	
17.00	RECOVERY ROOM	51.00	0	2,553	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	176,984	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	185,849	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,082,163	0	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	526,313	0	21.00	
22.00	RADIOISOTOPE	56.00	0	65,341	0	22.00	
23.00	CT SCAN	57.00	0	754,786	0	23.00	
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	583,638	0	24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	920,928	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	224,966	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	57,365	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	192,485	0	28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	74,092	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	19,398	0	30.00	
31.00	ASC (NON-DISTINCT PART)	75.00	0	21,720	0	31.00	
32.00	REHAB MEDICINE	76.00	0	2,553	0	32.00	
33.00	GASTRO INTESTINAL SERVICES	76.45	0	430,111	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	5,993	0	34.00	
35.00	OUTPATIENT CENTER	90.02	0	23,241	0	35.00	
36.00	PAIN CLINIC	90.03	0	12,100	0	36.00	
37.00	CRYSTAL LAKE INFUSION	90.08	0	141,600	0	37.00	

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
38.00	EMERGENCY	91.00	0	454,186	0	
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,663	0	
			0	30,115,944		
O - RECLASS BUILDING RENT						
1.00	OTHER ADMIN AND GENERAL	5.06	0	154,225	10	
2.00	CRYSTAL LAKE INFUSION	90.08	0	109,393	10	
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,441,891	10	
			0	3,705,509		
R - LT, MGT, AND ASSOCIATE INCENTIVE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,830,236	0	0	
2.00		0.00	0	0	0	
3.00		0.00	0	0	0	
4.00		0.00	0	0	0	
5.00		0.00	0	0	0	
6.00		0.00	0	0	0	
7.00		0.00	0	0	0	
8.00		0.00	0	0	0	
9.00		0.00	0	0	0	
10.00		0.00	0	0	0	
11.00		0.00	0	0	0	
12.00		0.00	0	0	0	
13.00		0.00	0	0	0	
14.00		0.00	0	0	0	
15.00		0.00	0	0	0	
16.00		0.00	0	0	0	
17.00		0.00	0	0	0	
18.00		0.00	0	0	0	
19.00		0.00	0	0	0	
20.00		0.00	0	0	0	
21.00		0.00	0	0	0	
22.00		0.00	0	0	0	
23.00		0.00	0	0	0	
24.00		0.00	0	0	0	
25.00		0.00	0	0	0	
26.00		0.00	0	0	0	
27.00		0.00	0	0	0	
28.00		0.00	0	0	0	
29.00		0.00	0	0	0	
30.00		0.00	0	0	0	
31.00		0.00	0	0	0	
32.00		0.00	0	0	0	
33.00		0.00	0	0	0	
34.00		0.00	0	0	0	
35.00		0.00	0	0	0	
36.00		0.00	0	0	0	
37.00		0.00	0	0	0	
38.00		0.00	0	0	0	
39.00		0.00	0	0	0	
40.00		0.00	0	0	0	
41.00		0.00	0	0	0	
42.00		0.00	0	0	0	
43.00		0.00	0	0	0	
44.00		0.00	0	0	0	
45.00		0.00	0	0	0	
46.00		0.00	0	0	0	
			5,830,236	0		
S - ALLOGENEIC BONE MARROW ACQUISITION						
1.00	ADULTS & PEDIATRICS	30.00	0	22,980	0	
2.00	CAR-T CELLS	76.98	0	482,665	0	
			0	505,645		
500.00	Grand Total: Decreases		10,443,928	86,566,585		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/27/2022 12:27 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	838,158	0	0	0	0	1.00	
2.00	Land Improvements	17,641,972	0	0	0	25,580	2.00	
3.00	Buildings and Fixtures	549,597,873	18,626,703	0	18,626,703	1,443,124	3.00	
4.00	Building Improvements	3,197,504	90,296	0	90,296	20,492	4.00	
5.00	Fixed Equipment	7,050,281	0	0	0	0	5.00	
6.00	Movable Equipment	129,676,941	12,681,880	0	12,681,880	7,866,297	6.00	
7.00	HIT designated Assets	5,333,530	111	0	111	506,985	7.00	
8.00	Subtotal (sum of lines 1-7)	713,336,259	31,398,990	0	31,398,990	9,862,478	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	713,336,259	31,398,990	0	31,398,990	9,862,478	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	838,158	0					1.00
2.00	Land Improvements	17,616,392	5,759,672					2.00
3.00	Buildings and Fixtures	566,781,452	216,058,549					3.00
4.00	Building Improvements	3,267,308	262,316					4.00
5.00	Fixed Equipment	7,050,281	4,818,478					5.00
6.00	Movable Equipment	134,492,524	48,711,983					6.00
7.00	HIT designated Assets	4,826,656	2,182,991					7.00
8.00	Subtotal (sum of lines 1-7)	734,872,771	277,793,989					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	734,872,771	277,793,989					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0223

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

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0223

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

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	19,108,169	3,677,853	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	18,123,942	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,232,111	3,677,853	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	22,786,022	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	18,123,942	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	40,909,964	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0223

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

Worksheet A-8

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				3.00	4.00			
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00	Investment income - other (chapter 2)		0		0.00		0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-220,866	OTHER ADMIN AND GENERAL	5.06		0	7.00
8.00	Television and radio service (chapter 21)	A	-263,156	MAINTENANCE & REPAIRS	6.00		0	8.00
9.00	Parking lot (chapter 21)		0		0.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,908,635				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,470,390				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests		0		0.00		0	14.00
15.00	Rental of quarters to employees and others		0		0.00		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00	Sale of drugs to other than patients		0		0.00		0	17.00
18.00	Sale of medical records and abstracts		0		0.00		0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00	Vending machines		0		0.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,784,489	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-110,288	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00	Physicians' assistant		0		0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)	A	-747,000	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

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0223

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

Worksheet A-8

Date/Time Prepared:
5/27/2022 12:27 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			
33.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.02	
33.03 COMMUNITY RELATIONS	A	-18,572	OTHER ADMIN AND GENERAL	5.06	0	33.03	
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.04	
33.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.08	
33.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.10	
33.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.11	
33.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.12	
33.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.13	
33.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.14	
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.15	
33.17 PUBLIC AID ASSESSMENT EXPENSE	A	-34,561,993	OTHER ADMIN AND GENERAL	5.06	0	33.17	
33.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.18	
33.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.19	
33.21 CENTER FOR PEDS BRAIN TUMOR	A	-185	OTHER ADMIN AND GENERAL	5.06	0	33.21	
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.23	
33.24 PHYSICIAN COMPONENT BILLING	A	-33,419	OTHER ADMIN AND GENERAL	5.06	0	33.24	
33.25 LOBBYING COSTS	A	-79,396	OTHER ADMIN AND GENERAL	5.06	0	33.25	
33.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.26	
33.27 OFFSET INTEREST EXPENSE	A	-5,586,349	OTHER ADMIN AND GENERAL	5.06	0	33.27	
33.28 OTHER ADJUSTMENT		0		0.00	0	33.28	
33.29 OTHER ADJUSTMENT		0		0.00	0	33.29	
33.30 ADJUST PARKSIDE RENT TO COST	A	-27,656	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.30	
33.31 OFFSET POST EMP COST (60625-60631)	A	-1,693,200	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.31	
43.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.01	
43.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.02	
43.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.03	
43.04 MISC INC	B	-13,841	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	43.04	
43.05 MISC INC	B	-64,787	OTHER ADMIN AND GENERAL	5.06	0	43.05	
43.06 MISC INC		0		0.00	0	43.06	
43.07 MISC INC	B	-2,039,200	CAFETERIA	11.00	0	43.07	
43.08 MISC INC	B	-758	PHARMACY	15.00	0	43.08	
43.09 MISC INC	B	-342,650	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	43.09	
43.10 MISC INC	B	-8,255	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	43.10	
43.11 MISC INC	B	-2,125	ADULTS & PEDIATRICS	30.00	0	43.11	
43.13 MISC INC	B	-22,572	SUBPROVIDER - IPF	40.00	0	43.13	
43.14 MISC INC	B	-11,682	RADIOLOGY-DIAGNOSTIC	54.00	0	43.14	
43.16 MISC INC	B	-570	RESPIRATORY THERAPY	65.00	0	43.16	
43.18 MISC INC		0		0.00	0	43.18	
43.19 MISC INC	B	-8,470	ELECTROCARDIOLOGY	69.00	0	43.19	
43.20 MISC INC	B	-2,720	REHAB MEDICINE	76.00	0	43.20	
43.21 MISC INC	B	-11,704	DAY HOSPITAL	76.20	0	43.21	
43.22 MISC INC	B	-181,974	EMERGENCY	91.00	0	43.22	
43.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.23	
43.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.24	
43.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.25	
43.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.26	
43.27 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.27	
43.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.29	
43.30 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.30	
43.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.31	
43.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.32	
43.33 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.33	
43.34 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.34	
43.35 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.35	
43.37 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.37	
44.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00	
44.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.01	
44.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.02	
44.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.04	
44.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.05	
44.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.06	
44.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.10	
44.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.11	
44.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.12	
44.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.13	
44.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.14	

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0223

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

Worksheet A-8

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
44.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.15
44.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.18
44.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.19
44.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.21
44.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.22
44.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.23
44.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.24
44.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.25
44.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.26
44.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 44.27
44.28	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL		0		0.00		0 44.28
44.29	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-24,000	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 44.29
44.30	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,807	CASHIERING/ACCOUNTS RECEIVABLE	5.05		0 44.30
45.02	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-6,828,200	OTHER ADMIN AND GENERAL	5.06		0 45.02
45.03	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,365	NURSING ADMINISTRATION	13.00		0 45.03
45.04	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-133	CENTRAL SERVICES & SUPPLY	14.00		0 45.04
45.05	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-356	PHARMACY	15.00		0 45.05
45.06	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-232,108	SOCIAL SERVICE	17.00		0 45.06
45.08	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-63,537	I&R SERVICES-OTHER PRGM COSTS	22.00		0 45.08
45.09	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-25,090	APPRVD PARAMED ED PRGM-PASTORAL EDUC.	23.00		0 45.09
45.10	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-34,697	ADULTS & PEDIATRICS	30.00		0 45.10
45.11	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-8,972	INTENSIVE CARE UNIT	31.00		0 45.11
45.12	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,484	CORONARY CARE UNIT	32.00		0 45.12
45.13	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-13,211	NEONATAL CARE UNIT	32.01		0 45.13
45.14	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-11,724	SUBPROVIDER - IPF	40.00		0 45.14
45.15	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-319	SUBPROVIDER - IRF	41.00		0 45.15
45.16	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-32	OPERATING ROOM	50.00		0 45.16
45.17	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-7	RECOVERY ROOM	51.00		0 45.17
45.18	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,067	DELIVERY ROOM & LABOR ROOM	52.00		0 45.18
45.19	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-6,500	RADIOLOGY-DIAGNOSTIC	54.00		0 45.19
45.20	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-34,953	RADIOLOGY-THERAPEUTIC	55.00		0 45.20
45.21	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-8	RADIOISOTOPE	56.00		0 45.21
45.22	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,450	CARDIAC CATHETERIZATION	59.00		0 45.22
45.23	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-4,152	ELECTROCARDIOLOGY	69.00		0 45.23
45.24	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-346	ELECTROENCEPHALOGRAPHY	70.00		0 45.24
45.25	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5	RENAL DIALYSIS	74.00		0 45.25
45.26	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-13	OUTPATIENT CENTER	90.02		0 45.26
45.27	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-142	CRYSTAL LAKE INFUSION	90.08		0 45.27
45.28	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-4,232	EMERGENCY	91.00		0 45.28
45.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0 45.29

Provider CCN:14-0223

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

Worksheet A-8

Date/Time Prepared:
5/27/2022 12:27 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
45.30	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.30
45.31	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.31
45.32	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.32
45.33	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.33
45.34	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.34
45.35	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.35
45.36	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.36
45.37	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.37
45.38	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.38
45.39	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.39
45.40	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.40
45.41	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.41
45.42	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.42
45.43	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.43
45.44	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.44
45.46	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.46
45.47	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.47
45.48	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.48
45.49	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.49
45.50	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.50
45.51	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.51
45.52	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.52
45.53	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.53
45.55	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.55
45.56	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.56
45.57	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.57
45.58	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.58
45.59	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.59
45.60	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.60
45.61	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.61
45.63	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.63
45.64	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.64
45.65	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.65
45.66	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.66
45.67	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.67
45.68	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.68
45.69	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.69
45.70	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.70
45.71	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.71
45.72	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.72
45.73	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.73
45.74	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.74
45.75	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.75
45.76	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.76
45.77	OTHER ADJUSTMENTS (SPECIFY)	(3)		0		0.00	0 45.77
50.00	TOTAL (sum of lines 1 thru 49)			-59,954,834			50.00
	(Transfer to Worksheet A, column 6, line 200.)						

(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:14-0223

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 12:27 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	893,971	0 1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	4,561,836	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	13,646,473	0 3.00
3.01	5.06	OTHER ADMIN AND GENERAL	A&G	65,536,186	86,108,856 3.01
4.00	0.00			0	0 4.00
5.00	0			84,638,466	86,108,856 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

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

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

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

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

Provider CCN:14-0223

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 12:27 pm

	Net Adjustment (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	893,971	9	1.00
2.00	4,561,836	9	2.00
3.00	13,646,473	0	3.00
3.01	-20,572,670	0	3.01
4.00	0	0	4.00
5.00	-1,470,390		5.00

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

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

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

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

6.00	HEALTH CARE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0223

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

Worksheet A-8-2

Date/Time Prepared:

5/27/2022 12:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMIN AND GENERAL	7,434,866	181,071	7,253,795	211,500	30,141	1.00
2.00	30.00	ADULTS & PEDIATRICS	125,214	0	125,214	197,500	1	2.00
3.00	32.00	CORONARY CARE UNIT	7,036	0	7,036	197,500	1	3.00
4.00	40.00	SUBPROVIDER - IPF	72,997	0	72,997	181,300	1	4.00
5.00	50.00	OPERATING ROOM	345,486	0	345,486	246,400	1	5.00
6.00	53.00	ANESTHESIOLOGY	719,959	0	719,959	239,400	1	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	137,833	0	137,833	271,900	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	71,762	0	71,762	211,500	1	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	926,146	0	926,146	211,500	1	9.00
10.00	91.00	EMERGENCY	133,102	0	133,102	211,500	1	10.00
200.00			9,974,401	181,071	9,793,330		30,150	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMIN AND GENERAL	3,064,818	153,241	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	95	5	0	0	0	2.00
3.00	32.00	CORONARY CARE UNIT	95	5	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	87	4	0	0	0	4.00
5.00	50.00	OPERATING ROOM	119	6	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	115	6	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	131	7	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	102	5	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	102	5	0	0	0	9.00
10.00	91.00	EMERGENCY	102	5	0	0	0	10.00
200.00			3,065,766	153,289	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMIN AND GENERAL	0	3,064,818	4,188,977	4,370,048		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	95	125,119	125,119		2.00
3.00	32.00	CORONARY CARE UNIT	0	95	6,941	6,941		3.00
4.00	40.00	SUBPROVIDER - IPF	0	87	72,910	72,910		4.00
5.00	50.00	OPERATING ROOM	0	119	345,367	345,367		5.00
6.00	53.00	ANESTHESIOLOGY	0	115	719,844	719,844		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	131	137,702	137,702		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	102	71,660	71,660		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	102	926,044	926,044		9.00
10.00	91.00	EMERGENCY	0	102	133,000	133,000		10.00
200.00			0	3,065,766	6,727,564	6,908,635		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0223

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

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	4.00	5.03
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	22,786,022	22,786,022			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	18,123,942		18,123,942		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	56,599,784	118,646	94,371	56,812,801	4.00
5.03	00500	PURCHASING RECEIVING AND STORES	6,837,821	482,570	383,835	0	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	24,064,356	143,731	114,323	353	5.05
5.06	00590	OTHER ADMIN AND GENERAL	104,086,011	2,699,045	2,146,814	4,339,095	5.06
6.00	00600	MAINTENANCE & REPAIRS	29,857,576	5,837,426	4,643,071	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,853,920	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,847,771	261,774	208,214	0	9.00
10.00	01000	DIETARY	6,376,775	211,419	168,162	0	10.00
11.00	01100	CAFETERIA	2,740,094	279,400	222,234	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,521,628	151,391	120,416	869,479	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,053,901	195,108	155,188	387,639	14.00
15.00	01500	PHARMACY	16,288,308	127,653	101,535	2,145,313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	455,082	100,510	79,945	149	16.00
17.00	01700	SOCIAL SERVICE	2,214,681	22,315	17,749	440,176	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	18,437,484	0	0	3,213,325	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,687,815	660,285	525,189	1,755,026	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	138,883	9,888	7,865	33,440	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	981,937	2,089	1,662	197,511	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,434,349	4,357,757	3,466,149	13,549,268	30.00
31.00	03100	INTENSIVE CARE UNIT	13,907,565	364,512	289,932	2,319,879	31.00
32.00	03200	CORONARY CARE UNIT	12,498,430	427,820	340,287	1,819,722	32.00
32.01	03201	NEONATAL CARE UNIT	12,611,088	295,061	234,690	2,306,293	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,224,543	439,225	349,358	1,407,503	40.00
41.00	04100	SUBPROVIDER - IRF	6,098,656	424,524	337,665	1,142,739	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,161,219	17,177	13,663	231,436	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,815,113	750,968	597,318	2,944,887	50.00
51.00	05100	RECOVERY ROOM	2,008,150	64,314	51,155	391,104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,936,298	344,642	274,128	1,009,508	52.00
53.00	05300	ANESTHESIOLOGY	1,844,517	27,267	21,688	143,254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,482,536	709,170	564,072	2,231,327	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,952,942	334,847	266,336	279,987	55.00
56.00	05600	RADIOISOTOPE	3,212,585	141,890	112,859	342,827	56.00
57.00	05700	CT SCAN	3,515,327	81,460	64,793	491,467	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,402,606	167,005	132,836	409,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,290,847	464,821	369,717	446,857	59.00
60.00	06000	LABORATORY	26,322,643	58,325	46,392	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,261,766	44,104	35,080	2,126,206	65.00
66.00	06600	PHYSICAL THERAPY	13,349,742	167,717	133,402	2,565,286	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	3,832,077	105,647	84,032	701,268	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,865,811	36,660	29,159	257,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,380,217	4,673	3,717	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,020,410	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,109,073	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,442,053	51,717	41,136	206,979	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,989,730	220,409	175,313	622,568	75.00
76.00	03950	REHAB MEDICINE	1,014,322	62,163	49,444	196,545	76.00
76.20	03951	DAY HOSPITAL	1,092,502	64,546	51,340	221,107	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	3,740,760	163,926	130,386	636,271	76.45
76.97	07697	CARDIAC REHABILITATION	675,640	29,325	23,325	130,228	76.97
76.98	07698	CAR-T CELLS	1,110,837	0	0	0	76.98
76.99	07699	LITHOTRIPER	568,300	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	505,645	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	214,152	8,031	6,388	43,224	90.01
90.02	09002	OUTPATIENT CENTER	3,925,215	131,057	104,243	728,669	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0223

Period:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.03	
90.03	09003	PAIN CLINIC	533,484	28,954	23,030	99,105	2,331	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	589,456	0	0	98,008	7,471	90.05
90.06	09005	ANTI-COAG LAB	699,172	0	0	132,801	2,198	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	24,049,711	0	0	449,775	31,087	90.08
91.00	09100	EMERGENCY	16,747,926	587,026	466,919	2,692,398	123,520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	777,391,206	22,479,990	17,880,525	56,756,776	7,703,941	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	414,566	306,032	243,417	56,025	285	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	777,805,772	22,786,022	18,123,942	56,812,801	7,704,226	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/27/2022 12:27 pm
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
		5.05	5A.05	5.06	6.00	7.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	24,322,763			5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	113,365,146		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	40,341,882	6,883,011	47,224,893
7.00	00700	OPERATION OF PLANT	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,853,920	486,927	0
9.00	00900	HOUSEKEEPING	0	10,317,759	1,760,385	915,410
10.00	01000	DIETARY	0	6,756,356	1,152,749	739,320
11.00	01100	CAFETERIA	0	3,241,728	553,094	977,047
13.00	01300	NURSING ADMINISTRATION	0	6,662,914	1,136,806	529,407
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,846,075	656,206	682,282
15.00	01500	PHARMACY	0	18,684,734	3,187,933	446,395
16.00	01600	MEDICAL RECORDS & LIBRARY	0	635,686	108,459	351,477
17.00	01700	SOCIAL SERVICE	0	2,695,052	459,822	78,034
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	21,650,809	3,693,996	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	15,630,742	2,666,870	2,308,980
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	192,470	32,839	34,580
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,183,199	201,874	7,306
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,386,342	102,582,630	17,502,621	15,238,847
31.00	03100	INTENSIVE CARE UNIT	518,862	17,460,796	2,979,109	1,274,680
32.00	03200	CORONARY CARE UNIT	420,689	15,628,128	2,666,424	1,496,064
32.01	03201	NEONATAL CARE UNIT	698,284	16,195,538	2,763,234	1,031,811
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	210,612	9,638,974	1,644,573	1,535,947
41.00	04100	SUBPROVIDER - IRF	270,830	8,294,326	1,415,153	1,484,538
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	143,635	1,573,144	268,405	60,068
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,148,569	31,918,308	5,445,806	2,626,094
51.00	05100	RECOVERY ROOM	155,437	2,673,416	456,130	224,902
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,983	7,867,698	1,342,363	1,205,196
53.00	05300	ANESTHESIOLOGY	510,032	2,597,099	443,109	95,351
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,406,204	17,479,986	2,982,383	2,479,930
55.00	05500	RADIOLOGY-THERAPEUTIC	471,099	7,310,847	1,247,355	1,170,941
56.00	05600	RADIOISOTOPE	266,593	4,078,272	695,823	496,181
57.00	05700	CT SCAN	1,452,296	5,616,785	958,319	284,862
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	606,441	3,737,097	637,612	584,009
59.00	05900	CARDIAC CATHETERIZATION	623,301	5,306,363	905,356	1,625,453
60.00	06000	LABORATORY	1,959,350	28,689,097	4,894,848	203,960
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	505,198	13,997,708	2,388,247	154,228
66.00	06600	PHYSICAL THERAPY	544,683	16,778,787	2,862,746	586,499
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	406,812	5,134,499	876,033	369,443
70.00	07000	ELECTROENCEPHALOGRAPHY	173,605	3,376,194	576,036	128,199
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	597,241	36,352,572	6,202,367	16,343
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	808,151	43,666,137	7,450,185	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,244,777	47,353,850	8,079,372	0
74.00	07400	RENAL DIALYSIS	59,859	1,825,910	311,531	180,852
75.00	07500	ASC (NON-DISTINCT PART)	390,280	5,456,872	931,035	770,760
76.00	03950	REHAB MEDICINE	28,065	1,351,987	230,672	217,380
76.20	03951	DAY HOSPITAL	27,913	1,457,566	248,686	225,714
76.45	03340	GASTRO INTESTINAL SERVICES	477,620	5,181,690	884,084	573,241
76.97	07697	CARDIAC REHABILITATION	25,094	884,809	150,963	102,548
76.98	07698	CAR-T CELLS	49,585	1,160,422	197,988	0
76.99	07699	LITHOTRIPER	14,408	582,708	99,420	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	8,767	514,412	87,767	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	DIABETES CARE CENTER	446	272,251	46,451	28,086
90.02	09002	OUTPATIENT CENTER	172,006	5,073,031	865,545	458,300
90.03	09003	PAIN CLINIC	37,381	724,285	123,575	101,249
90.04	09007	CLINIC	0	0	0	0
90.05	09004	WOUND CARE CENTER	13,174	708,109	120,815	0
90.06	09005	ANTI-COAG LAB	12,513	846,684	144,459	0
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
90.08	09008	CRYSTAL LAKE INFUSION	1,027,097	25,557,670	4,360,573	0	0	90.08
91.00	09100	EMERGENCY	1,202,529	21,820,318	3,722,917	2,052,800	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,322,763	776,785,447	113,191,061	46,154,714	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,020,325	174,085	1,070,179	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,322,763	777,805,772	113,365,146	47,224,893	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/27/2022 12:27 pm	
Cost Center Description				LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
				8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.03	00560	PURCHASING RECEIVING AND STORES							5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	00590	OTHER ADMIN AND GENERAL							5.06
6.00	00600	MAINTENANCE & REPAIRS							6.00
7.00	00700	OPERATION OF PLANT							7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,340,847						8.00
9.00	00900	HOUSEKEEPING	0	12,993,554					9.00
10.00	01000	DIETARY	0	207,439	8,855,864				10.00
11.00	01100	CAFETERIA	0	274,141	0	5,046,010			11.00
13.00	01300	NURSING ADMINISTRATION	0	148,542	0	83,612	8,561,281		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	191,435	0	37,277	3,673		14.00
15.00	01500	PHARMACY	0	125,250	0	206,299	25,686		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	98,618	0	14	28		16.00
17.00	01700	SOCIAL SERVICE	0	21,895	0	42,329	47,166		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	309,003	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	647,856	0	168,768	0		22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	9,702	0	3,216	0		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	2,050	0	18,993	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	2,240,247	4,275,726	6,560,767	1,302,954	3,740,727		30.00
31.00	03100	INTENSIVE CARE UNIT	176,848	357,651	517,915	223,086	542,603		31.00
32.00	03200	CORONARY CARE UNIT	164,931	419,767	483,014	174,990	427,407		32.00
32.01	03201	NEONATAL CARE UNIT	250,509	289,507	0	221,780	467,951		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	166,459	430,957	487,491	135,350	295,235		40.00
41.00	04100	SUBPROVIDER - IRF	243,878	416,533	714,217	109,889	298,127		41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0		42.00
43.00	04300	NURSERY	97,975	16,854	0	22,256	53,203		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	736,832	0	283,189	629,426		50.00
51.00	05100	RECOVERY ROOM	0	63,103	0	37,610	90,262		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	338,155	92,460	97,077	249,146		52.00
53.00	05300	ANESTHESIOLOGY	0	26,754	0	13,776	40,614		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	695,821	0	214,571	114,094		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	328,544	0	26,924	0		55.00
56.00	05600	RADIOISOTOPE	0	139,219	0	32,967	0		56.00
57.00	05700	CT SCAN	0	79,927	0	47,261	90		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	163,862	0	39,379	2		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	456,071	0	42,971	89,250		59.00
60.00	06000	LABORATORY	0	57,227	0	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	43,273	0	204,462	3,319		65.00
66.00	06600	PHYSICAL THERAPY	0	164,560	0	246,685	18,990		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	103,659	0	67,436	135,568		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35,970	0	24,740	35		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,585	0	0	3,640		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	50,744	0	19,904	46,010		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	216,261	0	59,868	169,210		75.00
76.00	03950	REHAB MEDICINE	0	60,993	0	18,900	0		76.00
76.20	03951	DAY HOSPITAL	0	63,331	0	21,262	19,316		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	160,840	0	61,186	158,495		76.45
76.97	07697	CARDIAC REHABILITATION	0	28,773	0	12,523	32,492		76.97
76.98	07698	CAR-T CELLS	0	0	0	0	0		76.98
76.99	07699	LITHOTRIPER	0	0	0	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0		90.00
90.01	09001	DIABETES CARE CENTER	0	7,880	0	4,157	6,821		90.01
90.02	09002	OUTPATIENT CENTER	0	128,590	0	70,071	89,912		90.02
90.03	09003	PAIN CLINIC	0	28,409	0	9,530	96		90.03
90.04	09007	CLINIC	0	0	0	0	0		90.04
90.05	09004	WOUND CARE CENTER	0	0	0	9,425	0		90.05
90.06	09005	ANTI-COAG LAB	0	0	0	12,771	0		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0		90.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	43,252	77,081	90.08
91.00	09100	EMERGENCY	0	575,976	0	258,909	685,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,340,847	12,693,282	8,855,864	5,040,622	8,561,281	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	300,272	0	5,388	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,340,847	12,993,554	8,855,864	5,046,010	8,561,281	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,416,948					14.00
15.00	01500	PHARMACY	0	22,676,297				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,194,282			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,344,298		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	25,653,808	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	28	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	190,111	165,854	2,477,585	16,291,692	30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,908	25,487	195,584	1,254,065	31.00
32.00	03200	CORONARY CARE UNIT	0	93,382	20,665	182,404	1,169,800	32.00
32.01	03201	NEONATAL CARE UNIT	0	21,641	34,301	0	1,777,005	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	199	10,346	184,094	363,084	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,659	13,304	269,715	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	339	7,056	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	62,307	56,419	0	2,586,199	50.00
51.00	05100	RECOVERY ROOM	0	3,083	7,635	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,719	12,132	34,916	0	52.00
53.00	05300	ANESTHESIOLOGY	0	136,481	25,054	0	60,721	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,223	69,075	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,061	23,141	0	0	55.00
56.00	05600	RADIOISOTOPE	0	459,604	13,095	0	0	56.00
57.00	05700	CT SCAN	0	147,459	71,339	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,643	29,789	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,821	30,617	0	0	59.00
60.00	06000	LABORATORY	0	0	96,246	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,470	24,816	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,051	26,756	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	68,890	19,983	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8,528	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,463,460	0	29,337	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,953,488	0	39,698	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,229,447	159,388	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,437	2,940	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	15,056	19,171	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	1,379	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	1,371	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	31,607	23,461	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	107	1,233	0	0	76.97
76.98	07698	CAR-T CELLS	0	0	2,436	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	708	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	431	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	6	22	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	21,940	8,449	0	427,522	90.02
90.03	09003	PAIN CLINIC	0	318	1,836	0	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.05	09004	WOUND CARE CENTER	0	120	647	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	615	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	6,852,312	50,452	0	0	90.08
91.00	09100	EMERGENCY	0	197,868	59,070	0	1,723,720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,416,948	22,676,297	1,194,282	3,344,298	25,653,808	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,416,948	22,676,297	1,194,282	3,344,298	25,653,808	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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5/27/2022 12:27 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,423,244					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.		272,807				23.00
23.01	02301	PARAMED ED PRGM-PHARMACY			1,413,422			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,605,032	187,181	494,961	186,856,935	-29,896,724	30.00
31.00	03100	INTENSIVE CARE UNIT	1,047,257	14,642	117,346	26,214,977	-2,301,322	31.00
32.00	03200	CORONARY CARE UNIT	976,888	13,655	173,011	24,090,530	-2,146,688	32.00
32.01	03201	NEONATAL CARE UNIT	1,483,960	20,741	0	24,557,978	-3,260,965	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	303,208	13,782	0	15,209,699	-666,292	40.00
41.00	04100	SUBPROVIDER - IRF	0	20,192	0	13,282,531	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	2,099,300	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,159,710	0	0	46,504,290	-4,745,909	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,556,141	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,614	0	11,263,476	0	52.00
53.00	05300	ANESTHESIOLOGY	50,707	0	0	3,489,666	-111,428	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	24,075,083	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,108,813	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,915,161	0	56.00
57.00	05700	CT SCAN	0	0	0	7,206,042	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,210,393	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	8,466,902	0	59.00
60.00	06000	LABORATORY	0	0	105,311	34,046,689	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,822,523	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	20,693,074	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	6,775,511	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,149,702	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	45,072,304	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	54,109,508	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	288,100	70,110,157	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,445,328	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	7,638,233	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	1,881,311	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	2,037,246	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	7,074,604	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,213,448	0	76.97
76.98	07698	CAR-T CELLS	0	0	0	1,360,846	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	682,836	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	602,610	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	365,674	0	90.01
90.02	09002	OUTPATIENT CENTER	357,020	0	0	7,500,380	-784,542	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0223

Period:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
90.03	09003	PAIN CLINIC	0	0	0	989,298	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	839,116	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	142,922	1,147,451	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	36,941,340	0	90.08
91.00	09100	EMERGENCY	1,439,462	0	91,771	32,628,417	-3,163,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,423,244	272,807	1,413,422	775,235,523	-47,077,052	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,570,249	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,423,244	272,807	1,413,422	777,805,772	-47,077,052	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/27/2022 12:27 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	156,960,211	30.00
31.00	03100 INTENSIVE CARE UNIT	23,913,655	31.00
32.00	03200 CORONARY CARE UNIT	21,943,842	32.00
32.01	03201 NEONATAL CARE UNIT	21,297,013	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	14,543,407	40.00
41.00	04100 SUBPROVIDER - IRF	13,282,531	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,099,300	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	41,758,381	50.00
51.00	05100 RECOVERY ROOM	3,556,141	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,263,476	52.00
53.00	05300 ANESTHESIOLOGY	3,378,238	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,075,083	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	10,108,813	55.00
56.00	05600 RADIOISOTOPE	5,915,161	56.00
57.00	05700 CT SCAN	7,206,042	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,210,393	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,466,902	59.00
60.00	06000 LABORATORY	34,046,689	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500 RESPIRATORY THERAPY	16,822,523	65.00
66.00	06600 PHYSICAL THERAPY	20,693,074	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,775,511	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,149,702	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	45,072,304	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	54,109,508	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	70,110,157	73.00
74.00	07400 RENAL DIALYSIS	2,445,328	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,638,233	75.00
76.00	03950 REHAB MEDICINE	1,881,311	76.00
76.20	03951 DAY HOSPITAL	2,037,246	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	7,074,604	76.45
76.97	07697 CARDIAC REHABILITATION	1,213,448	76.97
76.98	07698 CAR-T CELLS	1,360,846	76.98
76.99	07699 LITHOTRIPER	682,836	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	602,610	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CARE CENTER	365,674	90.01
90.02	09002 OUTPATIENT CENTER	6,715,838	90.02
90.03	09003 PAIN CLINIC	989,298	90.03
90.04	09007 CLINIC	0	90.04
90.05	09004 WOUND CARE CENTER	839,116	90.05
90.06	09005 ANTI-COAG LAB	1,147,451	90.06
90.07	09006 HEART RISK ASSESSMENT	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	36,941,340	90.08

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Total	
			26.00	
91.00	09100	EMERGENCY	29,465,235	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	728,158,471	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,570,249	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	730,728,720	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0223

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00		
	GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	118,646	94,371	213,017	213,017	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	482,570	383,835	866,405	0	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,100	143,731	114,323	260,154	1	5.05
5.06	00590	OTHER ADMIN AND GENERAL	461,429	2,699,045	2,146,814	5,307,288	16,278	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	5,837,426	4,643,071	10,480,497	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	261,774	208,214	469,988	0	9.00
10.00	01000	DIETARY	0	211,419	168,162	379,581	0	10.00
11.00	01100	CAFETERIA	0	279,400	222,234	501,634	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,334,285	151,391	120,416	1,606,092	3,262	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	985	195,108	155,188	351,281	1,454	14.00
15.00	01500	PHARMACY	20,833	127,653	101,535	250,021	8,048	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,271	100,510	79,945	240,726	1	16.00
17.00	01700	SOCIAL SERVICE	0	22,315	17,749	40,064	1,651	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	12,055	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	46	660,285	525,189	1,185,520	6,584	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	9,888	7,865	17,753	125	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	2,089	1,662	3,751	741	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	799	4,357,757	3,466,149	7,824,705	50,716	30.00
31.00	03100	INTENSIVE CARE UNIT	1,535	364,512	289,932	655,979	8,703	31.00
32.00	03200	CORONARY CARE UNIT	0	427,820	340,287	768,107	6,827	32.00
32.01	03201	NEONATAL CARE UNIT	231	295,061	234,690	529,982	8,652	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	965	439,225	349,358	789,548	5,280	40.00
41.00	04100	SUBPROVIDER - IRF	40,856	424,524	337,665	803,045	4,287	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	17,177	13,663	30,840	868	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,711	750,968	597,318	1,435,997	11,048	50.00
51.00	05100	RECOVERY ROOM	0	64,314	51,155	115,469	1,467	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137	344,642	274,128	618,907	3,787	52.00
53.00	05300	ANESTHESIOLOGY	0	27,267	21,688	48,955	537	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,714	709,170	564,072	1,289,956	8,371	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,424	334,847	266,336	610,607	1,050	55.00
56.00	05600	RADIOISOTOPE	3,733	141,890	112,859	258,482	1,286	56.00
57.00	05700	CT SCAN	0	81,460	64,793	146,253	1,844	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	167,005	132,836	299,841	1,536	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	464,821	369,717	834,538	1,676	59.00
60.00	06000	LABORATORY	0	58,325	46,392	104,717	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	177,304	44,104	35,080	256,488	7,976	65.00
66.00	06600	PHYSICAL THERAPY	8,439	167,717	133,402	309,558	9,624	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	10,741	105,647	84,032	200,420	2,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44,416	36,660	29,159	110,235	965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,673	3,717	8,390	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	51,717	41,136	92,853	776	74.00
75.00	07500	ASC (NON-DISTINCT PART)	564	220,409	175,313	396,286	2,336	75.00
76.00	03950	REHAB MEDICINE	1,778	62,163	49,444	113,385	737	76.00
76.20	03951	DAY HOSPITAL	3,277	64,546	51,340	119,163	829	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	3,894	163,926	130,386	298,206	2,387	76.45
76.97	07697	CARDIAC REHABILITATION	1,532	29,325	23,325	54,182	489	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	61,500	0	0	61,500	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	37	8,031	6,388	14,456	162	90.01
90.02	09002	OUTPATIENT CENTER	777	131,057	104,243	236,077	2,734	90.02
90.03	09003	PAIN CLINIC	7,749	28,954	23,030	59,733	372	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0223

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	368	90.05
90.06	09005	ANTI-COAG LAB	509	0	0	509	498	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	310,595	0	0	310,595	1,687	90.08
91.00	09100	EMERGENCY	640	587,026	466,919	1,054,585	10,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,675,806	22,479,990	17,880,525	43,036,321	212,807	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,503,059	306,032	243,417	4,052,508	210	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,178,865	22,786,022	18,123,942	47,088,829	213,017	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCO UNTS RECEIVABLE	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES	866,405					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	260,155				5.05
5.06	00590	OTHER ADMIN AND GENERAL	10,592	0	5,334,158			5.06
6.00	00600	MAINTENANCE & REPAIRS	428	0	323,865	10,804,790		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	22,911	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	82,831	209,441	0	9.00
10.00	01000	DIETARY	0	0	54,240	169,152	0	10.00
11.00	01100	CAFETERIA	0	0	26,025	223,543	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	53,490	121,125	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,100	0	30,876	156,102	0	14.00
15.00	01500	PHARMACY	2,466	0	150,001	102,133	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,103	80,416	0	16.00
17.00	01700	SOCIAL SERVICE	15	0	21,636	17,854	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	173,813	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	273	0	125,484	528,282	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	269	0	1,545	7,912	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	9,499	1,671	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,723	37,284	823,560	3,486,561	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,753	5,523	140,175	291,640	0	31.00
32.00	03200	CORONARY CARE UNIT	13,628	4,478	125,463	342,291	0	32.00
32.01	03201	NEONATAL CARE UNIT	5,637	7,433	130,018	236,073	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	870	2,242	77,382	351,416	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,239	2,883	66,587	339,654	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	676	1,529	12,629	13,743	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,390	12,227	256,240	600,836	0	50.00
51.00	05100	RECOVERY ROOM	366	1,655	21,462	51,456	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,314	2,629	63,162	275,742	0	52.00
53.00	05300	ANESTHESIOLOGY	5,662	5,429	20,850	21,816	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,748	14,969	140,329	567,394	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	634	5,015	58,691	267,905	0	55.00
56.00	05600	RADIOISOTOPE	171	2,838	32,740	113,523	0	56.00
57.00	05700	CT SCAN	1,287	15,460	45,092	65,175	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,104	6,456	30,001	133,618	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,463	6,635	42,599	371,895	0	59.00
60.00	06000	LABORATORY	34,008	20,858	230,316	46,665	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,851	5,378	112,374	35,286	0	65.00
66.00	06600	PHYSICAL THERAPY	2,019	5,798	134,700	134,188	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	524	4,331	41,220	84,527	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,539	1,848	27,104	29,331	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	266,174	6,358	291,838	3,739	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	319,078	8,603	350,552	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,541	380,157	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,718	637	14,658	41,378	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,587	4,155	43,808	176,346	0	75.00
76.00	03950	REHAB MEDICINE	163	299	10,854	49,735	0	76.00
76.20	03951	DAY HOSPITAL	18	297	11,701	51,642	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	3,681	5,084	41,599	131,154	0	76.45
76.97	07697	CARDIAC REHABILITATION	135	267	7,103	23,462	0	76.97
76.98	07698	CAR-T CELLS	0	528	9,316	0	0	76.98
76.99	07699	LITHOTRIPER	0	153	4,678	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	93	4,130	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1	5	2,186	6,426	0	90.01
90.02	09002	OUTPATIENT CENTER	1,332	1,831	40,726	104,857	0	90.02
90.03	09003	PAIN CLINIC	262	398	5,815	23,165	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	840	140	5,685	0	0	90.05
90.06	09005	ANTI-COAG LAB	247	133	6,797	0	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCO UNTS RECEIVABLE	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	3,496	10,934	205,177	0	0	90.08
91.00	09100	EMERGENCY	13,892	12,801	175,174	469,669	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	866,373	260,155	5,325,967	10,559,939	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32	0	8,191	244,851	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	866,405	260,155	5,334,158	10,804,790	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		LAUNDRY & LINEN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
		SERVICE				ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,911				8.00
9.00	00900	HOUSEKEEPING	0	762,260			9.00
10.00	01000	DIETARY	0	12,169	615,142		10.00
11.00	01100	CAFETERIA	0	16,082	0	767,284	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,714	0	12,715	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,230	0	5,669	14.00
15.00	01500	PHARMACY	0	7,348	0	31,373	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,785	0	2	16.00
17.00	01700	SOCIAL SERVICE	0	1,284	0	6,437	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	46,992	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38,006	0	25,665	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	569	0	489	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	120	0	2,888	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,363	250,835	455,721	198,061	30.00
31.00	03100	INTENSIVE CARE UNIT	1,213	20,981	35,975	33,926	31.00
32.00	03200	CORONARY CARE UNIT	1,131	24,625	33,551	26,612	32.00
32.01	03201	NEONATAL CARE UNIT	1,718	16,984	0	33,727	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,142	25,282	33,862	20,583	40.00
41.00	04100	SUBPROVIDER - IRF	1,672	24,436	49,611	16,711	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	672	989	0	3,385	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	43,226	0	43,066	50.00
51.00	05100	RECOVERY ROOM	0	3,702	0	5,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,838	6,422	14,763	52.00
53.00	05300	ANESTHESIOLOGY	0	1,569	0	2,095	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,820	0	32,631	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,274	0	4,095	55.00
56.00	05600	RADIOISOTOPE	0	8,167	0	5,013	56.00
57.00	05700	CT SCAN	0	4,689	0	7,187	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,613	0	5,989	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,755	0	6,535	59.00
60.00	06000	LABORATORY	0	3,357	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,539	0	31,094	65.00
66.00	06600	PHYSICAL THERAPY	0	9,654	0	37,515	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	6,081	0	10,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,110	0	3,762	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	269	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,977	0	3,027	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	12,687	0	9,104	75.00
76.00	03950	REHAB MEDICINE	0	3,578	0	2,874	76.00
76.20	03951	DAY HOSPITAL	0	3,715	0	3,233	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	9,436	0	9,305	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,688	0	1,904	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	462	0	632	90.01
90.02	09002	OUTPATIENT CENTER	0	7,544	0	10,656	90.02
90.03	09003	PAIN CLINIC	0	1,667	0	1,449	90.03
90.04	09007	CLINIC	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	1,433	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	1,942	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0223

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	6,578	16,255	90.08
91.00	09100	EMERGENCY	0	33,789	0	39,374	144,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,911	744,645	615,142	766,465	1,805,398	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,615	0	819	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	22,911	762,260	615,142	767,284	1,805,398	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0223

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	563,487					14.00
15.00	01500	PHARMACY	0	556,807				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	332,039			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	98,887		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	232,860	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,668	47,410	73,261		30.00
31.00	03100	INTENSIVE CARE UNIT	0	685	7,054	5,783		31.00
32.00	03200	CORONARY CARE UNIT	0	2,293	5,719	5,393		32.00
32.01	03201	NEONATAL CARE UNIT	0	531	9,493	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	5	2,863	5,443		40.00
41.00	04100	SUBPROVIDER - IRF	0	65	3,682	7,975		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	8	1,953	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,530	15,615	0		50.00
51.00	05100	RECOVERY ROOM	0	76	2,113	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	533	3,358	1,032		52.00
53.00	05300	ANESTHESIOLOGY	0	3,351	6,934	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	963	19,117	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	26	6,405	0		55.00
56.00	05600	RADIOISOTOPE	0	11,285	3,624	0		56.00
57.00	05700	CT SCAN	0	3,621	19,744	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	458	8,245	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	266	8,474	0		59.00
60.00	06000	LABORATORY	0	0	26,637	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	159	6,868	0		65.00
66.00	06600	PHYSICAL THERAPY	0	198	7,405	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	1,692	5,531	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,360	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	256,260	0	8,119	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	307,227	0	10,987	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	349,403	44,113	0		73.00
74.00	07400	RENAL DIALYSIS	0	183	814	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	370	5,306	0		75.00
76.00	03950	REHAB MEDICINE	0	0	382	0		76.00
76.20	03951	DAY HOSPITAL	0	0	379	0		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	776	6,493	0		76.45
76.97	07697	CARDIAC REHABILITATION	0	3	341	0		76.97
76.98	07698	CAR-T CELLS	0	0	674	0		76.98
76.99	07699	LITHOTRIPER	0	0	196	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	119	0		77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	DIABETES CARE CENTER	0	0	6	0		90.01
90.02	09002	OUTPATIENT CENTER	0	539	2,338	0		90.02
90.03	09003	PAIN CLINIC	0	8	508	0		90.03
90.04	09007	CLINIC	0	0	0	0		90.04

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.05	09004	WOUND CARE CENTER	0	3	179	0		90.05
90.06	09005	ANTI-COAG LAB	0	0	170	0		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0		90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	168,250	13,963	0		90.08
91.00	09100	EMERGENCY	0	4,858	16,348	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	563,487	556,807	332,039	98,887	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0		194.00
200.00		Cross Foot Adjustments					232,860	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	563,487	556,807	332,039	98,887	232,860	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,909,815					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.		28,662				23.00
23.01	02301	PARAMED ED PRGM-PHARMACY			18,670			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				14,100,711	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,328,814	0	31.00
32.00	03200	CORONARY CARE UNIT				1,450,249	0	32.00
32.01	03201	NEONATAL CARE UNIT				1,078,929	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00	04000	SUBPROVIDER - IPF				1,378,177	0	40.00
41.00	04100	SUBPROVIDER - IRF				1,385,716	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				78,511	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,626,908	0	50.00
51.00	05100	RECOVERY ROOM				222,519	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,069,027	0	52.00
53.00	05300	ANESTHESIOLOGY				125,763	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,148,358	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				973,702	0	55.00
56.00	05600	RADIOISOTOPE				437,129	0	56.00
57.00	05700	CT SCAN				310,371	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				497,861	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,330,657	0	59.00
60.00	06000	LABORATORY				466,558	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
65.00	06500	RESPIRATORY THERAPY				461,713	0	65.00
66.00	06600	PHYSICAL THERAPY				654,664	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				385,800	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				179,261	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				841,915	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT				996,447	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				808,214	0	73.00
74.00	07400	RENAL DIALYSIS				169,724	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				692,668	0	75.00
76.00	03950	REHAB MEDICINE				182,007	0	76.00
76.20	03951	DAY HOSPITAL				195,050	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES				541,544	0	76.45
76.97	07697	CARDIAC REHABILITATION				96,426	0	76.97
76.98	07698	CAR-T CELLS				10,518	0	76.98
76.99	07699	LITHOTRIPER				66,527	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				4,342	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				0	0	90.00
90.01	09001	DIABETES CARE CENTER				25,774	0	90.01
90.02	09002	OUTPATIENT CENTER				427,595	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
90.03	09003	PAIN CLINIC				93,397	0	90.03
90.04	09007	CLINIC				0	0	90.04
90.05	09004	WOUND CARE CENTER				8,648	0	90.05
90.06	09005	ANTI-COAG LAB				10,296	0	90.06
90.07	09006	HEART RISK ASSESSMENT				0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION				736,935	0	90.08
91.00	09100	EMERGENCY				1,975,171	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
99.00	09900	CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	40,574,596	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				4,324,226	0	190.00
194.00	07950	OTHER NONREIMBURSABLE				0	0	194.00
200.00		Cross Foot Adjustments	1,909,815	28,662	18,670	2,190,007	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,909,815	28,662	18,670	47,088,829	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	14,100,711	30.00
31.00	03100 INTENSIVE CARE UNIT	1,328,814	31.00
32.00	03200 CORONARY CARE UNIT	1,450,249	32.00
32.01	03201 NEONATAL CARE UNIT	1,078,929	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	1,378,177	40.00
41.00	04100 SUBPROVIDER - IRF	1,385,716	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	78,511	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,626,908	50.00
51.00	05100 RECOVERY ROOM	222,519	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,069,027	52.00
53.00	05300 ANESTHESIOLOGY	125,763	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,148,358	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	973,702	55.00
56.00	05600 RADIOISOTOPE	437,129	56.00
57.00	05700 CT SCAN	310,371	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	497,861	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,330,657	59.00
60.00	06000 LABORATORY	466,558	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500 RESPIRATORY THERAPY	461,713	65.00
66.00	06600 PHYSICAL THERAPY	654,664	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	385,800	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	179,261	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	841,915	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	996,447	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	808,214	73.00
74.00	07400 RENAL DIALYSIS	169,724	74.00
75.00	07500 ASC (NON-DISTINCT PART)	692,668	75.00
76.00	03950 REHAB MEDICINE	182,007	76.00
76.20	03951 DAY HOSPITAL	195,050	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	541,544	76.45
76.97	07697 CARDIAC REHABILITATION	96,426	76.97
76.98	07698 CAR-T CELLS	10,518	76.98
76.99	07699 LITHOTRIPER	66,527	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,342	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CARE CENTER	25,774	90.01
90.02	09002 OUTPATIENT CENTER	427,595	90.02
90.03	09003 PAIN CLINIC	93,397	90.03
90.04	09007 CLINIC	0	90.04
90.05	09004 WOUND CARE CENTER	8,648	90.05
90.06	09005 ANTI-COAG LAB	10,296	90.06
90.07	09006 HEART RISK ASSESSMENT	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	736,935	90.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0223

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

Cost Center Description			Total	
			26.00	
91.00	09100	EMERGENCY	1,975,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,574,596	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,324,226	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	194.00
200.00		Cross Foot Adjustments	2,190,007	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	47,088,829	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	
			NEW BLDG & FIXT	NEW MVBLE				
			(SQUARE FEET)	EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.03	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,472,447					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,472,447				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,667	7,667	261,513,529			4.00
5.03	00500	PURCHASING RECEIVING AND STORES	31,184	31,184	0	108,659,543		5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,288	9,288	1,624	0	3,119,625,130	5.05
5.06	00590	OTHER ADMIN AND GENERAL	174,414	174,414	19,973,188	1,328,326	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	377,218	377,218	0	53,724	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	16,916	16,916	0	0	0	9.00
10.00	01000	DIETARY	13,662	13,662	0	0	0	10.00
11.00	01100	CAFETERIA	18,055	18,055	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,783	9,783	4,002,279	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	12,608	1,784,334	764,991	0	14.00
15.00	01500	PHARMACY	8,249	8,249	9,875,040	309,231	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,495	6,495	684	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,442	1,442	2,026,166	1,853	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	14,791,182	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	42,668	8,078,521	34,226	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	639	153,926	33,769	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	135	909,160	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	281,601	281,601	62,368,147	5,483,133	434,435,890	30.00
31.00	03100	INTENSIVE CARE UNIT	23,555	23,555	10,678,579	846,894	66,546,322	31.00
32.00	03200	CORONARY CARE UNIT	27,646	27,646	8,376,318	1,709,117	53,955,222	32.00
32.01	03201	NEONATAL CARE UNIT	19,067	19,067	10,616,043	706,921	89,557,999	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	28,383	28,383	6,478,845	109,063	27,011,864	40.00
41.00	04100	SUBPROVIDER - IRF	27,433	27,433	5,260,116	280,838	34,735,104	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,110	1,110	1,065,317	84,815	18,421,785	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,528	48,528	13,555,539	9,329,120	147,309,071	50.00
51.00	05100	RECOVERY ROOM	4,156	4,156	1,800,281	45,924	19,935,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,271	22,271	4,646,845	791,784	31,676,696	52.00
53.00	05300	ANESTHESIOLOGY	1,762	1,762	659,411	710,011	65,413,934	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,827	45,827	10,270,971	1,222,488	180,351,984	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,638	21,638	1,288,801	79,489	60,420,507	55.00
56.00	05600	RADIOISOTOPE	9,169	9,169	1,578,058	21,403	34,191,773	56.00
57.00	05700	CT SCAN	5,264	5,264	2,262,262	161,377	186,263,386	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	10,792	1,884,962	263,878	77,778,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,037	30,037	2,056,919	1,562,998	79,941,187	59.00
60.00	06000	LABORATORY	3,769	3,769	0	4,264,858	251,295,376	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,850	2,850	9,787,090	357,595	64,793,880	65.00
66.00	06600	PHYSICAL THERAPY	10,838	10,838	11,808,206	253,260	69,858,056	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,827	6,827	3,227,992	65,763	52,175,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,369	2,369	1,184,254	193,014	22,265,658	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	302	0	33,380,217	76,598,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	40,020,410	103,648,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	416,157,083	73.00
74.00	07400	RENAL DIALYSIS	3,342	3,342	952,739	340,840	7,677,190	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,243	14,243	2,865,729	826,105	50,055,213	75.00
76.00	03950	REHAB MEDICINE	4,017	4,017	904,714	20,416	3,599,507	76.00
76.20	03951	DAY HOSPITAL	4,171	4,171	1,017,774	2,229	3,579,947	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	10,593	10,593	2,928,805	461,587	61,256,881	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	1,895	599,448	16,881	3,218,457	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	6,359,511	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	1,847,925	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,124,455	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	519	198,964	142	57,166	90.01
90.02	09002	OUTPATIENT CENTER	8,469	8,469	3,354,121	167,009	22,060,542	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITIO)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	
			NEW BLDG & FIX	NEW MVBLE				
			(SQUARE FEET)	EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.03	5.05	
90.03	09003	PAIN CLINIC	1,871	1,871	456,189	32,880	4,794,279	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	451,138	105,366	1,689,589	90.05
90.06	09005	ANTI-COAG LAB	0	0	611,292	31,005	1,604,870	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	2,070,351	438,453	131,729,750	90.08
91.00	09100	EMERGENCY	37,934	37,934	12,393,316	1,742,125	154,229,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,452,671	1,452,671	261,255,640	108,655,528	3,119,625,130	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	19,776	257,889	4,015	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	22,786,022	18,123,942	56,812,801	7,704,226	24,322,763	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.474935	12.308723	0.217246	0.070902	0.007797	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			213,017	866,405	260,155	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000815	0.007974	0.000083	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:14-0223

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

Worksheet B-1

Date/Time Prepared:

5/27/2022 12:27 pm

Cost Center Description			Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL	-113,365,146	664,440,626				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	40,341,882	872,676			6.00
7.00	00700	OPERATION OF PLANT	0	0	0	872,676		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,853,920	0	0	181,373	8.00
9.00	00900	HOUSEKEEPING	0	10,317,759	16,916	16,916	0	9.00
10.00	01000	DIETARY	0	6,756,356	13,662	13,662	0	10.00
11.00	01100	CAFETERIA	0	3,241,728	18,055	18,055	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,662,914	9,783	9,783	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,846,075	12,608	12,608	0	14.00
15.00	01500	PHARMACY	0	18,684,734	8,249	8,249	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	635,686	6,495	6,495	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,695,052	1,442	1,442	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	21,650,809	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	15,630,742	42,668	42,668	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	192,470	639	639	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,183,199	135	135	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	102,582,630	281,601	281,601	121,622	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,460,796	23,555	23,555	9,601	31.00
32.00	03200	CORONARY CARE UNIT	0	15,628,128	27,646	27,646	8,954	32.00
32.01	03201	NEONATAL CARE UNIT	0	16,195,538	19,067	19,067	13,600	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	9,638,974	28,383	28,383	9,037	40.00
41.00	04100	SUBPROVIDER - IRF	0	8,294,326	27,433	27,433	13,240	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,573,144	1,110	1,110	5,319	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	31,918,308	48,528	48,528	0	50.00
51.00	05100	RECOVERY ROOM	0	2,673,416	4,156	4,156	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,867,698	22,271	22,271	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,597,099	1,762	1,762	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,479,986	45,827	45,827	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,310,847	21,638	21,638	0	55.00
56.00	05600	RADIOISOTOPE	0	4,078,272	9,169	9,169	0	56.00
57.00	05700	CT SCAN	0	5,616,785	5,264	5,264	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,737,097	10,792	10,792	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,306,363	30,037	30,037	0	59.00
60.00	06000	LABORATORY	0	28,689,097	3,769	3,769	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	13,997,708	2,850	2,850	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,778,787	10,838	10,838	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	5,134,499	6,827	6,827	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,376,194	2,369	2,369	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,352,572	302	302	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	43,666,137	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,353,850	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,825,910	3,342	3,342	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,456,872	14,243	14,243	0	75.00
76.00	03950	REHAB MEDICINE	0	1,351,987	4,017	4,017	0	76.00
76.20	03951	DAY HOSPITAL	0	1,457,566	4,171	4,171	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	5,181,690	10,593	10,593	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	884,809	1,895	1,895	0	76.97
76.98	07698	CAR-T CELLS	0	1,160,422	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	582,708	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	514,412	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	272,251	519	519	0	90.01
90.02	09002	OUTPATIENT CENTER	0	5,073,031	8,469	8,469	0	90.02
90.03	09003	PAIN CLINIC	0	724,285	1,871	1,871	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	708,109	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
90.06	09005	ANTI-COAG LAB	0	846,684	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	25,557,670	0	0	0	90.08
91.00	09100	EMERGENCY	0	21,820,318	37,934	37,934	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-113,365,146	663,420,301	852,900	852,900	181,373	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,020,325	19,776	19,776	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		113,365,146	47,224,893	0	3,340,847	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.170617	54.115036	0.000000	18.419759	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		5,334,158	10,804,790	0	22,911	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.008028	12.381216	0.000000	0.126320	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:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	855,760					9.00
10.00	01000	DIETARY	13,662	164,168				10.00
11.00	01100	CAFETERIA	18,055	0	241,538,717			11.00
13.00	01300	NURSING ADMINISTRATION	9,783	0	4,002,279	3,915,950		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	0	1,784,334	1,680	73,400,627	14.00
15.00	01500	PHARMACY	8,249	0	9,875,040	11,749	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,495	0	684	13	0	16.00
17.00	01700	SOCIAL SERVICE	1,442	0	2,026,166	21,574	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	14,791,182	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	0	8,078,521	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	0	153,926	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	0	909,160	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	281,601	121,622	62,368,147	1,711,017	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,555	9,601	10,678,579	248,188	0	31.00
32.00	03200	CORONARY CARE UNIT	27,646	8,954	8,376,318	195,497	0	32.00
32.01	03201	NEONATAL CARE UNIT	19,067	0	10,616,043	214,042	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	28,383	9,037	6,478,845	135,041	0	40.00
41.00	04100	SUBPROVIDER - IRF	27,433	13,240	5,260,116	136,364	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,110	0	1,065,317	24,335	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,528	0	13,555,539	287,901	0	50.00
51.00	05100	RECOVERY ROOM	4,156	0	1,800,281	41,286	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,271	1,714	4,646,845	113,960	0	52.00
53.00	05300	ANESTHESIOLOGY	1,762	0	659,411	18,577	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,827	0	10,270,971	52,187	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,638	0	1,288,801	0	0	55.00
56.00	05600	RADIOISOTOPE	9,169	0	1,578,058	0	0	56.00
57.00	05700	CT SCAN	5,264	0	2,262,262	41	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	0	1,884,962	1	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,037	0	2,056,919	40,823	0	59.00
60.00	06000	LABORATORY	3,769	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,850	0	9,787,090	1,518	0	65.00
66.00	06600	PHYSICAL THERAPY	10,838	0	11,808,206	8,686	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,827	0	3,227,992	62,009	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,369	0	1,184,254	16	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	0	0	1,665	33,380,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	40,020,410	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,342	0	952,739	21,045	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,243	0	2,865,729	77,397	0	75.00
76.00	03950	REHAB MEDICINE	4,017	0	904,714	0	0	76.00
76.20	03951	DAY HOSPITAL	4,171	0	1,017,774	8,835	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	10,593	0	2,928,805	72,496	0	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	0	599,448	14,862	0	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	0	198,964	3,120	0	90.01
90.02	09002	OUTPATIENT CENTER	8,469	0	3,354,121	41,126	0	90.02
90.03	09003	PAIN CLINIC	1,871	0	456,189	44	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		9.00	10.00	11.00	13.00	14.00	
90.05	09004 WOUND CARE CENTER	0	0	451,138	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	611,292	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	0	0	2,070,351	35,257	0	90.08
91.00	09100 EMERGENCY	37,934	0	12,393,316	313,598	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	835,984	164,168	241,280,828	3,915,950	73,400,627	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	0	257,889	0	0	190.00
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	12,993,554	8,855,864	5,046,010	8,561,281	5,416,948	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.183643	53.943911	0.020891	2.186259	0.073800	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	762,260	615,142	767,284	1,805,398	563,487	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.890740	3.747027	0.003177	0.461037	0.007677	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:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICES (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
						SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	69,407,622					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		3,119,625,130				16.00
17.00	01700	SOCIAL SERVICE			164,168			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				20,702		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	86				20,702	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.						23.00
23.01	02301	PARAMED ED PRGM-PHARMACY						23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	581,891	434,435,890	121,622	13,147	13,147	30.00
31.00	03100	INTENSIVE CARE UNIT	85,422	66,546,322	9,601	1,012	1,012	31.00
32.00	03200	CORONARY CARE UNIT	285,823	53,955,222	8,954	944	944	32.00
32.01	03201	NEONATAL CARE UNIT	66,239	89,557,999		1,434	1,434	32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	04000	SUBPROVIDER - IPF	609	27,011,864	9,037	293	293	40.00
41.00	04100	SUBPROVIDER - IRF	8,140	34,735,104	13,240			41.00
42.00	04200	SUBPROVIDER						42.00
43.00	04300	NURSERY	1,039	18,421,785				43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	190,708	147,309,071		2,087	2,087	50.00
51.00	05100	RECOVERY ROOM	9,435	19,935,449				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,476	31,676,696	1,714			52.00
53.00	05300	ANESTHESIOLOGY	417,741	65,413,934		49	49	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,053	180,351,984				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,246	60,420,507				55.00
56.00	05600	RADIOISOTOPE	1,406,756	34,191,773				56.00
57.00	05700	CT SCAN	451,342	186,263,386				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	57,064	77,778,737				58.00
59.00	05900	CARDIAC CATHETERIZATION	33,120	79,941,187				59.00
60.00	06000	LABORATORY		251,295,376				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
65.00	06500	RESPIRATORY THERAPY	19,803	64,793,880				65.00
66.00	06600	PHYSICAL THERAPY	24,644	69,858,056				66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY	210,860	52,175,430				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		22,265,658				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		76,598,793				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		103,648,905				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,553,511	416,157,083				73.00
74.00	07400	RENAL DIALYSIS	22,763	7,677,190				74.00
75.00	07500	ASC (NON-DISTINCT PART)	46,083	50,055,213				75.00
76.00	03950	REHAB MEDICINE		3,599,507				76.00
76.20	03951	DAY HOSPITAL		3,579,947				76.20
76.45	03340	GASTRO INTESTINAL SERVICES	96,742	61,256,881				76.45
76.97	07697	CARDIAC REHABILITATION	327	3,218,457				76.97
76.98	07698	CAR-T CELLS		6,359,511				76.98
76.99	07699	LITHOTRIPER		1,847,925				76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		1,124,455				77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	DIABETES CARE CENTER	18	57,166				90.01
90.02	09002	OUTPATIENT CENTER	67,153	22,060,542		345	345	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICES (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
90.03	09003	PAIN CLINIC	974	4,794,279	0	0	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	366	1,689,589	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	1,604,870	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	20,973,555	131,729,750	0	0	0	90.08
91.00	09100	EMERGENCY	605,633	154,229,757	0	1,391	1,391	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,407,622	3,119,625,130	164,168	20,702	20,702	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	22,676,297	1,194,282	3,344,298	25,653,808	21,423,244	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.326712	0.000383	20.371193	1,239.194667	1,034.839339	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	556,807	332,039	98,887	232,860	1,909,815	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008022	0.000106	0.602352	11.248189	92.252681	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:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description		PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMIN AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.	178,884		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		7,516	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	122,738	2,632	30.00
31.00	03100 INTENSIVE CARE UNIT	9,601	624	31.00
32.00	03200 CORONARY CARE UNIT	8,954	920	32.00
32.01	03201 NEONATAL CARE UNIT	13,600	0	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	9,037	0	40.00
41.00	04100 SUBPROVIDER - IRF	13,240	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
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	1,714	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	560	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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 CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,532	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 CAR-T CELLS	0	0	76.98
76.99	07699 LITHOTRIPER	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.04	09007 CLINIC	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0223

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

Worksheet B-1

Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description			PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	760	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	90.08
91.00	09100	EMERGENCY	0	488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	178,884	7,516	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	272,807	1,413,422	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.525050	188.055082	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,662	18,670	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.160227	2.484034	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/27/2022 12:27 pm	
					Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	156,960,211		156,960,211	125,119	157,085,330	30.00
31.00	03100	INTENSIVE CARE UNIT	23,913,655		23,913,655	0	23,913,655	31.00
32.00	03200	CORONARY CARE UNIT	21,943,842		21,943,842	6,941	21,950,783	32.00
32.01	03201	NEONATAL CARE UNIT	21,297,013		21,297,013	0	21,297,013	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	14,543,407		14,543,407	72,910	14,616,317	40.00
41.00	04100	SUBPROVIDER - IRF	13,282,531		13,282,531	0	13,282,531	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,099,300		2,099,300	0	2,099,300	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,758,381		41,758,381	345,367	42,103,748	50.00
51.00	05100	RECOVERY ROOM	3,556,141		3,556,141	0	3,556,141	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,263,476		11,263,476	0	11,263,476	52.00
53.00	05300	ANESTHESIOLOGY	3,378,238		3,378,238	719,844	4,098,082	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,075,083		24,075,083	137,702	24,212,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,108,813		10,108,813	0	10,108,813	55.00
56.00	05600	RADIOISOTOPE	5,915,161		5,915,161	0	5,915,161	56.00
57.00	05700	CT SCAN	7,206,042		7,206,042	0	7,206,042	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,210,393		5,210,393	0	5,210,393	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,466,902		8,466,902	0	8,466,902	59.00
60.00	06000	LABORATORY	34,046,689		34,046,689	0	34,046,689	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	16,822,523	0	16,822,523	0	16,822,523	65.00
66.00	06600	PHYSICAL THERAPY	20,693,074	0	20,693,074	0	20,693,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,775,511		6,775,511	71,660	6,847,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,149,702		4,149,702	926,044	5,075,746	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	45,072,304		45,072,304	0	45,072,304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	54,109,508		54,109,508	0	54,109,508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,110,157		70,110,157	0	70,110,157	73.00
74.00	07400	RENAL DIALYSIS	2,445,328		2,445,328	0	2,445,328	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,638,233		7,638,233	0	7,638,233	75.00
76.00	03950	REHAB MEDICINE	1,881,311		1,881,311	0	1,881,311	76.00
76.20	03951	DAY HOSPITAL	2,037,246		2,037,246	0	2,037,246	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	7,074,604		7,074,604	0	7,074,604	76.45
76.97	07697	CARDIAC REHABILITATION	1,213,448		1,213,448	0	1,213,448	76.97
76.98	07698	CAR-T CELLS	1,360,846		1,360,846	0	1,360,846	76.98
76.99	07699	LITHOTRIPER	682,836		682,836	0	682,836	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	602,610		602,610	0	602,610	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	365,674		365,674	0	365,674	90.01
90.02	09002	OUTPATIENT CENTER	6,715,838		6,715,838	0	6,715,838	90.02
90.03	09003	PAIN CLINIC	989,298		989,298	0	989,298	90.03
90.04	09007	CLINIC	0		0	0	0	90.04
90.05	09004	WOUND CARE CENTER	839,116		839,116	0	839,116	90.05
90.06	09005	ANTI-COAG LAB	1,147,451		1,147,451	0	1,147,451	90.06
90.07	09006	HEART RISK ASSESSMENT	0		0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	36,941,340		36,941,340	0	36,941,340	90.08
91.00	09100	EMERGENCY	29,465,235		29,465,235	133,000	29,598,235	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	17,053,944		17,053,944	0	17,053,944	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
99.00	09900	CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	745,212,415	0	745,212,415	2,538,587	747,751,002	200.00
201.00		Less Observation Beds	17,053,944		17,053,944	0	17,053,944	201.00
202.00		Total (see instructions)	728,158,471	0	728,158,471	2,538,587	730,697,058	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/27/2022 12:27 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	381,965,997		381,965,997			30.00
31.00	03100	INTENSIVE CARE UNIT	66,546,322		66,546,322			31.00
32.00	03200	CORONARY CARE UNIT	53,955,222		53,955,222			32.00
32.01	03201	NEONATAL CARE UNIT	89,557,999		89,557,999			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	27,011,864		27,011,864			40.00
41.00	04100	SUBPROVIDER - IRF	34,735,104		34,735,104			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	18,421,785		18,421,785			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,797,334	65,511,736	147,309,070	0.283475	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,040,673	12,894,776	19,935,449	0.178383	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,047,662	1,629,034	31,676,696	0.355576	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	25,221,374	40,192,560	65,413,934	0.051644	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,369,399	114,982,585	180,351,984	0.133489	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,526,375	56,894,131	60,420,506	0.167308	0.000000	55.00
56.00	05600	RADIOISOTOPE	12,828,988	21,362,785	34,191,773	0.173000	0.000000	56.00
57.00	05700	CT SCAN	73,429,181	112,834,206	186,263,387	0.038687	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,462,785	56,315,952	77,778,737	0.066990	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,937,496	41,003,691	79,941,187	0.105914	0.000000	59.00
60.00	06000	LABORATORY	172,663,502	78,631,874	251,295,376	0.135485	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	58,270,659	6,523,221	64,793,880	0.259631	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	40,524,405	29,333,651	69,858,056	0.296216	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	27,557,595	24,617,835	52,175,430	0.129860	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,684,562	10,581,096	22,265,658	0.186372	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,733,289	27,865,504	76,598,793	0.588421	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	60,509,290	43,139,615	103,648,905	0.522046	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	305,116,804	111,040,279	416,157,083	0.168470	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,677,190	0	7,677,190	0.318519	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,110,354	44,944,858	50,055,212	0.152596	0.000000	75.00
76.00	03950	REHAB MEDICINE	738,997	2,860,510	3,599,507	0.522658	0.000000	76.00
76.20	03951	DAY HOSPITAL	5,774	3,574,173	3,579,947	0.569072	0.000000	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	9,077,001	52,179,880	61,256,881	0.115491	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	247,811	2,970,646	3,218,457	0.377028	0.000000	76.97
76.98	07698	CAR-T CELLS	4,634,000	1,725,511	6,359,511	0.213986	0.000000	76.98
76.99	07699	LITHOTRIPER	0	1,847,925	1,847,925	0.369515	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	832,015	292,440	1,124,455	0.535913	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	202	56,964	57,166	6.396704	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	209,544	21,850,998	22,060,542	0.304428	0.000000	90.02
90.03	09003	PAIN CLINIC	2,434	4,791,845	4,794,279	0.206350	0.000000	90.03
90.04	09007	CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09004	WOUND CARE CENTER	1,632,315	57,274	1,689,589	0.496639	0.000000	90.05
90.06	09005	ANTI-COAG LAB	3,352	1,601,518	1,604,870	0.714981	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000	90.07
90.08	09008	CRYSTAL LAKE INFUSION	16,557	131,713,193	131,729,750	0.280433	0.000000	90.08
91.00	09100	EMERGENCY	64,724,751	89,505,006	154,229,757	0.191048	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	17,055,185	35,414,708	52,469,893	0.325023	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,868,883,148	1,250,741,980	3,119,625,128			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,868,883,148	1,250,741,980	3,119,625,128			202.00

Health Financial Systems			ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/27/2022 12:27 pm
			Title XVIII		Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	NEONATAL CARE UNIT				32.01
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.285819			50.00
51.00	05100	RECOVERY ROOM	0.178383			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355576			52.00
53.00	05300	ANESTHESIOLOGY	0.062648			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134253			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167308			55.00
56.00	05600	RADIOISOTOPE	0.173000			56.00
57.00	05700	CT SCAN	0.038687			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066990			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105914			59.00
60.00	06000	LABORATORY	0.135485			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.259631			65.00
66.00	06600	PHYSICAL THERAPY	0.296216			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.131234			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227963			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522046			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168470			73.00
74.00	07400	RENAL DIALYSIS	0.318519			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.152596			75.00
76.00	03950	REHAB MEDICINE	0.522658			76.00
76.20	03951	DAY HOSPITAL	0.569072			76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.115491			76.45
76.97	07697	CARDIAC REHABILITATION	0.377028			76.97
76.98	07698	CAR-T CELLS	0.213986			76.98
76.99	07699	LITHOTRIPER	0.369515			76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.535913			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CARE CENTER	6.396704			90.01
90.02	09002	OUTPATIENT CENTER	0.304428			90.02
90.03	09003	PAIN CLINIC	0.206350			90.03
90.04	09007	CLINIC	0.000000			90.04
90.05	09004	WOUND CARE CENTER	0.496639			90.05
90.06	09005	ANTI-COAG LAB	0.714981			90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000			90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.280433			90.08
91.00	09100	EMERGENCY	0.191910			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325023			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.00	09900	CMHC				99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/27/2022 12:27 pm
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		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	156,960,211		156,960,211	125,119	157,085,330	30.00
31.00	03100 INTENSIVE CARE UNIT	23,913,655		23,913,655	0	23,913,655	31.00
32.00	03200 CORONARY CARE UNIT	21,943,842		21,943,842	6,941	21,950,783	32.00
32.01	03201 NEONATAL CARE UNIT	21,297,013		21,297,013	0	21,297,013	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	14,543,407		14,543,407	72,910	14,616,317	40.00
41.00	04100 SUBPROVIDER - IRF	13,282,531		13,282,531	0	13,282,531	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,099,300		2,099,300	0	2,099,300	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	41,758,381		41,758,381	345,367	42,103,748	50.00
51.00	05100 RECOVERY ROOM	3,556,141		3,556,141	0	3,556,141	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,263,476		11,263,476	0	11,263,476	52.00
53.00	05300 ANESTHESIOLOGY	3,378,238		3,378,238	719,844	4,098,082	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,075,083		24,075,083	137,702	24,212,785	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	10,108,813		10,108,813	0	10,108,813	55.00
56.00	05600 RADIOISOTOPE	5,915,161		5,915,161	0	5,915,161	56.00
57.00	05700 CT SCAN	7,206,042		7,206,042	0	7,206,042	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,210,393		5,210,393	0	5,210,393	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,466,902		8,466,902	0	8,466,902	59.00
60.00	06000 LABORATORY	34,046,689		34,046,689	0	34,046,689	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	16,822,523	0	16,822,523	0	16,822,523	65.00
66.00	06600 PHYSICAL THERAPY	20,693,074	0	20,693,074	0	20,693,074	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,775,511		6,775,511	71,660	6,847,171	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,149,702		4,149,702	926,044	5,075,746	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	45,072,304		45,072,304	0	45,072,304	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	54,109,508		54,109,508	0	54,109,508	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	70,110,157		70,110,157	0	70,110,157	73.00
74.00	07400 RENAL DIALYSIS	2,445,328		2,445,328	0	2,445,328	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,638,233		7,638,233	0	7,638,233	75.00
76.00	03950 REHAB MEDICINE	1,881,311		1,881,311	0	1,881,311	76.00
76.20	03951 DAY HOSPITAL	2,037,246		2,037,246	0	2,037,246	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	7,074,604		7,074,604	0	7,074,604	76.45
76.97	07697 CARDIAC REHABILITATION	1,213,448		1,213,448	0	1,213,448	76.97
76.98	07698 CAR-T CELLS	1,360,846		1,360,846	0	1,360,846	76.98
76.99	07699 LITHOTRIPER	682,836		682,836	0	682,836	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	602,610		602,610	0	602,610	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	365,674		365,674	0	365,674	90.01
90.02	09002 OUTPATIENT CENTER	6,715,838		6,715,838	0	6,715,838	90.02
90.03	09003 PAIN CLINIC	989,298		989,298	0	989,298	90.03
90.04	09007 CLINIC	0		0	0	0	90.04
90.05	09004 WOUND CARE CENTER	839,116		839,116	0	839,116	90.05
90.06	09005 ANTI-COAG LAB	1,147,451		1,147,451	0	1,147,451	90.06
90.07	09006 HEART RISK ASSESSMENT	0		0	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	36,941,340		36,941,340	0	36,941,340	90.08
91.00	09100 EMERGENCY	29,465,235		29,465,235	133,000	29,598,235	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	17,053,944		17,053,944	0	17,053,944	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
99.00	09900 CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	745,212,415	0	745,212,415	2,538,587	747,751,002	200.00
201.00	Less Observation Beds	17,053,944		17,053,944	0	17,053,944	201.00
202.00	Total (see instructions)	728,158,471	0	728,158,471	2,538,587	730,697,058	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/27/2022 12:27 pm
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	381,965,997		381,965,997		30.00
31.00	03100	INTENSIVE CARE UNIT	66,546,322		66,546,322		31.00
32.00	03200	CORONARY CARE UNIT	53,955,222		53,955,222		32.00
32.01	03201	NEONATAL CARE UNIT	89,557,999		89,557,999		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	27,011,864		27,011,864		40.00
41.00	04100	SUBPROVIDER - IRF	34,735,104		34,735,104		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	18,421,785		18,421,785		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	81,797,334	65,511,736	147,309,070	0.283475	50.00
51.00	05100	RECOVERY ROOM	7,040,673	12,894,776	19,935,449	0.178383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,047,662	1,629,034	31,676,696	0.355576	52.00
53.00	05300	ANESTHESIOLOGY	25,221,374	40,192,560	65,413,934	0.051644	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,369,399	114,982,585	180,351,984	0.133489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,526,375	56,894,131	60,420,506	0.167308	55.00
56.00	05600	RADIOISOTOPE	12,828,988	21,362,785	34,191,773	0.173000	56.00
57.00	05700	CT SCAN	73,429,181	112,834,206	186,263,387	0.038687	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,462,785	56,315,952	77,778,737	0.066990	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,937,496	41,003,691	79,941,187	0.105914	59.00
60.00	06000	LABORATORY	172,663,502	78,631,874	251,295,376	0.135485	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	58,270,659	6,523,221	64,793,880	0.259631	65.00
66.00	06600	PHYSICAL THERAPY	40,524,405	29,333,651	69,858,056	0.296216	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	27,557,595	24,617,835	52,175,430	0.129860	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,684,562	10,581,096	22,265,658	0.186372	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,733,289	27,865,504	76,598,793	0.588421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	60,509,290	43,139,615	103,648,905	0.522046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	305,116,804	111,040,279	416,157,083	0.168470	73.00
74.00	07400	RENAL DIALYSIS	7,677,190	0	7,677,190	0.318519	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,110,354	44,944,858	50,055,212	0.152596	75.00
76.00	03950	REHAB MEDICINE	738,997	2,860,510	3,599,507	0.522658	76.00
76.20	03951	DAY HOSPITAL	5,774	3,574,173	3,579,947	0.569072	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	9,077,001	52,179,880	61,256,881	0.115491	76.45
76.97	07697	CARDIAC REHABILITATION	247,811	2,970,646	3,218,457	0.377028	76.97
76.98	07698	CAR-T CELLS	4,634,000	1,725,511	6,359,511	0.213986	76.98
76.99	07699	LITHOTRIPER	0	1,847,925	1,847,925	0.369515	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	832,015	292,440	1,124,455	0.535913	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	202	56,964	57,166	6.396704	90.01
90.02	09002	OUTPATIENT CENTER	209,544	21,850,998	22,060,542	0.304428	90.02
90.03	09003	PAIN CLINIC	2,434	4,791,845	4,794,279	0.206350	90.03
90.04	09007	CLINIC	0	0	0	0.000000	90.04
90.05	09004	WOUND CARE CENTER	1,632,315	57,274	1,689,589	0.496639	90.05
90.06	09005	ANTI-COAG LAB	3,352	1,601,518	1,604,870	0.714981	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	90.07
90.08	09008	CRYSTAL LAKE INFUSION	16,557	131,713,193	131,729,750	0.280433	90.08
91.00	09100	EMERGENCY	64,724,751	89,505,006	154,229,757	0.191048	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	17,055,185	35,414,708	52,469,893	0.325023	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	1,868,883,148	1,250,741,980	3,119,625,128		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,868,883,148	1,250,741,980	3,119,625,128		202.00

Health Financial Systems			ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/27/2022 12:27 pm
			Title XIX		Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	NEONATAL CARE UNIT				32.01
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
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 CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	REHAB MEDICINE	0.000000			76.00
76.20	03951	DAY HOSPITAL	0.000000			76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000			76.45
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	CAR-T CELLS	0.000000			76.98
76.99	07699	LITHOTRIPER	0.000000			76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CARE CENTER	0.000000			90.01
90.02	09002	OUTPATIENT CENTER	0.000000			90.02
90.03	09003	PAIN CLINIC	0.000000			90.03
90.04	09007	CLINIC	0.000000			90.04
90.05	09004	WOUND CARE CENTER	0.000000			90.05
90.06	09005	ANTI-COAG LAB	0.000000			90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000			90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.000000			90.08
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.00	09900	CMHC				99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/27/2022 12:27 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	14,100,711	0	14,100,711	136,434	103.35	30.00	
31.00	INTENSIVE CARE UNIT	1,328,814		1,328,814	9,601	138.40	31.00	
32.00	CORONARY CARE UNIT	1,450,249		1,450,249	8,954	161.97	32.00	
32.01	NEONATAL CARE UNIT	1,078,929		1,078,929	13,600	79.33	32.01	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	1,378,177	0	1,378,177	9,037	152.50	40.00	
41.00	SUBPROVIDER - IRF	1,385,716	0	1,385,716	13,240	104.66	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	78,511		78,511	5,319	14.76	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	20,801,107		20,801,107	196,185		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	38,234	3,951,484					30.00
31.00	INTENSIVE CARE UNIT	1,732	239,709					31.00
32.00	CORONARY CARE UNIT	2,804	454,164					32.00
32.01	NEONATAL CARE UNIT	0	0					32.01
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	957	145,943					40.00
41.00	SUBPROVIDER - IRF	6,470	677,150					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	50,197	5,468,450					200.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/27/2022 12:27 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,626,908	147,309,070	0.017833	24,481,015	436,570	50.00
51.00	05100 RECOVERY ROOM	222,519	19,935,449	0.011162	2,178,635	24,318	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,069,027	31,676,696	0.033748	11,993	405	52.00
53.00	05300 ANESTHESIOLOGY	125,763	65,413,934	0.001923	5,700,426	10,962	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,148,358	180,351,984	0.011912	19,649,533	234,065	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	973,702	60,420,506	0.016115	1,057,355	17,039	55.00
56.00	05600 RADIOISOTOPE	437,129	34,191,773	0.012785	4,464,977	57,085	56.00
57.00	05700 CT SCAN	310,371	186,263,387	0.001666	24,963,699	41,590	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	497,861	77,778,737	0.006401	5,943,861	38,047	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,330,657	79,941,187	0.016645	14,890,297	247,849	59.00
60.00	06000 LABORATORY	466,558	251,295,376	0.001857	46,405,199	86,174	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	461,713	64,793,880	0.007126	12,356,380	88,052	65.00
66.00	06600 PHYSICAL THERAPY	654,664	69,858,056	0.009371	7,864,022	73,694	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	385,800	52,175,430	0.007394	8,954,095	66,207	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	179,261	22,265,658	0.008051	3,249,806	26,164	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	841,915	76,598,793	0.010991	15,598,698	171,445	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	996,447	103,648,905	0.009614	22,469,752	216,024	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	808,214	416,157,083	0.001942	78,455,303	152,360	73.00
74.00	07400 RENAL DIALYSIS	169,724	7,677,190	0.022108	2,878,180	63,631	74.00
75.00	07500 ASC (NON-DISTINCT PART)	692,668	50,055,212	0.013838	0	0	75.00
76.00	03950 REHAB MEDICINE	182,007	3,599,507	0.050564	89,742	4,538	76.00
76.20	03951 DAY HOSPITAL	195,050	3,579,947	0.054484	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	541,544	61,256,881	0.008841	3,311,514	29,277	76.45
76.97	07697 CARDIAC REHABILITATION	96,426	3,218,457	0.029960	76,986	2,307	76.97
76.98	07698 CAR-T CELLS	10,518	6,359,511	0.001654	0	0	76.98
76.99	07699 LITHOTRIPER	66,527	1,847,925	0.036001	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,342	1,124,455	0.003861	225,062	869	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	25,774	57,166	0.450862	0	0	90.01
90.02	09002 OUTPATIENT CENTER	427,595	22,060,542	0.019383	35,616	690	90.02
90.03	09003 PAIN CLINIC	93,397	4,794,279	0.019481	0	0	90.03
90.04	09007 CLINIC	0	0	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	8,648	1,689,589	0.005118	0	0	90.05
90.06	09005 ANTI-COAG LAB	10,296	1,604,870	0.006415	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	736,935	131,729,750	0.005594	0	0	90.08
91.00	09100 EMERGENCY	1,975,171	154,229,757	0.012807	17,152,085	219,667	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,530,847	52,469,893	0.029176	7,937,029	231,571	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	21,304,336	2,447,430,835		330,401,260	2,540,600	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/27/2022 12:27 pm			
				Title XVIII	Hospital	PPS			
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	682,142	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	131,988	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	186,666	0	32.00	
32.01	03201	NEONATAL CARE UNIT	0	0	0	20,741	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	13,782	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	20,192	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	1,055,511	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	682,142	136,434	5.00	38,234	30.00	
31.00	03100	INTENSIVE CARE UNIT		131,988	9,601	13.75	1,732	31.00	
32.00	03200	CORONARY CARE UNIT		186,666	8,954	20.85	2,804	32.00	
32.01	03201	NEONATAL CARE UNIT		20,741	13,600	1.53	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	13,782	9,037	1.53	957	40.00	
41.00	04100	SUBPROVIDER - IRF	0	20,192	13,240	1.53	6,470	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	5,319	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		1,055,511	196,185		50,197	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	191,170						30.00
31.00	03100	INTENSIVE CARE UNIT	23,815						31.00
32.00	03200	CORONARY CARE UNIT	58,463						32.00
32.01	03201	NEONATAL CARE UNIT	0						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	1,464						40.00
41.00	04100	SUBPROVIDER - IRF	9,899						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	284,811						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN:14-0223

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

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,614 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	105,311 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
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 CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	288,100 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	0 76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	0 76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0 76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	CAR-T CELLS	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPER	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	0 90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	0 90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0 90.03
90.04	09007	CLINIC	0	0	0	0	0 90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0 90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	142,922 90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0 90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	0	0 90.08
91.00	09100	EMERGENCY	0	0	0	0	91,771 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	74,048 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	0	0	704,766 200.00

Health Financial Systems			ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 12:27 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	147,309,070	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	19,935,449	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,614	2,614	31,676,696	0.000083	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	65,413,934	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	180,351,984	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	60,420,506	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	34,191,773	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	186,263,387	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	77,778,737	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	79,941,187	0.000000	59.00	
60.00	06000	LABORATORY	0	105,311	105,311	251,295,376	0.000419	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,793,880	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	69,858,056	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	52,175,430	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	22,265,658	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	76,598,793	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	103,648,905	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,100	288,100	416,157,083	0.000692	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	7,677,190	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	50,055,212	0.000000	75.00	
76.00	03950	REHAB MEDICINE	0	0	0	3,599,507	0.000000	76.00	
76.20	03951	DAY HOSPITAL	0	0	0	3,579,947	0.000000	76.20	
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	61,256,881	0.000000	76.45	
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,218,457	0.000000	76.97	
76.98	07698	CAR-T CELLS	0	0	0	6,359,511	0.000000	76.98	
76.99	07699	LITHOTRIPER	0	0	0	1,847,925	0.000000	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,124,455	0.000000	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
90.01	09001	DIABETES CARE CENTER	0	0	0	57,166	0.000000	90.01	
90.02	09002	OUTPATIENT CENTER	0	0	0	22,060,542	0.000000	90.02	
90.03	09003	PAIN CLINIC	0	0	0	4,794,279	0.000000	90.03	
90.04	09007	CLINIC	0	0	0	0	0.000000	90.04	
90.05	09004	WOUND CARE CENTER	0	0	0	1,689,589	0.000000	90.05	
90.06	09005	ANTI-COAG LAB	0	142,922	142,922	1,604,870	0.089055	90.06	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07	
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	131,729,750	0.000000	90.08	
91.00	09100	EMERGENCY	0	91,771	91,771	154,229,757	0.000595	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	74,048	74,048	52,469,893	0.001411	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	0	704,766	704,766	2,447,430,835		200.00	

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/27/2022 12:27 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	24,481,015	0	11,944,503	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	2,178,635	0	2,351,763	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000083	11,993	1	4,817	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,700,426	0	6,395,516	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	19,649,533	0	19,033,057	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,057,355	0	16,696,275	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	4,464,977	0	4,926,154	0 56.00
57.00	05700	CT SCAN	0.000000	24,963,699	0	24,330,775	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	5,943,861	0	9,281,323	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	14,890,297	0	12,729,272	0 59.00
60.00	06000	LABORATORY	0.000419	46,405,199	19,444	13,953,872	5,847 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	12,356,380	0	1,412,150	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	7,864,022	0	5,703,268	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	8,954,095	0	4,066,587	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,249,806	0	2,020,389	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	15,598,698	0	6,312,827	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	22,469,752	0	13,570,527	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000692	78,455,303	54,291	22,806,393	15,782 73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,878,180	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	4,151,187	0 75.00
76.00	03950	REHAB MEDICINE	0.000000	89,742	0	319,366	0 76.00
76.20	03951	DAY HOSPITAL	0.000000	0	0	219,578	0 76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000	3,311,514	0	9,725,079	0 76.45
76.97	07697	CARDIAC REHABILITATION	0.000000	76,986	0	891,784	0 76.97
76.98	07698	CAR-T CELLS	0.000000	0	0	693,851	0 76.98
76.99	07699	LITHOTRIPER	0.000000	0	0	764,000	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	225,062	0	16,811	0 77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0 90.00
90.01	09001	DIABETES CARE CENTER	0.000000	0	0	652	0 90.01
90.02	09002	OUTPATIENT CENTER	0.000000	35,616	0	4,340,305	0 90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	1,444,434	0 90.03
90.04	09007	CLINIC	0.000000	0	0	0	0 90.04
90.05	09004	WOUND CARE CENTER	0.000000	0	0	17,126	0 90.05
90.06	09005	ANTI-COAG LAB	0.089055	0	0	703,789	62,676 90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0 90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.000000	0	0	47,844,409	0 90.08
91.00	09100	EMERGENCY	0.000595	17,152,085	10,205	10,984,257	6,536 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.001411	7,937,029	11,199	7,281,726	10,275 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		330,401,260	95,140	266,937,822	101,116 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 12:27 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.283475	11,944,503	0	0	3,385,968	50.00
51.00	05100 RECOVERY ROOM	0.178383	2,351,763	0	0	419,515	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.355576	4,817	0	0	1,713	52.00
53.00	05300 ANESTHESIOLOGY	0.051644	6,395,516	0	0	330,290	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.133489	19,033,057	0	0	2,540,704	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.167308	16,696,275	0	0	2,793,420	55.00
56.00	05600 RADIOISOTOPE	0.173000	4,926,154	0	0	852,225	56.00
57.00	05700 CT SCAN	0.038687	24,330,775	3	0	941,285	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.066990	9,281,323	0	0	621,756	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105914	12,729,272	0	0	1,348,208	59.00
60.00	06000 LABORATORY	0.135485	13,953,872	345	0	1,890,540	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.259631	1,412,150	0	0	366,638	65.00
66.00	06600 PHYSICAL THERAPY	0.296216	5,703,268	0	0	1,689,399	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	0.129860	4,066,587	0	0	528,087	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.186372	2,020,389	0	0	376,544	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421	6,312,827	0	0	3,714,600	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.522046	13,570,527	0	0	7,084,439	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.168470	22,806,393	320	143,882	3,842,193	73.00
74.00	07400 RENAL DIALYSIS	0.318519	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.152596	4,151,187	0	0	633,455	75.00
76.00	03950 REHAB MEDICINE	0.522658	319,366	0	0	166,919	76.00
76.20	03951 DAY HOSPITAL	0.569072	219,578	0	0	124,956	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.115491	9,725,079	0	0	1,123,159	76.45
76.97	07697 CARDIAC REHABILITATION	0.377028	891,784	0	0	336,228	76.97
76.98	07698 CAR-T CELLS	0.213986	693,851	0	0	148,474	76.98
76.99	07699 LITHOTRIPER	0.369515	764,000	0	0	282,309	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.535913	16,811	0	0	9,009	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	6.396704	652	0	0	4,171	90.01
90.02	09002 OUTPATIENT CENTER	0.304428	4,340,305	0	181	1,321,310	90.02
90.03	09003 PAIN CLINIC	0.206350	1,444,434	0	0	298,059	90.03
90.04	09007 CLINIC	0.000000	0	0	0	0	90.04
90.05	09004 WOUND CARE CENTER	0.496639	17,126	0	0	8,505	90.05
90.06	09005 ANTI-COAG LAB	0.714981	703,789	0	0	503,196	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	0.280433	47,844,409	0	0	13,417,151	90.08
91.00	09100 EMERGENCY	0.191048	10,984,257	0	465	2,098,520	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.325023	7,281,726	0	0	2,366,728	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		266,937,822	668	144,528	55,569,673	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		266,937,822	668	144,528	55,569,673	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 12:27 pm
	Title XVIII	Hospital	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	47	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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 CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54	24,240	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	CAR-T CELLS	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	55	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.04	09007	CLINIC	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	90.08
91.00	09100	EMERGENCY	0	89	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	101	24,384	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	101	24,384	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/27/2022 12:27 pm	
				Component CCN:14-S223			
				Title XVIII	Subprovider - IP#	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,626,908	147,309,070	0.017833	0	0	50.00
51.00	05100 RECOVERY ROOM	222,519	19,935,449	0.011162	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,069,027	31,676,696	0.033748	0	0	52.00
53.00	05300 ANESTHESIOLOGY	125,763	65,413,934	0.001923	25,460	49	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,148,358	180,351,984	0.011912	12,323	147	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	973,702	60,420,506	0.016115	0	0	55.00
56.00	05600 RADIOISOTOPE	437,129	34,191,773	0.012785	3,882	50	56.00
57.00	05700 CT SCAN	310,371	186,263,387	0.001666	11,856	20	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	497,861	77,778,737	0.006401	13,104	84	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,330,657	79,941,187	0.016645	0	0	59.00
60.00	06000 LABORATORY	466,558	251,295,376	0.001857	200,504	372	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	461,713	64,793,880	0.007126	25,918	185	65.00
66.00	06600 PHYSICAL THERAPY	654,664	69,858,056	0.009371	64,290	602	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	385,800	52,175,430	0.007394	21,986	163	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	179,261	22,265,658	0.008051	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	841,915	76,598,793	0.010991	1,283	14	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	996,447	103,648,905	0.009614	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	808,214	416,157,083	0.001942	367,021	713	73.00
74.00	07400 RENAL DIALYSIS	169,724	7,677,190	0.022108	3,470	77	74.00
75.00	07500 ASC (NON-DISTINCT PART)	692,668	50,055,212	0.013838	0	0	75.00
76.00	03950 REHAB MEDICINE	182,007	3,599,507	0.050564	1,835	93	76.00
76.20	03951 DAY HOSPITAL	195,050	3,579,947	0.054484	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	541,544	61,256,881	0.008841	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	96,426	3,218,457	0.029960	0	0	76.97
76.98	07698 CAR-T CELLS	10,518	6,359,511	0.001654	0	0	76.98
76.99	07699 LITHOTRIPER	66,527	1,847,925	0.036001	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,342	1,124,455	0.003861	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	25,774	57,166	0.450862	0	0	90.01
90.02	09002 OUTPATIENT CENTER	427,595	22,060,542	0.019383	0	0	90.02
90.03	09003 PAIN CLINIC	93,397	4,794,279	0.019481	0	0	90.03
90.04	09007 CLINIC	0	0	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	8,648	1,689,589	0.005118	3,186	16	90.05
90.06	09005 ANTI-COAG LAB	10,296	1,604,870	0.006415	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	736,935	131,729,750	0.005594	0	0	90.08
91.00	09100 EMERGENCY	1,975,171	154,229,757	0.012807	154,748	1,982	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	52,469,893	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,773,489	2,447,430,835		910,866	4,567	200.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/27/2022 12:27 pm	
				Component CCN:14-S223			
				Title XVIII	Subprovider - IP#	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,614	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	105,311	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	288,100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.04	09007	CLINIC	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	142,922	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	91,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	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	630,718	200.00

Health Financial Systems			ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 12:27 pm	
				Component CCN:14-S223					
				Title XVIII		Subprovider - IP#		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	147,309,070	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	19,935,449	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,614	2,614	31,676,696	0.000083	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	65,413,934	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	180,351,984	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	60,420,506	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	34,191,773	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	186,263,387	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	77,778,737	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	79,941,187	0.000000	59.00	
60.00	06000	LABORATORY	0	105,311	105,311	251,295,376	0.000419	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,793,880	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	69,858,056	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	52,175,430	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	22,265,658	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	76,598,793	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	103,648,905	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,100	288,100	416,157,083	0.000692	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	7,677,190	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	50,055,212	0.000000	75.00	
76.00	03950	REHAB MEDICINE	0	0	0	3,599,507	0.000000	76.00	
76.20	03951	DAY HOSPITAL	0	0	0	3,579,947	0.000000	76.20	
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	61,256,881	0.000000	76.45	
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,218,457	0.000000	76.97	
76.98	07698	CAR-T CELLS	0	0	0	6,359,511	0.000000	76.98	
76.99	07699	LITHOTRIPER	0	0	0	1,847,925	0.000000	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,124,455	0.000000	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
90.01	09001	DIABETES CARE CENTER	0	0	0	57,166	0.000000	90.01	
90.02	09002	OUTPATIENT CENTER	0	0	0	22,060,542	0.000000	90.02	
90.03	09003	PAIN CLINIC	0	0	0	4,794,279	0.000000	90.03	
90.04	09007	CLINIC	0	0	0	0	0.000000	90.04	
90.05	09004	WOUND CARE CENTER	0	0	0	1,689,589	0.000000	90.05	
90.06	09005	ANTI-COAG LAB	0	142,922	142,922	1,604,870	0.089055	90.06	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07	
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	131,729,750	0.000000	90.08	
91.00	09100	EMERGENCY	0	91,771	91,771	154,229,757	0.000595	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	52,469,893	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	0	630,718	630,718	2,447,430,835		200.00	

Health Financial Systems			ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223 Component CCN:14-S223		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 12:27 pm
				Title XVIII		Subprovider - IP#		PPS
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000003	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	25,460	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	12,323	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	3,882	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	11,856	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	13,104	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000419	200,504	84	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	25,918	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	64,290	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	21,986	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,283	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000692	367,021	254	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,470	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0.000000	1,835	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0.000000	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	CAR-T CELLS	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0.000000	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.000000	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	0	0	90.03
90.04	09007	CLINIC	0.000000	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0.000000	3,186	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.089055	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.000000	0	0	0	0	90.08
91.00	09100	EMERGENCY	0.000595	154,748	92	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	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)		910,866	430	0	0	200.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/27/2022 12:27 pm	
				Component CCN:14-T223			
				Title XVIII	Subprovider - IR#	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	2,626,908	147,309,070	0.017833	0	0	50.00
51.00	05100 RECOVERY ROOM	222,519	19,935,449	0.011162	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,069,027	31,676,696	0.033748	0	0	52.00
53.00	05300 ANESTHESIOLOGY	125,763	65,413,934	0.001923	2,549	5	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,148,358	180,351,984	0.011912	175,045	2,085	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	973,702	60,420,506	0.016115	24,047	388	55.00
56.00	05600 RADIOISOTOPE	437,129	34,191,773	0.012785	34,872	446	56.00
57.00	05700 CT SCAN	310,371	186,263,387	0.001666	137,086	228	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	497,861	77,778,737	0.006401	64,092	410	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,330,657	79,941,187	0.016645	0	0	59.00
60.00	06000 LABORATORY	466,558	251,295,376	0.001857	1,157,224	2,149	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	461,713	64,793,880	0.007126	573,317	4,085	65.00
66.00	06600 PHYSICAL THERAPY	654,664	69,858,056	0.009371	9,156,824	85,809	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	385,800	52,175,430	0.007394	59,615	441	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	179,261	22,265,658	0.008051	4,884	39	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	841,915	76,598,793	0.010991	236,199	2,596	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	996,447	103,648,905	0.009614	8,096	78	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	808,214	416,157,083	0.001942	3,347,000	6,500	73.00
74.00	07400 RENAL DIALYSIS	169,724	7,677,190	0.022108	223,958	4,951	74.00
75.00	07500 ASC (NON-DISTINCT PART)	692,668	50,055,212	0.013838	0	0	75.00
76.00	03950 REHAB MEDICINE	182,007	3,599,507	0.050564	213,481	10,794	76.00
76.20	03951 DAY HOSPITAL	195,050	3,579,947	0.054484	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	541,544	61,256,881	0.008841	11,936	106	76.45
76.97	07697 CARDIAC REHABILITATION	96,426	3,218,457	0.029960	0	0	76.97
76.98	07698 CAR-T CELLS	10,518	6,359,511	0.001654	0	0	76.98
76.99	07699 LITHOTRIPER	66,527	1,847,925	0.036001	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	4,342	1,124,455	0.003861	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	25,774	57,166	0.450862	0	0	90.01
90.02	09002 OUTPATIENT CENTER	427,595	22,060,542	0.019383	0	0	90.02
90.03	09003 PAIN CLINIC	93,397	4,794,279	0.019481	0	0	90.03
90.04	09007 CLINIC	0	0	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	8,648	1,689,589	0.005118	920	5	90.05
90.06	09005 ANTI-COAG LAB	10,296	1,604,870	0.006415	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	736,935	131,729,750	0.005594	0	0	90.08
91.00	09100 EMERGENCY	1,975,171	154,229,757	0.012807	83,778	1,073	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	52,469,893	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,773,489	2,447,430,835		15,514,923	122,188	200.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/27/2022 12:27 pm	
				Component CCN:14-T223			
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,614	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	105,311	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	288,100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.04	09007	CLINIC	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	142,922	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	91,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	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	630,718	200.00

Health Financial Systems			ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 12:27 pm	
				Component CCN:14-T223					
				Title XVIII		Subprovider - IR#		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	147,309,070	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	19,935,449	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,614	2,614	31,676,696	0.000083	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	65,413,934	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	180,351,984	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	60,420,506	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	34,191,773	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	186,263,387	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	77,778,737	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	79,941,187	0.000000	59.00	
60.00	06000	LABORATORY	0	105,311	105,311	251,295,376	0.000419	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	64,793,880	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	69,858,056	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	52,175,430	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	22,265,658	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	76,598,793	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	103,648,905	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,100	288,100	416,157,083	0.000692	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	7,677,190	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	50,055,212	0.000000	75.00	
76.00	03950	REHAB MEDICINE	0	0	0	3,599,507	0.000000	76.00	
76.20	03951	DAY HOSPITAL	0	0	0	3,579,947	0.000000	76.20	
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	61,256,881	0.000000	76.45	
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,218,457	0.000000	76.97	
76.98	07698	CAR-T CELLS	0	0	0	6,359,511	0.000000	76.98	
76.99	07699	LITHOTRIPER	0	0	0	1,847,925	0.000000	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,124,455	0.000000	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
90.01	09001	DIABETES CARE CENTER	0	0	0	57,166	0.000000	90.01	
90.02	09002	OUTPATIENT CENTER	0	0	0	22,060,542	0.000000	90.02	
90.03	09003	PAIN CLINIC	0	0	0	4,794,279	0.000000	90.03	
90.04	09007	CLINIC	0	0	0	0	0.000000	90.04	
90.05	09004	WOUND CARE CENTER	0	0	0	1,689,589	0.000000	90.05	
90.06	09005	ANTI-COAG LAB	0	142,922	142,922	1,604,870	0.089055	90.06	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07	
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	131,729,750	0.000000	90.08	
91.00	09100	EMERGENCY	0	91,771	91,771	154,229,757	0.000595	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	52,469,893	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	0	630,718	630,718	2,447,430,835		200.00	

Health Financial Systems			ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 12:27 pm	
				Component CCN:14-T223					
				Title XVIII		Subprovider - IR#		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	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000083	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,549	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	175,045	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	24,047	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	34,872	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	137,086	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	64,092	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000419	1,157,224	485	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	573,317	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	9,156,824	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	59,615	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,884	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	236,199	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	8,096	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000692	3,347,000	2,316	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	223,958	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0.000000	213,481	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0.000000	0	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000	11,936	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	CAR-T CELLS	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0.000000	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0.000000	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.000000	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09007	CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0.000000	920	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.089055	0	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.000000	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0.000595	83,778	50	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		15,514,923	2,851	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 12:27 pm
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		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.283475	0	490,458	0	0	50.00
51.00	05100 RECOVERY ROOM	0.178383	0	123,703	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.355576	0	42,219	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051644	0	406,835	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.133489	0	1,348,205	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.167308	0	579,851	0	0	55.00
56.00	05600 RADIOISOTOPE	0.173000	0	174,130	0	0	56.00
57.00	05700 CT SCAN	0.038687	0	1,407,942	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.066990	0	545,514	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105914	0	390,294	0	0	59.00
60.00	06000 LABORATORY	0.135485	0	1,441,623	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.259631	0	117,959	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.296216	0	632,346	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	0.129860	0	438,108	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.186372	0	65,846	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421	0	215,796	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.522046	0	322,006	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.168470	0	2,448,958	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.318519	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.152596	0	765,295	0	0	75.00
76.00	03950 REHAB MEDICINE	0.522658	0	8,564	0	0	76.00
76.20	03951 DAY HOSPITAL	0.569072	0	66,613	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.115491	0	259,466	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.377028	0	0	0	0	76.97
76.98	07698 CAR-T CELLS	0.213986	0	0	0	0	76.98
76.99	07699 LITHOTRIPER	0.369515	0	14,246	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.535913	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	6.396704	0	2,424	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.304428	0	666,343	0	0	90.02
90.03	09003 PAIN CLINIC	0.206350	0	14,922	0	0	90.03
90.04	09007 CLINIC	0.000000	0	0	0	0	90.04
90.05	09004 WOUND CARE CENTER	0.496639	0	334	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.714981	0	20,298	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	0.280433	0	312,025	0	0	90.08
91.00	09100 EMERGENCY	0.191048	0	2,443,354	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.325023	0	918,365	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)		0	16,684,042	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		0	16,684,042	0	0	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 12:27 pm
			Title XIX	Hospital	Cost
	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	139,033	0	50.00
51.00	05100	RECOVERY ROOM	22,067	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,012	0	52.00
53.00	05300	ANESTHESIOLOGY	21,011	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,971	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	97,014	0	55.00
56.00	05600	RADIOISOTOPE	30,124	0	56.00
57.00	05700	CT SCAN	54,469	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,544	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,338	0	59.00
60.00	06000	LABORATORY	195,318	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	30,626	0	65.00
66.00	06600	PHYSICAL THERAPY	187,311	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	56,893	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,272	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	126,979	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	168,102	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	412,576	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	116,781	0	75.00
76.00	03950	REHAB MEDICINE	4,476	0	76.00
76.20	03951	DAY HOSPITAL	37,908	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	29,966	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	CAR-T CELLS	0	0	76.98
76.99	07699	LITHOTRIPER	5,264	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	15,506	0	90.01
90.02	09002	OUTPATIENT CENTER	202,853	0	90.02
90.03	09003	PAIN CLINIC	3,079	0	90.03
90.04	09007	CLINIC	0	0	90.04
90.05	09004	WOUND CARE CENTER	166	0	90.05
90.06	09005	ANTI-COAG LAB	14,513	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	87,502	0	90.08
91.00	09100	EMERGENCY	466,798	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	298,490	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	3,109,962	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	3,109,962	0	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 12:27 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)			136,434	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			136,434	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)			121,622	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)			38,234	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)			157,085,330	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)			157,085,330	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)			157,085,330	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,151.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			44,021,098	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)			44,021,098	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0223

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

Worksheet D-1

Date/Time Prepared:
5/27/2022 12:27 pm

		Title XVIII			Hospital	PPS	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	23,913,655	9,601	2,490.75	1,732	4,313,979	43.00
44.00	CORONARY CARE UNIT	21,950,783	8,954	2,451.51	2,804	6,874,034	44.00
44.01	NEONATAL CARE UNIT	21,297,013	13,600	1,565.96	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					69,520,399	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					124,729,510	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 IV)					1918,805	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					635,740	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					7,554,545	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					117,174,965	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					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)					14,812	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,151.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					17,053,944	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0223

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

Worksheet D-1

Date/Time Prepared:
5/27/2022 12:27 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	14,100,711	157,085,330	0.089765	17,053,944	1,530,847
91.00	Nursing Program cost	0	157,085,330	0.000000	17,053,944	0
92.00	Allied health cost	682,142	157,085,330	0.004342	17,053,944	74,048
93.00	All other Medical Education	0	157,085,330	0.000000	17,053,944	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0223 Component CCN:14-S223	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 12:27 pm
Cost Center Description		Title XVIII	Subprovider - IP#	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,037	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,037	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)		9,037	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)		957	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)		14,616,317	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)		14,616,317	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)		14,616,317	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,617.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,547,842	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)		1,547,842	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0223

Period:

Worksheet D-1

Component CCN:14-S223

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/27/2022 12:27 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					157,012	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,704,854	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)					147,407	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,997	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					152,404	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,552,450	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					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:14-0223

Period:

Worksheet D-1

Component CCN:14-S223

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,378,177	14,616,317	0.094290	0	0	90.00
91.00	Nursing Program cost	0	14,616,317	0.000000	0	0	91.00
92.00	Allied health cost	13,782	14,616,317	0.000943	0	0	92.00
93.00	All other Medical Education	0	14,616,317	0.000000	0	0	93.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0223	Period: From 01/01/2021	Worksheet D-1	
		Component CCN:14-T223	To 12/31/2021	Date/Time Prepared: 5/27/2022 12:27 pm	
		Title XVIII	Subprovider - IR#	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)			13,240	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,240	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)			13,240	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)			6,470	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)			13,282,531	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)			13,282,531	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)			13,282,531	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,003.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,490,769	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)			6,490,769	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0223

Period:

Worksheet D-1

Component CCN:14-T223

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/27/2022 12:27 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,978,191	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,468,960	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)					87,049	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					125,039	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					812,088	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,656,872	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:14-0223

Period:

Worksheet D-1

Component CCN:14-T223

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/27/2022 12:27 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,385,716	13,282,531	0.104326	0	0	90.00
91.00	Nursing Program cost	0	13,282,531	0.000000	0	0	91.00
92.00	Allied health cost	20,192	13,282,531	0.001520	0	0	92.00
93.00	All other Medical Education	0	13,282,531	0.000000	0	0	93.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 12:27 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		123,357,325	30.00
31.00	03100	INTENSIVE CARE UNIT		8,563,534	31.00
32.00	03200	CORONARY CARE UNIT		14,682,555	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.285819	24,481,015	50.00
51.00	05100	RECOVERY ROOM	0.178383	2,178,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355576	11,993	52.00
53.00	05300	ANESTHESIOLOGY	0.062648	5,700,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134253	19,649,533	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167308	1,057,355	55.00
56.00	05600	RADIOISOTOPE	0.173000	4,464,977	56.00
57.00	05700	CT SCAN	0.038687	24,963,699	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066990	5,943,861	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105914	14,890,297	59.00
60.00	06000	LABORATORY	0.135485	46,405,199	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.259631	12,356,380	65.00
66.00	06600	PHYSICAL THERAPY	0.296216	7,864,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131234	8,954,095	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227963	3,249,806	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421	15,598,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522046	22,469,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168470	78,455,303	73.00
74.00	07400	RENAL DIALYSIS	0.318519	2,878,180	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.152596	0	75.00
76.00	03950	REHAB MEDICINE	0.522658	89,742	76.00
76.20	03951	DAY HOSPITAL	0.569072	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.115491	3,311,514	76.45
76.97	07697	CARDIAC REHABILITATION	0.377028	76,986	76.97
76.98	07698	CAR-T CELLS	0.213986	0	76.98
76.99	07699	LITHOTRIPER	0.369515	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.535913	225,062	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	6.396704	0	90.01
90.02	09002	OUTPATIENT CENTER	0.304428	35,616	90.02
90.03	09003	PAIN CLINIC	0.206350	0	90.03
90.04	09007	CLINIC	0.000000	0	90.04
90.05	09004	WOUND CARE CENTER	0.496639	0	90.05
90.06	09005	ANTI-COAG LAB	0.714981	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.280433	0	90.08
91.00	09100	EMERGENCY	0.191910	17,152,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325023	7,937,029	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)		330,401,260	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		330,401,260	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3
			Component CCN:14-S223	Date/Time Prepared: 5/27/2022 12:27 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
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF		2,810,959	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.285819	0	50.00
51.00	05100	RECOVERY ROOM	0.178383	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355576	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062648	25,460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134253	12,323	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167308	0	55.00
56.00	05600	RADIOISOTOPE	0.173000	3,882	56.00
57.00	05700	CT SCAN	0.038687	11,856	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066990	13,104	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105914	0	59.00
60.00	06000	LABORATORY	0.135485	200,504	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.259631	25,918	65.00
66.00	06600	PHYSICAL THERAPY	0.296216	64,290	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131234	21,986	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227963	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421	1,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522046	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168470	367,021	73.00
74.00	07400	RENAL DIALYSIS	0.318519	3,470	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.152596	0	75.00
76.00	03950	REHAB MEDICINE	0.522658	1,835	76.00
76.20	03951	DAY HOSPITAL	0.569072	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.115491	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.377028	0	76.97
76.98	07698	CAR-T CELLS	0.213986	0	76.98
76.99	07699	LITHOTRIPER	0.369515	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.535913	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	6.396704	0	90.01
90.02	09002	OUTPATIENT CENTER	0.304428	0	90.02
90.03	09003	PAIN CLINIC	0.206350	0	90.03
90.04	09007	CLINIC	0.000000	0	90.04
90.05	09004	WOUND CARE CENTER	0.496639	3,186	90.05
90.06	09005	ANTI-COAG LAB	0.714981	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.280433	0	90.08
91.00	09100	EMERGENCY	0.191910	154,748	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325023	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)		910,866	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		910,866	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0223	Period: From 01/01/2021	Worksheet D-3
			Component CCN:14-T223	To 12/31/2021	Date/Time Prepared: 5/27/2022 12:27 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
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF		16,898,592	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.285819	0	50.00
51.00	05100	RECOVERY ROOM	0.178383	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355576	0	52.00
53.00	05300	ANESTHESIOLOGY	0.062648	2,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134253	175,045	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167308	24,047	55.00
56.00	05600	RADIOISOTOPE	0.173000	34,872	56.00
57.00	05700	CT SCAN	0.038687	137,086	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066990	64,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105914	0	59.00
60.00	06000	LABORATORY	0.135485	1,157,224	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.259631	573,317	65.00
66.00	06600	PHYSICAL THERAPY	0.296216	9,156,824	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131234	59,615	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.227963	4,884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421	236,199	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522046	8,096	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168470	3,347,000	73.00
74.00	07400	RENAL DIALYSIS	0.318519	223,958	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.152596	0	75.00
76.00	03950	REHAB MEDICINE	0.522658	213,481	76.00
76.20	03951	DAY HOSPITAL	0.569072	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.115491	11,936	76.45
76.97	07697	CARDIAC REHABILITATION	0.377028	0	76.97
76.98	07698	CAR-T CELLS	0.213986	0	76.98
76.99	07699	LITHOTRIPER	0.369515	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.535913	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	6.396704	0	90.01
90.02	09002	OUTPATIENT CENTER	0.304428	0	90.02
90.03	09003	PAIN CLINIC	0.206350	0	90.03
90.04	09007	CLINIC	0.000000	0	90.04
90.05	09004	WOUND CARE CENTER	0.496639	920	90.05
90.06	09005	ANTI-COAG LAB	0.714981	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.280433	0	90.08
91.00	09100	EMERGENCY	0.191910	83,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325023	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)		15,514,923	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		15,514,923	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 12:27 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,401,667	30.00
31.00	03100	INTENSIVE CARE UNIT		5,207,699	31.00
32.00	03200	CORONARY CARE UNIT		2,840,417	32.00
32.01	03201	NEONATAL CARE UNIT		7,604,217	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		683,192	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.283475	2,304,224	50.00
51.00	05100	RECOVERY ROOM	0.178383	130,644	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355576	319,952	52.00
53.00	05300	ANESTHESIOLOGY	0.051644	644,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133489	2,316,003	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167308	154,601	55.00
56.00	05600	RADIOISOTOPE	0.173000	465,622	56.00
57.00	05700	CT SCAN	0.038687	2,320,513	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066990	693,368	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105914	1,043,779	59.00
60.00	06000	LABORATORY	0.135485	6,242,890	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.259631	3,723,621	65.00
66.00	06600	PHYSICAL THERAPY	0.296216	747,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129860	824,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186372	467,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421	1,544,261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522046	1,449,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168470	12,950,045	73.00
74.00	07400	RENAL DIALYSIS	0.318519	120,091	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.152596	238,925	75.00
76.00	03950	REHAB MEDICINE	0.522658	13,572	76.00
76.20	03951	DAY HOSPITAL	0.569072	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.115491	277,065	76.45
76.97	07697	CARDIAC REHABILITATION	0.377028	8,883	76.97
76.98	07698	CAR-T CELLS	0.213986	0	76.98
76.99	07699	LITHOTRIPER	0.369515	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.535913	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	6.396704	0	90.01
90.02	09002	OUTPATIENT CENTER	0.304428	12,387	90.02
90.03	09003	PAIN CLINIC	0.206350	0	90.03
90.04	09007	CLINIC	0.000000	0	90.04
90.05	09004	WOUND CARE CENTER	0.496639	49,882	90.05
90.06	09005	ANTI-COAG LAB	0.714981	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.280433	0	90.08
91.00	09100	EMERGENCY	0.191048	1,842,696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325023	464,140	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)		41,370,824	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		41,370,824	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0223	Period: From 01/01/2021	Worksheet D-3
			Component CCN:14-S223	To 12/31/2021	Date/Time Prepared: 5/27/2022 12:27 pm
			Title XIX	Subprovider - IPF	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF		1,121,801	40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.283475	0	50.00
51.00	05100	RECOVERY ROOM	0.178383	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355576	0	52.00
53.00	05300	ANESTHESIOLOGY	0.051644	3,819	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133489	1,475	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167308	0	55.00
56.00	05600	RADIOISOTOPE	0.173000	0	56.00
57.00	05700	CT SCAN	0.038687	4,881	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066990	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105914	0	59.00
60.00	06000	LABORATORY	0.135485	69,538	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.259631	0	65.00
66.00	06600	PHYSICAL THERAPY	0.296216	8,257	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129860	6,222	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186372	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421	575	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522046	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168470	67,011	73.00
74.00	07400	RENAL DIALYSIS	0.318519	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.152596	0	75.00
76.00	03950	REHAB MEDICINE	0.522658	0	76.00
76.20	03951	DAY HOSPITAL	0.569072	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.115491	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.377028	0	76.97
76.98	07698	CAR-T CELLS	0.213986	0	76.98
76.99	07699	LITHOTRIPER	0.369515	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.535913	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	6.396704	0	90.01
90.02	09002	OUTPATIENT CENTER	0.304428	0	90.02
90.03	09003	PAIN CLINIC	0.206350	0	90.03
90.04	09007	CLINIC	0.000000	0	90.04
90.05	09004	WOUND CARE CENTER	0.496639	0	90.05
90.06	09005	ANTI-COAG LAB	0.714981	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.280433	0	90.08
91.00	09100	EMERGENCY	0.191048	38,683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325023	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)		200,461	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		200,461	202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3
			Component CCN:14-T223	Date/Time Prepared: 5/27/2022 12:27 pm	
			Title XIX	Subprovider - IRF	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		776,913	41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.283475	11,350	3,217 50.00
51.00	05100	RECOVERY ROOM	0.178383	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355576	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.051644	5,136	265 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133489	42,700	5,700 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.167308	0	0 55.00
56.00	05600	RADIOISOTOPE	0.173000	9,172	1,587 56.00
57.00	05700	CT SCAN	0.038687	26,392	1,021 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.066990	9,251	620 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105914	0	0 59.00
60.00	06000	LABORATORY	0.135485	53,002	7,181 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0.259631	21,850	5,673 65.00
66.00	06600	PHYSICAL THERAPY	0.296216	374,559	110,950 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.129860	5,750	747 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.186372	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.588421	13,313	7,834 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.522046	9,225	4,816 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.168470	193,748	32,641 73.00
74.00	07400	RENAL DIALYSIS	0.318519	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.152596	0	0 75.00
76.00	03950	REHAB MEDICINE	0.522658	8,991	4,699 76.00
76.20	03951	DAY HOSPITAL	0.569072	0	0 76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.115491	7,193	831 76.45
76.97	07697	CARDIAC REHABILITATION	0.377028	0	0 76.97
76.98	07698	CAR-T CELLS	0.213986	0	0 76.98
76.99	07699	LITHOTRIPER	0.369515	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.535913	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	DIABETES CARE CENTER	6.396704	0	0 90.01
90.02	09002	OUTPATIENT CENTER	0.304428	0	0 90.02
90.03	09003	PAIN CLINIC	0.206350	0	0 90.03
90.04	09007	CLINIC	0.000000	0	0 90.04
90.05	09004	WOUND CARE CENTER	0.496639	0	0 90.05
90.06	09005	ANTI-COAG LAB	0.714981	0	0 90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0 90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.280433	0	0 90.08
91.00	09100	EMERGENCY	0.191048	2,928	559 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.325023	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)		794,560	188,341 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		794,560	188,341 202.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 12:27 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)			66,545,479	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			25,874,106	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)			4,341,859	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			1,009,288	2.04
3.00	Managed Care Simulated Payments			45,832,813	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			516.36	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)			245.19	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)			3.55	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).			-13.03	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)			7.41	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)			236.02	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			214.11	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.49	11.00
12.00	Current year allowable FTE (see instructions)			214.60	12.00
13.00	Total allowable FTE count for the prior year.			211.70	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.			210.31	14.00
15.00	Sum of lines 12 through 14 divided by 3.			212.20	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			212.20	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.410954	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.402349	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.402349	21.00
22.00	IME payment adjustment (see instructions)			17,519,545	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			9,081,359	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105(f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			-21.91	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			17,519,545	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			9,081,359	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)			21.78	31.00
32.00	Sum of lines 30 and 31			25.78	32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.48	33.00
34.00	Disproportionate share adjustment (see instructions)			2,316,594	34.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 12:27 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00	
35.01	Factor 3 (see instructions)	0.000531513	0.000726388	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,406,247	5,224,185	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,295,630	1,316,782	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,612,412		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)	0		40.00	
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	118,219,283		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00	
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		127,300,642	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,125,231	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		7,005,416	52.00	
53.00	Nursing and Allied Health Managed Care payment		40,215	53.00	
54.00	Special add-on payments for new technologies		1,031,766	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		273,448	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		95,140	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		143,871,858	59.00	
60.00	Primary payer payments		15,012	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		143,856,846	61.00	
62.00	Deductibles billed to program beneficiaries		7,318,452	62.00	
63.00	Coinsurance billed to program beneficiaries		1,247,276	63.00	
64.00	Allowable bad debts (see instructions)		1,465,822	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		952,784	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,244,665	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		136,243,902	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		305,676	70.93	
70.94	HRR adjustment amount (see instructions)		-170,370	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 12:27 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		1,365,930	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		135,013,278	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		135,098,903	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-85,625	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,307,760	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	1.0045388438	1.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.9977	0.9993	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:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2022 12:27 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	-277	277	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	66,545,479	0	66,545,479		66,545,479
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,874,106	0		21,874,106	21,874,106
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	4,341,859	0	4,341,859		4,341,859
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,009,288	0		1,009,288	1,009,288
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	45,832,813	0	0	45,832,813	45,832,813
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.402349	0.402349	0.402349	0.402349	
6.00	IME payment adjustment (see instructions)	22.00	17,519,545	0	13,185,333	4,334,212	17,519,545
6.01	IME payment adjustment for managed care (see instructions)	22.01	9,081,359	0	0	9,081,359	9,081,359
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,519,545	0	13,185,333	4,334,212	17,519,545
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	9,081,359	0	0	9,081,359	9,081,359
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1048	0.1048	0.1048	0.1048	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,316,594	0	1,743,492	573,102	2,316,594
11.01	Uncompensated care payments	36.00	4,612,412	0	3,295,630	1,316,782	4,612,412
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	118,219,283	0	89,111,516	29,107,767	118,219,283
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	127,300,642	0	89,111,516	38,189,126	127,300,642
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,125,231	0	0	8,125,231	8,125,231
17.00	Special add-on payments for new technologies	54.00	1,031,766	0	0	1,031,766	1,031,766
17.01	Net organ acquisition cost						

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2022 12:27 pm

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	89,111,516	47,346,123	136,457,639		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	6,806,332	0	0	6,806,332	6,806,332		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	291,143	0	0	291,143	291,143		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	0.1510	0.1510	0.1510	0.1510			22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,027,756	0	0	1,027,756	1,027,756		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	8,125,231	0	0	8,125,231	8,125,231		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

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL			In Lieu of Form CMS-2552-10		
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN:14-0223			Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2022 12:27 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	66,545,479	66,545,479		66,545,479	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,874,106		21,874,106	21,874,106	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	4,341,859	4,341,859		4,341,859	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,009,288		1,009,288	1,009,288	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	45,832,813	33,445,803	12,387,010	45,832,813	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.402349	0.402349	0.402349		5.00
6.00	IME payment adjustment (see instructions)	22.00	17,519,545	13,185,388	4,334,157	17,519,545	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	9,081,359	6,626,984	2,454,375	9,081,359	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,519,545	13,185,388	4,334,157	17,519,545	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	9,081,359	6,626,984	2,454,375	9,081,359	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1048	0.1048	0.1048		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,316,594	1,743,492	573,102	2,316,594	11.00
11.01	Uncompensated care payments	36.00	4,612,412	3,295,630	1,316,782	4,612,412	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	118,219,283	89,111,848	29,107,435	118,219,283	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	127,300,642	95,738,832	31,561,810	127,300,642	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,125,231	6,157,948	1,967,283	8,125,231	16.00
17.00	Special add-on payments for new technologies	54.00	1,031,766	800,614	231,152	1,031,766	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			102,697,394	33,760,245	136,457,639	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0223

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/27/2022 12:27 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	6,806,332	5,139,535	1,666,797	6,806,332	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	291,143	242,343	48,800	291,143	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	0.1510	0.1510	0.1510		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,027,756	776,070	251,686	1,027,756	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	8,125,231	6,157,948	1,967,283	8,125,231	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	305,676	305,676	0	305,676	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	-170,370	-154,897	-15,473	-170,370	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		1,028,482	337,448	1,365,930	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 12:27 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			24,485	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			55,468,557	2.00
3.00	OPPS payments			48,763,690	3.00
4.00	Outlier payment (see instructions)			219,578	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			101,116	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			24,485	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			145,196	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)			145,196	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)			145,196	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			120,711	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)			24,485	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)			49,084,384	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)			7,706,970	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)			41,401,899	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			2,844,096	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)			44,245,995	30.00
31.00	Primary payer payments			19,474	31.00
32.00	Subtotal (line 30 minus line 31)			44,226,521	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)			849,085	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			551,905	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			658,284	36.00
37.00	Subtotal (see instructions)			44,778,426	37.00
38.00	MSP-LCC reconciliation amount from PS&R			-5	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)			44,778,431	40.00
40.01	Sequestration adjustment (see instructions)			0	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			0	40.03
41.00	Interim payments			44,418,039	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)			360,392	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			196,797	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		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0223		Period: From 01/01/2021 To 12/31/2021	
		Title XVIII		Hospital	
		Inpatient Part A		Part B	
		mm/dd/yyyy		mm/dd/yyyy	
		Amount		Amount	
		1.00		2.00	
		3.00		4.00	
1.00	Total interim payments paid to provider		135,095,716		44,418,039
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	01/27/2021	3,187		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		3,187		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		135,098,903		44,418,039
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		360,392
6.02	SETTLEMENT TO PROGRAM		85,625		0
7.00	Total Medicare program liability (see instructions)		135,013,278		44,778,431
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0223

Period:

Worksheet E-1

Component CCN:14-S223

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

		Title XVIII		Subprovider - IP#		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,013,760		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		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,013,760		0	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		24,098		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,037,858		0	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:14-0223

Period:

Worksheet E-1

Component CCN:14-T223

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

		Title XVIII		Subprovider - IR#		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		11,514,842		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		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11,514,842		0	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		40,016		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,554,858		0	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:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/27/2022 12:27 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:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/27/2022 12:27 pm
		Component CCN:14-S223		
		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)		948,014	1.00
2.00	Net IPF PPS Outlier Payments		83,597	2.00
3.00	Net IPF PPS ECT Payments		7,259	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)		3.45	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)		2.93	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)		2.93	8.00
9.00	Average Daily Census (see instructions)		24.758904	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.059292	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		56,210	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,095,080	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)		1,095,080	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,095,080	18.00
19.00	Deductibles		69,748	19.00
20.00	Subtotal (line 18 minus line 19)		1,025,332	20.00
21.00	Coinsurance		12,243	21.00
22.00	Subtotal (line 20 minus line 21)		1,013,089	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		35,192	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		22,875	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		19,853	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,035,964	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		1,894	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)		1,037,858	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,013,760	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)		24,098	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		83,597	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.		0.058279	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.059292	99.01

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0223	Period: From 01/01/2021	Worksheet E-3	
		Component CCN:14-T223	To 12/31/2021	Part III	
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 5/27/2022 12:27 pm	
			PPS		
			1.00		
	PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			11,087,599	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0101	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			319,323	3.00
4.00	Outlier Payments			341,638	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)			36.273973	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)			11,748,560	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)			11,748,560	17.00
18.00	Primary payer payments			0	18.00
19.00	Subtotal (line 17 less line 18).			11,748,560	19.00
20.00	Deductibles			50,456	20.00
21.00	Subtotal (line 19 minus line 20)			11,698,104	21.00
22.00	Coinsurance			177,310	22.00
23.00	Subtotal (line 21 minus line 22)			11,520,794	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			32,791	24.00
25.00	Adjusted reimbursable bad debts (see instructions)			21,314	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			31,307	26.00
27.00	Subtotal (sum of lines 23 and 25)			11,542,108	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)			12,750	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)			11,554,858	32.00
32.01	Sequestration adjustment (see instructions)			0	32.01
32.02	Demonstration payment adjustment amount after sequestration			0	32.02
33.00	Interim payments			11,514,842	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)			40,016	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			341,638	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE					
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000	99.01

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 12:27 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.	194.81			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	3.05			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))	-8.44			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)	7.87			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)	191.19			5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)	220.66			6.00
7.00	Enter the lesser of line 5 or line 6	191.19			7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	147.41	59.13	206.54	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.	127.72	51.23	178.95	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.49		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.49		10.01
11.00	Total weighted FTE count	127.72	51.72		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	143.72	58.86		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	139.68	60.76		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	137.04	57.11		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	137.04	57.11		17.00
18.00	Per resident amount	121,308.58	116,409.02		18.00
19.00	Approved amount for resident costs	16,624,128	6,648,119	23,272,247	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			29.47	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			23,272,247	25.00
		Inpatient Part A 1.00	Managed Care 2.00	Total 3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3, column 2)	02, 50,197	26,102		26.00
27.00	Total Inpatient Days (see instructions)	177,768	177,768		27.00
28.00	Ratio of inpatient days to total inpatient days	0.282374	0.146832		28.00
29.00	Program direct GME amount	6,571,477	3,417,111	9,988,588	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		139,076	139,076	30.00
31.00	Net Program direct GME amount			9,849,512	31.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 12:27 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)			7,677,190	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)			136,903,324	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)			15,012	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			136,888,312	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			55,594,158	42.00
43.00	Primary payer payments (see instructions)			19,474	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			55,574,684	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			192,462,996	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.711245	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.288755	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			9,849,512	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			7,005,416	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,844,096	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN:14-0223 Period: From 01/01/2021 To 12/31/2021 Worksheet G Date/Time Prepared: 5/27/2022 12:27 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	703,725,000	0	0	0	1.00
2.00	Temporary investments	139,742,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,838,859,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	724,803,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	3,407,129,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	470,257,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	8,448,955,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,554,215,000	0	0	0	23.00
24.00	Accumulated depreciation	5,530,416,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,943,011,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	12,394,605,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,393,816,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,788,421,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	23,138,561,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,562,089,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,296,458,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	68,247,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	786,501,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,713,295,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	3,298,508,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,795,779,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,094,287,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,807,582,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,330,979,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,330,979,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	23,138,561,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0223

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

Worksheet G-1

Date/Time Prepared:
5/27/2022 12:27 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		11,698,664,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		200,872,874				2.00
3.00	Total (sum of line 1 and line 2)		11,899,536,874		0		3.00
4.00	CY OTHER DIVISION NET INCOME	2,431,442,126		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)		2,431,442,126		0		10.00
11.00	Subtotal (line 3 plus line 10)		14,330,979,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,330,979,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	CY OTHER DIVISION NET INCOME		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet G-2 Parts I & II Date/Time Prepared: 5/27/2022 12:27 pm
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		400,387,782		400,387,782 1.00
2.00	SUBPROVIDER - IPF		27,011,864		27,011,864 2.00
3.00	SUBPROVIDER - IRF		34,735,104		34,735,104 3.00
4.00	SUBPROVIDER		0		0 4.00
5.00	Swing bed - SNF		0		0 5.00
6.00	Swing bed - NF		0		0 6.00
7.00	SKILLED NURSING FACILITY		0		0 7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)		462,134,750		462,134,750 10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		66,546,322		66,546,322 11.00
12.00	CORONARY CARE UNIT		53,955,222		53,955,222 12.00
12.01	NEONATAL CARE UNIT		89,557,999		89,557,999 12.01
13.00	BURN INTENSIVE CARE UNIT		0		0 13.00
14.00	SURGICAL INTENSIVE CARE UNIT		0		0 14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		210,059,543		210,059,543 16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)		672,194,293		672,194,293 17.00
18.00	Ancillary services		1,116,126,336	967,105,450	2,083,231,786 18.00
19.00	Outpatient services		66,589,155	249,576,798	316,165,953 19.00
20.00	RURAL HEALTH CLINIC		0	0	0 20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0 21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES		0	0	0 23.00
24.00	CMHC			0	0 24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION		17,055,185	35,414,708	52,469,893 27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)		1,371,964,969	1,252,096,956	3,124,061,925 28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			837,760,606	837,760,606 29.00
30.00	ADD (SPECIFY)		0		0 30.00
31.00			0		0 31.00
32.00			0		0 32.00
33.00			0		0 33.00
34.00			0		0 34.00
35.00			0		0 35.00
36.00	Total additions (sum of lines 30-35)			0	0 36.00
37.00	DEDUCT (SPECIFY)		0		0 37.00
38.00			0		0 38.00
39.00			0		0 39.00
40.00			0		0 40.00
41.00			0		0 41.00
42.00	Total deductions (sum of lines 37-41)			0	0 42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)			837,760,606	837,760,606 43.00

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,124,061,925	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,098,823,357	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,025,238,568	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	837,760,606	4.00
5.00	Net income from service to patients (line 3 minus line 4)	187,477,962	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	7,391	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,039,200	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.)	212,536	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	418,096	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	7,955,695	24.00
24.50	COVID-19 PHE Funding	2,761,994	24.50
25.00	Total other income (sum of lines 6-24)	13,394,912	25.00
26.00	Total (line 5 plus line 25)	200,872,874	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	200,872,874	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0223	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/27/2022 12:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,806,332	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		291,143	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)		426.00	3.00
4.00	Number of interns & residents (see instructions)		212.20	4.00
5.00	Indirect medical education percentage (see instructions)		15.10	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		1,027,756	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)		8,125,231	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