

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 11:26 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/29/2021	Time: 11:26 am
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by EDWARD HOSPITAL (14-0231) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) DENISE CHAMBERLAIN

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	339,998	219,281	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	339,998	219,281	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0231		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 11:26 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 801 SOUTH WASHINGTON STREET			PO Box:				1.00	
2.00	City: NAPERVILLE			State: IL		Zip Code: 60540-7499		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			EDWARD HOSPITAL	140231	16974	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	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)					N	N		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.								
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.					2	N		

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 11:26 am

MCRIF32 - 16.12.172.6

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 11:26 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N	N		60.00	
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					0.00	62.00
62.01	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.01
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)						
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
						0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

Health Financial Systems		EDWARD HOSPITAL		In Lieu of Form CMS-2552-10		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 11:26 am		
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00	
			V	XIX		
			1.00	2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y	Y	98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?			N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
			1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	8,523,288118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H131	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0231		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 11:26 am		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: EDWARD ELMHURST HEALTH		Contractor's Name: NGS		Contractor's Number: 00131				141.00	
142.00	Street: 4201 WINFIELD RD		PO Box:						142.00	
143.00	City: WARRENVILLE		State: IL		Zip Code: 60555				143.00	
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00
						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)						N	0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 11:26 am
			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)	N		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	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 nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 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)	Y	10/13/2021	Y 10/13/2021
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)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
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Date/Time Prepared:
11/29/2021 11:26 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.		Y		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.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
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		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.	CONSULTANT	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: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 11:26 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	223	81,395	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)		223	81,395	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	22	8,030	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	35.00	22	8,030	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		294	107,310	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		294			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0231

Period:
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To 06/30/2021Worksheet S-3
Part I
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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)	22,961	1,353	62,092			1.00
2.00	HMO and other (see instructions)	12,257	6,515				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	22,961	1,353	62,092			7.00
8.00	INTENSIVE CARE UNIT	1,540	450	6,547			8.00
9.00	CORONARY CARE UNIT	2,384	74	6,027			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NICU	0	301	7,036			12.00
13.00	NURSERY		387	5,611			13.00
14.00	Total (see instructions)	26,885	2,565	87,313	0.00	2,230.08	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			624			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,230.08	27.00
28.00	Observation Bed Days		0	11,642			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	0	2,488			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: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
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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	5,395	371	19,933	1.00
2.00 HMO and other (see instructions)			2,163	1,328		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,395	371	19,933	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
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	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	189,091,774	0	189,091,774	4,638,573.00	40.77
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		950,924	0	950,924	5,051.00	188.26
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		10,975,567	0	10,975,567	51,228.00	214.25
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		3,941,853	0	3,941,853	133,175.00	29.60
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,341,335	109	3,341,444	63,927.00	52.27
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,304,724	0	5,304,724	83,987.00	63.16
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		2,224,114	0	2,224,114	15,567.00	142.87
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		50,505,374	0	50,505,374	1,169,276.00	43.19
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)		41,722,020	0	41,722,020		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		658,878	0	658,878		
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		56,797	0	56,797		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		338,822	0	338,822		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		11,726,519	0	11,726,519		
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

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Period:
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To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
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		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	416,465	0	416,465	8,482.00	49.10	26.00
27.00	Administrative & General	5.00	7,289,704	-811,817	6,477,887	126,785.00	51.09	27.00
28.00	Administrative & General under contract (see inst.)		4,266,342	0	4,266,342	28,116.00	151.74	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,861,847	0	3,861,847	133,175.00	29.00	30.00
31.00	Laundry & Linen Service	8.00	268,072	0	268,072	15,357.00	17.46	31.00
32.00	Housekeeping	9.00	3,899,783	26	3,899,809	210,101.00	18.56	32.00
33.00	Housekeeping under contract (see instructions)		601,273	0	601,273	27,207.00	22.10	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,914,757	0	3,914,757	154,222.00	25.38	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	3,135,722	0	3,135,722	65,279.00	48.04	38.00
39.00	Central Services and Supply	14.00	2,853,974	39,802	2,893,776	131,554.00	22.00	39.00
40.00	Pharmacy	15.00	5,497,960	0	5,497,960	115,500.00	47.60	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 11:26 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	182,956,726	0	182,956,726	4,663,715.00	39.23	1.00
2.00	Excluded area salaries (see instructions)	3,341,335	109	3,341,444	63,927.00	52.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	179,615,391	-109	179,615,282	4,599,788.00	39.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	58,034,212	0	58,034,212	1,268,830.00	45.74	4.00
5.00	Subtotal wage-related costs (see inst.)	53,505,336	0	53,505,336	0.00	29.79	5.00
6.00	Total (sum of lines 3 thru 5)	291,154,939	-109	291,154,830	5,868,618.00	49.61	6.00
7.00	Total overhead cost (see instructions)	36,005,899	-771,989	35,233,910	1,015,778.00	34.69	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
11/29/2021 11:26 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	6,619,206	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	18,631,158	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	551,644	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	705,813	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,190,098	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,560,900	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	13,017,267	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	13,372	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	487,059	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	42,776,517	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0231

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/29/2021 11:26 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,304,724	42,776,517	1.00
2.00	Hospital	5,304,724	41,778,817	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	997,700	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-5

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-5

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0231

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

Worksheet S-10

Date/Time Prepared:
11/29/2021 11:26 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.161142	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		31,257,507	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		301,975,589	6.00
7.00	Medicaid cost (line 1 times line 6)		48,660,950	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)		17,403,443	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		17,403,443	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	19,402,217	5,986,934	25,389,151
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,126,512	5,986,934	9,113,446
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,126,512	5,986,934	9,113,446
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		28,742,938	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,057,973	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,627,651	27.01
28.00	Non-Medicare bad debt expense (see instructions)		27,115,287	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,939,090	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,052,536	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		31,455,979	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:

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Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		369,436	369,436	15,322,031	15,691,467	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,842,781	4,842,781	12,564,848	17,407,629	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	416,465	29,900,026	30,316,491	-82,208	30,234,283	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,289,704	155,806,404	163,096,108	6,128,736	169,224,844	5.00
7.00	00700	OPERATION OF PLANT	3,861,847	28,343,554	32,205,401	-19,115,970	13,089,431	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	268,072	1,791,887	2,059,959	-7,979	2,051,980	8.00
9.00	00900	HOUSEKEEPING	3,899,783	2,339,053	6,238,836	-52,025	6,186,811	9.00
10.00	01000	DIETARY	0	6,350,404	6,350,404	-2,910,771	3,439,633	10.00
11.00	01100	CAFETERIA	0	0	0	2,807,360	2,807,360	11.00
13.00	01300	NURSING ADMINISTRATION	3,135,722	354,580	3,490,302	-1,713	3,488,589	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,853,974	3,753,566	6,607,540	-1,054,241	5,553,299	14.00
15.00	01500	PHARMACY	5,497,960	21,309,785	26,807,745	-20,142,454	6,665,291	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,409	1,409	0	1,409	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,831,769	8,051,520	49,883,289	-11,079,834	38,803,455	30.00
31.00	03100	INTENSIVE CARE UNIT	5,588,937	1,186,442	6,775,379	-918,721	5,856,658	31.00
32.00	03200	CORONARY CARE UNIT	5,090,843	744,886	5,835,729	-677,924	5,157,805	32.00
35.00	02060	NICU	5,179,982	3,340,407	8,520,389	-2,323,369	6,197,020	35.00
43.00	04300	NURSERY	0	0	0	2,141,998	2,141,998	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,872,451	57,841,157	66,713,608	-55,101,825	11,611,783	50.00
50.02	03330	ENDOSCOPY	2,055,302	3,363,946	5,419,248	-3,239,537	2,179,711	50.02
51.00	05100	RECOVERY ROOM	2,918,255	939,567	3,857,822	-824,847	3,032,975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,495,692	1,723,082	8,218,774	-983,541	7,235,233	52.00
53.00	05300	ANESTHESIOLOGY	574,152	2,394,445	2,968,597	-1,769,635	1,198,962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,628,850	1,438,741	5,067,591	-2,666,658	2,400,933	54.00
54.01	03630	ULTRASOUND	1,211,000	291,286	1,502,286	-91,369	1,410,917	54.01
54.02	03440	WOMENS IMAGING CENTER	746,990	763,983	1,510,973	-596,172	914,801	54.02
54.03	05401	SPECIAL PROCEDURES	985,965	1,111,994	2,097,959	-871,751	1,226,208	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	5,341,558	31,161,965	36,503,523	-843,533	35,659,990	55.00
56.00	05600	RADIOISOTOPE	668,005	1,758,392	2,426,397	-206,680	2,219,717	56.00
57.00	05700	CT SCAN	1,402,777	1,569,087	2,971,864	-194,307	2,777,557	57.00
58.00	05800	MRI	1,034,686	1,573,494	2,608,180	-1,010,424	1,597,756	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,854,516	16,724,498	18,579,014	-16,246,099	2,332,915	59.00
60.00	06000	LABORATORY	4,390,417	19,050,721	23,441,138	-579,319	22,861,819	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	410,040	2,008,398	2,418,438	-244,972	2,173,466	62.00
65.00	06500	RESPIRATORY THERAPY	3,443,864	1,940,084	5,383,948	-1,720,942	3,663,006	65.00
66.00	06600	PHYSICAL THERAPY	2,581,015	17,618	2,598,633	-12,621	2,586,012	66.00
68.00	06800	SPEECH PATHOLOGY	868,367	2,913	871,280	-1,515	869,765	68.00
69.00	06900	ELECTROCARDIOLOGY	3,530,463	3,957,966	7,488,429	-1,000,557	6,487,872	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	26,606	22,756	49,362	-22,101	27,261	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	339,621	1,772,320	2,111,941	-1,602,701	509,240	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	45,353,394	45,353,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,521,857	45,521,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,016,154	20,016,154	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,588,354	730,259	4,318,613	-570,725	3,747,888	75.00
76.97	07697	CARDIAC REHABILITATION	837,545	56,084	893,629	-48,279	845,350	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,418,196	1,142,821	4,561,017	-424,199	4,136,818	90.00
90.01	09001	WOUND OSTOMY	1,380,680	853,272	2,233,952	-676,957	1,556,995	90.01
90.02	09002	PLAINFIELD CLINIC	9,870,995	18,246,753	28,117,748	-1,316,966	26,800,782	90.02
90.03	09003	OSWEGO CLINIC	308,099	445,242	753,341	-140,140	613,201	90.03
90.04	09004	BOLINGBROOK CLINIC	3,149,121	741,544	3,890,665	-422,568	3,468,097	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	173,355	119,503	292,858	-58,622	234,236	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	4,211,294	4,211,294	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	4,714,227	2,337,002	7,051,229	-577,025	6,474,204	90.07
91.00	09100	EMERGENCY	20,014,217	3,290,473	23,304,690	-1,606,195	21,698,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	185,750,439	447,877,506	633,627,945	27,681	633,655,626	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	128,917	218,708	347,625	-2,345	345,280	190.00
191.00	19100	RESEARCH	344,770	12,218	356,988	0	356,988	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	508,965	35,192	544,157	121	544,278	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.02	19202	RESEARCH	25,712	0	25,712	0	25,712	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	2,332,971	5,574,660	7,907,631	-25,457	7,882,174	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	189,091,774	453,718,284	642,810,058	0	642,810,058	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	15,691,467	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,937,356	21,344,985	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,284,274	38,518,557	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-22,727,447	146,497,397	5.00
7.00	00700	OPERATION OF PLANT	-4,053,381	9,036,050	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,051,980	8.00
9.00	00900	HOUSEKEEPING	0	6,186,811	9.00
10.00	01000	DIETARY	0	3,439,633	10.00
11.00	01100	CAFETERIA	-1,376,890	1,430,470	11.00
13.00	01300	NURSING ADMINISTRATION	-16,706	3,471,883	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,553,299	14.00
15.00	01500	PHARMACY	493,057	7,158,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,239,345	3,240,754	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-691,286	38,112,169	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,856,658	31.00
32.00	03200	CORONARY CARE UNIT	0	5,157,805	32.00
35.00	02060	NICU	-784,117	5,412,903	35.00
43.00	04300	NURSERY	0	2,141,998	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-50,153	11,561,630	50.00
50.02	03330	ENDOSCOPY	0	2,179,711	50.02
51.00	05100	RECOVERY ROOM	0	3,032,975	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-757,938	6,477,295	52.00
53.00	05300	ANESTHESIOLOGY	0	1,198,962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,020	2,398,913	54.00
54.01	03630	ULTRASOUND	0	1,410,917	54.01
54.02	03440	WOMENS IMAGING CENTER	0	914,801	54.02
54.03	05401	SPECIAL PROCEDURES	0	1,226,208	54.03
54.04	05402	IMAGING CENTER	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,659,990	55.00
56.00	05600	RADIOISOTOPE	0	2,219,717	56.00
57.00	05700	CT SCAN	-143,820	2,633,737	57.00
58.00	05800	MRI	0	1,597,756	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,332,915	59.00
60.00	06000	LABORATORY	-7,098,060	15,763,759	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-151,985	2,021,481	62.00
65.00	06500	RESPIRATORY THERAPY	-20,117	3,642,889	65.00
66.00	06600	PHYSICAL THERAPY	0	2,586,012	66.00
68.00	06800	SPEECH PATHOLOGY	0	869,765	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,533,081	2,954,791	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	69.01
69.02	03290	EMG/NCV	0	27,261	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-27,741	481,499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,353,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,521,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,016,154	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,747,888	75.00
76.97	07697	CARDIAC REHABILITATION	0	845,350	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-120,440	4,016,378	90.00
90.01	09001	WOUND OSTOMY	-34,772	1,522,223	90.01
90.02	09002	PLAINFIELD CLINIC	-3,041,663	23,759,119	90.02
90.03	09003	OSWEGO CLINIC	0	613,201	90.03
90.04	09004	BOLINGBROOK CLINIC	-1,525,022	1,943,075	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	234,236	90.05
90.06	09006	OUTPATIENT SERVICES	0	4,211,294	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	6,474,204	90.07
91.00	09100	EMERGENCY	-10,491,951	11,206,544	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-40,694,558	592,961,068	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	345,280	190.00
191.00	19100	RESEARCH	0	356,988	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	544,278	192.00
192.02	19202	RESEARCH	0	25,712	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	7,882,174	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-40,694,558	602,115,500	200.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 11:26 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	B - CAFETERIA				
1.00	CAFETERIA	11.00	0	2,807,360	1.00
	TOTALS		0	2,807,360	
	D - CHARGEABLE DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,016,154	1.00
	TOTALS		0	20,016,154	
	E - PATIENT TRANSPORT				
1.00	HOUSEKEEPING	9.00	26	3	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	39,802	4,557	2.00
3.00	ADULTS & PEDIATRICS	30.00	380,870	43,606	3.00
4.00	INTENSIVE CARE UNIT	31.00	28,154	3,223	4.00
5.00	CORONARY CARE UNIT	32.00	29,895	3,423	5.00
6.00	NICU	35.00	469	54	6.00
7.00	NURSERY	43.00	946	108	7.00
8.00	OPERATING ROOM	50.00	12,385	1,418	8.00
9.00	ENDOSCOPY	50.02	13,683	1,567	9.00
10.00	RECOVERY ROOM	51.00	59,590	6,823	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	4,137	474	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	42,875	4,909	12.00
13.00	ULTRASOUND	54.01	39,785	4,555	13.00
14.00	WOMENS IMAGING CENTER	54.02	3,157	361	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	1,273	146	15.00
16.00	RADIOISOTOPE	56.00	7,411	849	16.00
17.00	CT SCAN	57.00	17	2	17.00
18.00	MRI	58.00	19,830	2,270	18.00
19.00	CARDIAC CATHETERIZATION	59.00	5,468	626	19.00
20.00	ELECTROCARDIOLOGY	69.00	42	5	20.00
21.00	WOUND OSTOMY	90.01	17	2	21.00
22.00	EMERGENCY	91.00	121,876	13,954	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	109	12	23.00
	TOTALS		811,817	92,947	
	F - RADIOLOGY DIRECTOR				
1.00	ULTRASOUND	54.01	126,681	5,070	1.00
2.00	WOMENS IMAGING CENTER	54.02	84,389	3,378	2.00
3.00	SPECIAL PROCEDURES	54.03	68,551	2,744	3.00
4.00	CT SCAN	57.00	742,497	29,719	4.00
5.00	MRI	58.00	293,497	11,747	5.00
7.00	RADIOISOTOPE	56.00	79,296	3,174	7.00
	TOTALS		1,394,911	55,832	
	G - NURSERY				
1.00	NURSERY	43.00	1,847,194	293,750	1.00
	TOTALS		1,847,194	293,750	
	H - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	45,353,394	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 11:26 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	45,353,394		
J - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	45,521,857		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
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
	TOTALS		0	45,521,857		
M - OUTPATIENT SERVICES						
1.00	OUTPATIENT SERVICES	90.06	3,531,902	679,392		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		3,531,902	679,392		
O - M/E DEPRECIATION RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,322,031		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,564,848		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

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 11:26 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
	TOTALS		0	27,886,879		
	P - CLINICAL ENGINEERING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,840,537		1.00
	TOTALS		0	10,840,537		
500.00	Grand Total: Increases		7,585,824	153,548,102		500.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
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	Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
	6.00	7.00	8.00	9.00	10.00				
1.00	B - CAFETERIA						1.00		
	DIETARY	10.00	0	2,807,360	0				
	TOTALS		0	2,807,360					
1.00	D - CHARGEABLE DRUGS						1.00		
	PHARMACY	15.00	0	20,016,154	0				
	TOTALS		0	20,016,154					
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00	E - PATIENT TRANSPORT						1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00		
	ADMINISTRATIVE & GENERAL	5.00	811,817	92,947	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		TOTALS		811,817	92,947				
	1.00 2.00 3.00 4.00 5.00 7.00	F - RADIOLOGY DIRECTOR						1.00 2.00 3.00 4.00 5.00 7.00	
		RADIOLOGY-DIAGNOSTIC	54.00	1,394,911	55,832	0			
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
	TOTALS		1,394,911	55,832					
1.00	G - NURSERY						1.00		
	ADULTS & PEDIATRICS	30.00	1,847,194	293,750	0				
	TOTALS		1,847,194	293,750					
	H - MEDICAL SUPPLIES							1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00 30.00 31.00	
	ADMINISTRATIVE & GENERAL	5.00	0	2,801,222	0				
	CENTRAL SERVICES & SUPPLY	14.00	0	698,819	0				
	ADULTS & PEDIATRICS	30.00	0	3,065,221	0				
	INTENSIVE CARE UNIT	31.00	0	798,331	0				
	CORONARY CARE UNIT	32.00	0	616,740	0				
	NICU	35.00	0	353,888	0				
	OPERATING ROOM	50.00	0	16,495,951	0				
	ENDOSCOPY	50.02	0	2,187,099	0				
	RECOVERY ROOM	51.00	0	200,896	0				
	DELIVERY ROOM & LABOR ROOM	52.00	0	810,771	0				
	ANESTHESIOLOGY	53.00	0	1,609,487	0				
	RADIOLOGY-DIAGNOSTIC	54.00	0	56,495	0				
	ULTRASOUND	54.01	0	145,700	0				
	WOMENS IMAGING CENTER	54.02	0	397,168	0				
	SPECIAL PROCEDURES	54.03	0	731,029	0				
	RADIOLOGY-THERAPEUTIC	55.00	0	117,992	0				
	RADIOISOTOPE	56.00	0	1,274	0				
	CT SCAN	57.00	0	472,162	0				
	MRI	58.00	0	123,971	0				
CARDIAC CATHETERIZATION	59.00	0	6,279,821	0					
WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	223,379	0					
RESPIRATORY THERAPY	65.00	0	1,665,388	0					
PHYSICAL THERAPY	66.00	0	6,040	0					
SPEECH PATHOLOGY	68.00	0	1,515	0					
ELECTROCARDIOLOGY	69.00	0	613,551	0					
EMG/NCV	69.02	0	4,656	0					
ELECTROENCEPHALOGRAPHY	70.00	0	827,619	0					
ASC (NON-DISTINCT PART)	75.00	0	547,938	0					
CARDIAC REHABILITATION	76.97	0	9,222	0					
CLINIC	90.00	0	374,256	0					

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 11:26 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
32.00	WOUND OSTOMY	90.01	0	514,276	0		32.00
33.00	PLAINFIELD CLINIC	90.02	0	811,535	0		33.00
34.00	OSWEGO CLINIC	90.03	0	14,871	0		34.00
35.00	BOLINGBROOK CLINIC	90.04	0	295,406	0		35.00
36.00	NAPERVILLE NORTH CLINIC	90.05	0	1,071	0		36.00
37.00	OUTPATIENT CLINIC OTHER	90.07	0	173,155	0		37.00
38.00	EMERGENCY	91.00	0	1,305,479	0		38.00
	TOTALS		0	45,353,394			
J - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	25,732	0		1.00
2.00	PHARMACY	15.00	0	553	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	13,737	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,302	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	21,083	0		5.00
6.00	NICU	35.00	0	963	0		6.00
7.00	OPERATING ROOM	50.00	0	36,014,364	0		7.00
8.00	ENDOSCOPY	50.02	0	203,343	0		8.00
9.00	RECOVERY ROOM	51.00	0	436	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,606	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	10,562	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,451	0		12.00
14.00	WOMENS IMAGING CENTER	54.02	0	2,570	0		14.00
15.00	SPECIAL PROCEDURES	54.03	0	91,939	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	8	0		16.00
17.00	CT SCAN	57.00	0	58	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	8,624,929	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	13,670	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	462,606	0		20.00
21.00	ASC (NON-DISTINCT PART)	75.00	0	1,075	0		21.00
22.00	WOUND OSTOMY	90.01	0	1,071	0		22.00
23.00	PLAINFIELD CLINIC	90.02	0	5,502	0		23.00
24.00	BOLINGBROOK CLINIC	90.04	0	4,429	0		24.00
25.00	EMERGENCY	91.00	0	15,868	0		25.00
	TOTALS		0	45,521,857			
M - OUTPATIENT SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	3,506,466	674,903	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	11,629	2,469	0		2.00
3.00	CORONARY CARE UNIT	32.00	13,807	2,020	0		3.00
	TOTALS		3,531,902	679,392			
O - M/E DEPRECIATION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	82,208	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,005,815	9		2.00
3.00	OPERATION OF PLANT	7.00	0	8,275,433	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	7,979	0		4.00
5.00	HOUSEKEEPING	9.00	0	52,054	0		5.00
6.00	DIETARY	10.00	0	103,411	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,713	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	374,049	0		8.00
9.00	PHARMACY	15.00	0	125,747	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,103,039	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	135,367	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	57,592	0		12.00
13.00	NICU	35.00	0	1,969,041	0		13.00
14.00	OPERATING ROOM	50.00	0	2,605,313	0		14.00
15.00	ENDOSCOPY	50.02	0	864,345	0		15.00
16.00	RECOVERY ROOM	51.00	0	689,928	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	174,775	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	149,586	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,204,753	0		19.00
20.00	ULTRASOUND	54.01	0	121,760	0		20.00
21.00	WOMENS IMAGING CENTER	54.02	0	287,719	0		21.00
22.00	SPECIAL PROCEDURES	54.03	0	120,078	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	726,952	0		23.00
24.00	RADIOISOTOPE	56.00	0	296,136	0		24.00
25.00	CT SCAN	57.00	0	494,322	0		25.00
26.00	MRI	58.00	0	1,213,797	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	1,347,443	0		27.00
28.00	LABORATORY	60.00	0	579,319	0		28.00
29.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	21,593	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	55,554	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	6,581	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	373,383	0		32.00
33.00	EMG/NCV	69.02	0	17,445	0		33.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 11:26 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	312,476	0	34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	21,712	0	35.00
36.00	CARDIAC REHABILITATION	76.97	0	39,057	0	36.00
37.00	CLINIC	90.00	0	49,943	0	37.00
38.00	WOUND OSTOMY	90.01	0	161,629	0	38.00
39.00	PLAINFIELD CLINIC	90.02	0	499,929	0	39.00
40.00	OSWEGO CLINIC	90.03	0	125,269	0	40.00
41.00	BOLINGBROOK CLINIC	90.04	0	122,733	0	41.00
42.00	NAPERVILLE NORTH CLINIC	90.05	0	57,551	0	42.00
43.00	OUTPATIENT CLINIC OTHER	90.07	0	403,870	0	43.00
44.00	EMERGENCY	91.00	0	420,678	0	44.00
45.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,345	0	45.00
46.00	OTHER NONREIMBURSABLE COST CENTERS	194.01	0	25,457	0	46.00
	TOTALS		0	27,886,879		
P - CLINICAL ENGINEERING						
1.00	OPERATION OF PLANT	7.00	0	10,840,537	0	1.00
	TOTALS		0	10,840,537		
500.00	Grand Total: Decreases		7,585,824	153,548,102		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 11:26 am

		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	10,696,998	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	558,736,241	4,395,470	0	4,395,470	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	323,602,941	12,200,237	0	12,200,237	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	893,036,180	16,595,707	0	16,595,707	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	893,036,180	16,595,707	0	16,595,707	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,696,998	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	563,131,711	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	335,803,178	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	909,631,887	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	909,631,887	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	369,436	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,842,781	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,212,217	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	369,436				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,842,781				2.00
3.00	Total (sum of lines 1-2)	0	5,212,217				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	573,828,709	0	573,828,709	0.630836	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	335,803,178	0	335,803,178	0.369164	0	2.00
3.00	Total (sum of lines 1-2)	909,631,887	0	909,631,887	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	15,691,467	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	21,344,985	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,036,452	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	15,691,467	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	21,344,985	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	37,036,452	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-139,420	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-21,385,447			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	-9,138,073			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,376,890	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** 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	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEVISION	A	-14,422	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 11:26 am

			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	
33.01 PAT TELEPHONE CAPITAL	A	-6,009	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.01
33.02 MISC REVENUE	B	-389,645	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 MISC REVENUE	B	-954,451	OPERATION OF PLANT	7.00	0	33.03
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.04
33.05 MISC REVENUE	B	-16,706	NURSING ADMINISTRATION	13.00	0	33.05
33.06 MISC REVENUE	B	90	PHARMACY	15.00	0	33.06
33.07 MISC REVENUE	B	-272,649	ADULTS & PEDIATRICS	30.00	0	33.07
33.08 MISC REVENUE	B	-246,604	DELIVERY ROOM & LABOR ROOM	52.00	0	33.08
33.10 MISC REVENUE	B	-2,020	RADIOLOGY-DIAGNOSTIC	54.00	0	33.10
33.11 MISC REVENUE	B	-5,286,337	LABORATORY	60.00	0	33.11
33.12 MISC REVENUE	B	-151,985	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	33.12
33.13 MISC REVENUE	B	-568	RESPIRATORY THERAPY	65.00	0	33.13
33.14 MISC REVENUE	B	-811,880	ELECTROCARDIOLOGY	69.00	0	33.14
33.15 MISC REVENUE	B	-120,440	CLINIC	90.00	0	33.15
33.16 MISC REVENUE	B	-7,010	WOUND OSTOMY	90.01	0	33.16
33.17 MISC REVENUE	B	-30,285	PLAINFIELD CLINIC	90.02	0	33.17
33.18 MISC REVENUE	B	-151,041	EMERGENCY	91.00	0	33.18
33.19 MISC REVENUE		0		0.00	0	33.19
33.20 MISC REVENUE		0		0.00	0	33.20
33.21 MISC REVENUE		0		0.00	0	33.21
33.22 MISC REVENUE		0		0.00	0	33.22
33.23 MISC REVENUE		0		0.00	0	33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
37.00 REAL ESTATE TAXES	A	-100,884	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.00
39.00 COMMUNITY SPONSORSHIP	A	-723,621	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 CONTRIBUTIONS	A	-70,093	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01 CONTRIBUTIONS	A	-6,700	EMERGENCY	91.00	0	40.01
40.02 CONTRIBUTIONS	A	-1,200	BOLINGBROOK CLINIC	90.04	0	40.02
41.00 HEALTH PROMOTIONS	A	-87,653	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
42.01 NRCC PROFESSIONAL COMPONENT		0		0.00	0	42.01
43.00 INCOME TAXES	A	797,385	ADMINISTRATIVE & GENERAL	5.00	0	43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-40,694,558				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0231

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 11:26 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	3,957,787	0 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	8,284,274	0 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	A & G	71,737,741	104,423,848 3.00
3.01		5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	5,996,824	0 3.01
3.02		5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCESS	4,675,767	0 3.02
3.03		7.00	OPERATION OF PLANT	PLANT OPERATIONS	19,702,446	22,801,376 3.03
3.04		15.00	PHARMACY	PHARMACY	492,967	0 3.04
3.05		16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	3,239,345	0 3.05
3.06		0.00			0	0 3.06
3.07		0.00			0	0 3.07
3.08		13.00	NURSING ADMINISTRATION	LINDEN OAKS CRISIS FEE	914,477	914,477 3.08
3.09		91.00	EMERGENCY	LINDEN OAKS CRISIS FEE	277,995	277,995 3.09
3.10		0.00			0	0 3.10
3.11		0.00			0	0 3.11
3.12		0.00			0	0 3.12
3.13		0.00			0	0 3.13
3.14		0.00			0	0 3.14
4.00		0.00			0	0 4.00
5.00			TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		119,279,623	128,417,696 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 the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	EDWARD ELMHURST HEALTH	100.00	0.00	6.00
7.00	B	LINDEN OAKS HOS	100.00	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: 14-0231

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 11:26 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,957,787	9		1.00
2.00	8,284,274	0		2.00
3.00	-32,686,107	0		3.00
3.01	5,996,824	0		3.01
3.02	4,675,767	0		3.02
3.03	-3,098,930	0		3.03
3.04	492,967	0		3.04
3.05	3,239,345	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
4.00	0	0		4.00
5.00	-9,138,073			5.00

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

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

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

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

6.00			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: 14-0231

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 11:26 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	418,637	418,637	0	0	0	1.00
2.00	35.00	NICU	784,117	784,117	0	0	0	2.00
3.00	50.00	OPERATING ROOM	50,153	50,153	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	603,137	460,754	142,383	237,500	804	4.00
5.00	57.00	CT SCAN	143,820	143,820	0	0	0	5.00
6.00	60.00	LABORATORY	1,811,723	1,811,723	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	45,885	0	45,885	211,500	259	7.00
8.00	69.00	ELECTROCARDIOLOGY	2,721,201	2,721,201	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	65,160	0	65,160	211,500	368	9.00
10.00	90.01	WOUND OSTOMY	43,523	16,061	27,462	211,500	155	10.00
11.00	90.02	PLAINFIELD CLINIC	3,011,378	3,011,378	0	0	0	11.00
12.00	90.04	BOLINGBROOK CLINIC	1,523,822	1,523,822	0	0	0	12.00
13.00	91.00	EMERGENCY	10,420,844	10,239,344	181,500	211,500	852	13.00
200.00			21,643,400	21,181,010	462,390		2,438	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	35.00	NICU	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	91,803	4,590	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	26,336	1,317	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	37,419	1,871	0	0	0	9.00
10.00	90.01	WOUND OSTOMY	15,761	788	0	0	0	10.00
11.00	90.02	PLAINFIELD CLINIC	0	0	0	0	0	11.00
12.00	90.04	BOLINGBROOK CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	86,634	4,332	0	0	0	13.00
200.00			257,953	12,898	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	30.00	ADULTS & PEDIATRICS	0	0	0	418,637	1.00
2.00	35.00	NICU	0	0	0	784,117	2.00
3.00	50.00	OPERATING ROOM	0	0	0	50,153	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	91,803	50,580	511,334	4.00
5.00	57.00	CT SCAN	0	0	0	143,820	5.00
6.00	60.00	LABORATORY	0	0	0	1,811,723	6.00
7.00	65.00	RESPIRATORY THERAPY	0	26,336	19,549	19,549	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,721,201	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	37,419	27,741	27,741	9.00
10.00	90.01	WOUND OSTOMY	0	15,761	11,701	27,762	10.00
11.00	90.02	PLAINFIELD CLINIC	0	0	0	3,011,378	11.00
12.00	90.04	BOLINGBROOK CLINIC	0	0	0	1,523,822	12.00
13.00	91.00	EMERGENCY	0	86,634	94,866	10,334,210	13.00
200.00			0	257,953	204,437	21,385,447	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	15,691,467	15,691,467			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	21,344,985		21,344,985		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	38,518,557	102,502	139,432	38,760,491	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	146,497,397	429,557	584,323	1,330,785	5.00
7.00	00700	OPERATION OF PLANT	9,036,050	4,247,320	5,777,603	793,359	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,051,980	27,692	37,669	55,071	8.00
9.00	00900	HOUSEKEEPING	6,186,811	83,891	114,116	801,157	9.00
10.00	01000	DIETARY	3,439,633	383,030	521,033	0	10.00
11.00	01100	CAFETERIA	1,430,470	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,471,883	78,871	107,288	644,187	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,553,299	262,325	356,839	594,483	14.00
15.00	01500	PHARMACY	7,158,348	144,437	196,477	1,129,473	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,240,754	6,102	8,300	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,112,169	3,027,425	4,118,183	7,572,105	30.00
31.00	03100	INTENSIVE CARE UNIT	5,856,658	562,791	765,560	1,151,558	31.00
32.00	03200	CORONARY CARE UNIT	5,157,805	587,931	799,759	1,049,142	32.00
35.00	02060	NICU	5,412,903	401,396	546,015	1,064,246	35.00
43.00	04300	NURSERY	2,141,998	0	0	379,673	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,561,630	1,157,987	1,575,200	1,825,256	50.00
50.02	03330	ENDOSCOPY	2,179,711	228,165	310,371	425,042	50.02
51.00	05100	RECOVERY ROOM	3,032,975	0	0	611,754	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,477,295	490,633	667,405	1,335,292	52.00
53.00	05300	ANESTHESIOLOGY	1,198,962	13,734	18,682	117,951	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,398,913	319,300	434,342	467,737	54.00
54.01	03630	ULTRASOUND	1,410,917	21,223	28,869	282,980	54.01
54.02	03440	WOMENS IMAGING CENTER	914,801	0	0	171,443	54.02
54.03	05401	SPECIAL PROCEDURES	1,226,208	15,040	20,458	216,634	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	35,659,990	0	0	1,097,604	55.00
56.00	05600	RADIOISOTOPE	2,219,717	59,220	80,556	155,044	56.00
57.00	05700	CT SCAN	2,633,737	91,870	124,970	440,718	57.00
58.00	05800	MRI	1,597,756	150,886	205,249	276,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,332,915	169,741	230,898	382,106	59.00
60.00	06000	LABORATORY	15,763,759	213,942	291,023	901,945	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,021,481	24,978	33,977	84,237	62.00
65.00	06500	RESPIRATORY THERAPY	3,642,889	59,301	80,667	707,490	65.00
66.00	06600	PHYSICAL THERAPY	2,586,012	0	0	530,231	66.00
68.00	06800	SPEECH PATHOLOGY	869,765	0	0	178,393	68.00
69.00	06900	ELECTROCARDIOLOGY	2,954,791	330,075	448,998	725,289	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	27,261	0	0	5,466	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	481,499	0	0	69,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,353,394	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,521,857	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,016,154	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,747,888	289,099	393,259	737,174	75.00
76.97	07697	CARDIAC REHABILITATION	845,350	60,485	82,277	172,061	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,016,378	0	0	702,217	90.00
90.01	09001	WOUND OSTOMY	1,522,223	98,686	134,242	283,643	90.01
90.02	09002	PLAINFIELD CLINIC	23,759,119	0	0	2,027,848	90.02
90.03	09003	OSWEGO CLINIC	613,201	0	0	63,294	90.03
90.04	09004	BOLINGBROOK CLINIC	1,943,075	0	0	646,940	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	234,236	0	0	35,613	90.05
90.06	09006	OUTPATIENT SERVICES	4,211,294	279,753	380,545	725,576	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	6,474,204	0	0	968,467	90.07
91.00	09100	EMERGENCY	11,206,544	815,627	1,109,491	4,136,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	592,961,068	15,235,015	20,724,076	38,074,041	591,197,257
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	345,280	44,323	60,292	26,484	476,379

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
191.00	19100	RESEARCH	356,988	0	0	70,828	427,816	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	544,278	377,418	513,399	104,582	1,539,677	192.00
192.02	19202	RESEARCH	25,712	3,979	5,413	5,282	40,386	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	7,882,174	30,732	41,805	479,274	8,433,985	194.01
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)	602,115,500	15,691,467	21,344,985	38,760,491	602,115,500	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	148,842,062					5.00
7.00	00700	OPERATION OF PLANT	6,519,587	26,373,919				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	713,357	66,929	2,952,698			8.00
9.00	00900	HOUSEKEEPING	2,359,666	202,760	0	9,748,401		9.00
10.00	01000	DIETARY	1,426,344	925,762	0	322,162	7,017,964	10.00
11.00	01100	CAFETERIA	469,725	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,412,727	190,627	0	66,337	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,222,069	634,026	5,287	220,639	0	14.00
15.00	01500	PHARMACY	2,833,426	349,097	0	121,484	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,068,899	14,747	0	5,132	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,348,007	7,317,126	920,788	2,546,329	4,990,773	30.00
31.00	03100	INTENSIVE CARE UNIT	2,737,487	1,360,234	80,252	473,356	526,229	31.00
32.00	03200	CORONARY CARE UNIT	2,493,859	1,420,998	121,247	494,502	484,433	32.00
35.00	02060	NICU	2,438,010	970,152	88,525	337,609	565,533	35.00
43.00	04300	NURSERY	828,044	0	229,500	0	450,996	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,293,364	2,798,791	177,220	973,968	0	50.00
50.02	03330	ENDOSCOPY	1,032,165	551,462	45,498	191,907	0	50.02
51.00	05100	RECOVERY ROOM	1,196,823	0	63,316	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,945,693	1,185,834	180,013	412,666	0	52.00
53.00	05300	ANESTHESIOLOGY	443,081	33,193	0	11,551	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,188,799	771,732	50,295	268,560	0	54.00
54.01	03630	ULTRASOUND	572,675	51,294	45,914	17,850	0	54.01
54.02	03440	WOMENS IMAGING CENTER	356,691	0	7,416	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	485,444	36,350	7,832	12,650	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	12,070,128	0	27,093	0	0	55.00
56.00	05600	RADIOISOTOPE	825,701	143,131	43,858	49,809	0	56.00
57.00	05700	CT SCAN	1,080,766	222,045	41,264	77,271	0	57.00
58.00	05800	MRI	732,537	364,682	43,761	126,908	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,023,092	410,255	7,538	142,767	0	59.00
60.00	06000	LABORATORY	5,638,350	517,085	0	179,944	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	710,816	60,369	0	21,008	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,474,500	143,328	0	49,878	0	65.00
66.00	06600	PHYSICAL THERAPY	1,023,284	0	60,942	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	344,185	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,464,257	797,773	955	277,622	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	10,747	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	181,021	0	133	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,892,739	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,948,058	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,572,725	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,696,831	698,736	69,410	243,157	0	75.00
76.97	07697	CARDIAC REHABILITATION	380,967	146,189	4,479	50,873	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,549,450	0	4,112	0	0	90.00
90.01	09001	WOUND OSTOMY	669,481	238,518	12,629	83,003	0	90.01
90.02	09002	PLAINFIELD CLINIC	8,467,692	0	209,967	0	0	90.02
90.03	09003	OSWEGO CLINIC	222,141	0	16,055	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	850,486	0	7,391	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	88,611	0	19,237	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	1,837,948	676,147	100,631	235,296	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	2,443,957	0	49,781	0	0	90.07
91.00	09100	EMERGENCY	5,670,416	1,971,326	207,055	686,014	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	145,256,828	25,270,698	2,949,394	8,700,252	7,017,964	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	156,429	107,126	0	37,279	0	190.00
191.00	19100	RESEARCH	140,482	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	505,585	912,199	3,304	317,442	0	192.00
192.02	19202	RESEARCH	13,262	9,618	0	3,347	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	664,233	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	2,769,476	74,278	0	25,848	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
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)	148,842,062	26,373,919	2,952,698	9,748,401	7,017,964	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,900,195					11.00
13.00	01300	NURSING ADMINISTRATION	25,819	5,997,739				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	59,998	0	9,908,965			14.00
15.00	01500	PHARMACY	52,501	0	0	11,985,243		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	4,343,934	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	474,677	2,514,632	0	302	213,054	30.00
31.00	03100	INTENSIVE CARE UNIT	59,787	316,727	0	0	32,173	31.00
32.00	03200	CORONARY CARE UNIT	56,675	300,239	0	0	32,788	32.00
35.00	02060	NICU	51,725	274,015	0	17,322	28,559	35.00
43.00	04300	NURSERY	21,950	116,284	0	0	16,391	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	114,379	605,933	0	19,701	228,538	50.00
50.02	03330	ENDOSCOPY	23,046	122,088	0	1,422	57,671	50.02
51.00	05100	RECOVERY ROOM	29,194	154,659	0	0	43,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,408	357,099	0	0	55,749	52.00
53.00	05300	ANESTHESIOLOGY	10,281	54,466	0	924	202,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,809	0	0	2,119	50,505	54.00
54.01	03630	ULTRASOUND	14,757	0	0	0	40,698	54.01
54.02	03440	WOMENS IMAGING CENTER	8,382	0	0	0	26,057	54.02
54.03	05401	SPECIAL PROCEDURES	10,718	0	0	8,867	18,463	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	58,823	0	0	4,189,952	363,367	55.00
56.00	05600	RADIOISOTOPE	7,004	0	0	6,799	25,249	56.00
57.00	05700	CT SCAN	25,220	0	0	347,122	238,548	57.00
58.00	05800	MRI	15,704	0	0	113,786	94,415	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,507	0	0	60,743	151,740	59.00
60.00	06000	LABORATORY	64,351	0	0	0	441,955	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,290	0	0	5,418	26,878	62.00
65.00	06500	RESPIRATORY THERAPY	43,139	0	0	1,246	61,457	65.00
66.00	06600	PHYSICAL THERAPY	28,039	0	0	0	32,615	66.00
68.00	06800	SPEECH PATHOLOGY	8,817	0	0	0	9,414	68.00
69.00	06900	ELECTROCARDIOLOGY	40,839	0	0	55,407	79,532	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	443	0	0	0	3,282	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,610	0	0	4,627	18,681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,943,747	0	150,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,962,118	0	247,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,693,173	296,295	73.00
75.00	07500	ASC (NON-DISTINCT PART)	38,902	0	0	0	24,711	75.00
76.97	07697	CARDIAC REHABILITATION	8,653	0	0	0	10,677	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	50,432	267,167	0	0	32,396	90.00
90.01	09001	WOUND OSTOMY	18,084	0	0	31,474	17,086	90.01
90.02	09002	PLAINFIELD CLINIC	75,402	0	0	2,370,726	435,817	90.02
90.03	09003	OSWEGO CLINIC	2,996	0	0	11,104	15,851	90.03
90.04	09004	BOLINGBROOK CLINIC	20,036	0	0	33,632	68,289	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	1,927	0	0	0	2,636	90.05
90.06	09006	OUTPATIENT SERVICES	44,748	237,057	0	0	21,060	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	51,097	0	0	9,377	103,927	90.07
91.00	09100	EMERGENCY	127,865	677,373	0	0	324,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,871,034	5,997,739	9,905,865	11,985,243	4,343,934	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,786	0	0	0	0	190.00
191.00	19100	RESEARCH	3,170	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,174	0	3,100	0	0	192.00
192.02	19202	RESEARCH	249	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	21,782	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,900,195	5,997,739	9,908,965	11,985,243	4,343,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
23.00	02300	PARAMED ED PRGM-EMS	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	89,155,570	0	89,155,570	30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,922,812	0	13,922,812	31.00
32.00	03200	CORONARY CARE UNIT	0	12,999,378	0	12,999,378	32.00
35.00	02060	NICU	0	12,196,010	0	12,196,010	35.00
43.00	04300	NURSERY	0	4,184,836	0	4,184,836	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	26,331,967	0	26,331,967	50.00
50.02	03330	ENDOSCOPY	0	5,168,548	0	5,168,548	50.02
51.00	05100	RECOVERY ROOM	0	5,131,846	0	5,131,846	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,175,087	0	14,175,087	52.00
53.00	05300	ANESTHESIOLOGY	0	2,105,109	0	2,105,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,981,111	0	5,981,111	54.00
54.01	03630	ULTRASOUND	0	2,487,177	0	2,487,177	54.01
54.02	03440	WOMENS IMAGING CENTER	0	1,484,790	0	1,484,790	54.02
54.03	05401	SPECIAL PROCEDURES	0	2,058,664	0	2,058,664	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	53,466,957	0	53,466,957	55.00
56.00	05600	RADIOISOTOPE	0	3,616,088	0	3,616,088	56.00
57.00	05700	CT SCAN	0	5,323,531	0	5,323,531	57.00
58.00	05800	MRI	0	3,722,613	0	3,722,613	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,930,302	0	4,930,302	59.00
60.00	06000	LABORATORY	0	24,012,354	0	24,012,354	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,994,452	0	2,994,452	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,263,895	0	6,263,895	65.00
66.00	06600	PHYSICAL THERAPY	0	4,261,123	0	4,261,123	66.00
68.00	06800	SPEECH PATHOLOGY	0	1,410,574	0	1,410,574	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,175,538	0	7,175,538	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	47,199	0	47,199	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	760,341	0	760,341	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	65,340,037	0	65,340,037	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	65,679,871	0	65,679,871	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,578,347	0	31,578,347	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	7,939,167	0	7,939,167	75.00
76.97	07697	CARDIAC REHABILITATION	0	1,762,011	0	1,762,011	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	6,622,152	0	6,622,152	90.00
90.01	09001	WOUND OSTOMY	0	3,109,069	0	3,109,069	90.01
90.02	09002	PLAINFIELD CLINIC	0	37,346,571	0	37,346,571	90.02
90.03	09003	OSWEGO CLINIC	0	944,642	0	944,642	90.03
90.04	09004	BOLINGBROOK CLINIC	0	3,569,849	0	3,569,849	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	382,260	0	382,260	90.05
90.06	09006	OUTPATIENT SERVICES	0	8,750,055	0	8,750,055	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	10,100,810	0	10,100,810	90.07
91.00	09100	EMERGENCY	0	26,932,375	0	26,932,375	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	585,425,088	0	585,425,088	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	778,999	0	778,999	190.00
191.00	19100	RESEARCH	0	571,468	0	571,468	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,283,481	0	3,283,481	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
192.02	19202	RESEARCH	0	66,862	0	66,862		192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	664,233	0	664,233		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	11,325,369	0	11,325,369		194.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	602,115,500	0	602,115,500		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,950	102,502	139,432	251,884	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,200	429,557	584,323	1,020,080	5.00
7.00	00700	OPERATION OF PLANT	420,808	4,247,320	5,777,603	10,445,731	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,692	37,669	65,361	8.00
9.00	00900	HOUSEKEEPING	16,326	83,891	114,116	214,333	9.00
10.00	01000	DIETARY	7,102	383,030	521,033	911,165	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	784	78,871	107,288	186,943	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,112,827	262,325	356,839	1,731,991	14.00
15.00	01500	PHARMACY	910,585	144,437	196,477	1,251,499	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	645	6,102	8,300	15,047	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,444	3,027,425	4,118,183	7,234,052	30.00
31.00	03100	INTENSIVE CARE UNIT	3,240	562,791	765,560	1,331,591	31.00
32.00	03200	CORONARY CARE UNIT	4,196	587,931	799,759	1,391,886	32.00
35.00	02060	NICU	8,009	401,396	546,015	955,420	35.00
43.00	04300	NURSERY	0	0	0	2,467	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	274,728	1,157,987	1,575,200	3,007,915	50.00
50.02	03330	ENDOSCOPY	15,556	228,165	310,371	554,092	50.02
51.00	05100	RECOVERY ROOM	5,350	0	0	5,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,866	490,633	667,405	1,186,904	52.00
53.00	05300	ANESTHESIOLOGY	3,650	13,734	18,682	36,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,363	319,300	434,342	809,005	54.00
54.01	03630	ULTRASOUND	386	21,223	28,869	50,478	54.01
54.02	03440	WOMENS IMAGING CENTER	785	0	0	785	54.02
54.03	05401	SPECIAL PROCEDURES	769	15,040	20,458	36,267	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	401,496	0	0	401,496	55.00
56.00	05600	RADIOISOTOPE	72,179	59,220	80,556	211,955	56.00
57.00	05700	CT SCAN	5,244	91,870	124,970	222,084	57.00
58.00	05800	MRI	4,664	150,886	205,249	360,799	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,705	169,741	230,898	411,344	59.00
60.00	06000	LABORATORY	21,019	213,942	291,023	525,984	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,362	24,978	33,977	62,317	62.00
65.00	06500	RESPIRATORY THERAPY	134,839	59,301	80,667	274,807	65.00
66.00	06600	PHYSICAL THERAPY	2,685	0	0	2,685	66.00
68.00	06800	SPEECH PATHOLOGY	324	0	0	324	68.00
69.00	06900	ELECTROCARDIOLOGY	122,311	330,075	448,998	901,384	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	29,255	0	0	29,255	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	83,489	289,099	393,259	765,847	75.00
76.97	07697	CARDIAC REHABILITATION	3,712	60,485	82,277	146,474	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	298,924	0	0	298,924	90.00
90.01	09001	WOUND OSTOMY	21,102	98,686	134,242	254,030	90.01
90.02	09002	PLAINFIELD CLINIC	189,256	0	0	189,256	90.02
90.03	09003	OSWEGO CLINIC	162,155	0	0	162,155	90.03
90.04	09004	BOLINGBROOK CLINIC	108	0	0	108	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	58,989	0	0	58,989	90.05
90.06	09006	OUTPATIENT SERVICES	0	279,753	380,545	660,298	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	1,055,950	0	0	1,055,950	90.07
91.00	09100	EMERGENCY	31,584	815,627	1,109,491	1,956,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,687,921	15,235,015	20,724,076	41,647,012	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	94	44,323	60,292	104,709	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,237	377,418	513,399	898,054	680	192.00
192.02	19202	RESEARCH	0	3,979	5,413	9,392	34	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	12,760	30,732	41,805	85,297	3,115	194.01
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)	5,708,012	15,691,467	21,344,985	42,744,464	251,884	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,028,728					5.00
7.00	00700	OPERATION OF PLANT	45,069	10,495,956				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,931	26,636	97,286			8.00
9.00	00900	HOUSEKEEPING	16,312	80,692	0	316,543		9.00
10.00	01000	DIETARY	9,860	368,423	0	10,461	1,299,909	10.00
11.00	01100	CAFETERIA	3,247	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,766	75,863	0	2,154	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,361	252,322	174	7,164	0	14.00
15.00	01500	PHARMACY	19,587	138,929	0	3,945	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,389	5,869	0	167	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,722	2,911,975	30,338	82,682	924,422	30.00
31.00	03100	INTENSIVE CARE UNIT	18,924	541,329	2,644	15,370	97,471	31.00
32.00	03200	CORONARY CARE UNIT	17,240	565,511	3,995	16,057	89,729	32.00
35.00	02060	NICU	16,854	386,089	2,917	10,963	104,751	35.00
43.00	04300	NURSERY	5,724	0	7,562	0	83,536	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,593	1,113,827	5,839	31,626	0	50.00
50.02	03330	ENDOSCOPY	7,135	219,464	1,499	6,231	0	50.02
51.00	05100	RECOVERY ROOM	8,274	0	2,086	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,363	471,923	5,931	13,400	0	52.00
53.00	05300	ANESTHESIOLOGY	3,063	13,210	0	375	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,218	307,124	1,657	8,720	0	54.00
54.01	03630	ULTRASOUND	3,959	20,413	1,513	580	0	54.01
54.02	03440	WOMENS IMAGING CENTER	2,466	0	244	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	3,356	14,466	258	411	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	83,440	0	893	0	0	55.00
56.00	05600	RADIOISOTOPE	5,708	56,961	1,445	1,617	0	56.00
57.00	05700	CT SCAN	7,471	88,367	1,360	2,509	0	57.00
58.00	05800	MRI	5,064	145,132	1,442	4,121	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,073	163,268	248	4,636	0	59.00
60.00	06000	LABORATORY	38,977	205,783	0	5,843	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,914	24,025	0	682	0	62.00
65.00	06500	RESPIRATORY THERAPY	10,193	57,040	0	1,620	0	65.00
66.00	06600	PHYSICAL THERAPY	7,074	0	2,008	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	2,379	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,122	317,488	31	9,015	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	74	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,251	0	4	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,952	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,335	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,437	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	11,730	278,074	2,287	7,896	0	75.00
76.97	07697	CARDIAC REHABILITATION	2,634	58,178	148	1,652	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,711	0	135	0	0	90.00
90.01	09001	WOUND OSTOMY	4,628	94,922	416	2,695	0	90.01
90.02	09002	PLAINFIELD CLINIC	58,536	0	6,918	0	0	90.02
90.03	09003	OSWEGO CLINIC	1,536	0	529	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	5,879	0	244	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	613	0	634	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	12,706	269,084	3,316	7,640	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	16,895	0	1,640	0	0	90.07
91.00	09100	EMERGENCY	39,199	784,523	6,822	22,276	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,003,944	10,056,910	97,177	282,508	1,299,909	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,081	42,633	0	1,211	0	190.00
191.00	19100	RESEARCH	971	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,495	363,025	109	10,308	0	192.00
192.02	19202	RESEARCH	92	3,828	0	109	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	21,568	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	19,145	29,560	0	839	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,028,728	10,495,956	97,286	316,543	1,299,909	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	3,247					11.00
13.00	01300	NURSING ADMINISTRATION	44	278,956				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	102	0	2,010,977			14.00
15.00	01500	PHARMACY	90	0	0	1,421,390		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	28,472	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	816	116,957	0	36	1,425	30.00
31.00	03100	INTENSIVE CARE UNIT	102	14,731	0	0	215	31.00
32.00	03200	CORONARY CARE UNIT	97	13,964	0	0	219	32.00
35.00	02060	NICU	88	12,744	0	2,055	191	35.00
43.00	04300	NURSERY	37	5,408	0	0	110	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	195	28,182	0	2,337	1,529	50.00
50.02	03330	ENDOSCOPY	39	5,678	0	169	386	50.02
51.00	05100	RECOVERY ROOM	50	7,193	0	0	288	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	115	16,609	0	0	373	52.00
53.00	05300	ANESTHESIOLOGY	18	2,533	0	110	1,353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49	0	0	251	338	54.00
54.01	03630	ULTRASOUND	25	0	0	0	272	54.01
54.02	03440	WOMENS IMAGING CENTER	14	0	0	0	174	54.02
54.03	05401	SPECIAL PROCEDURES	18	0	0	1,052	123	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	100	0	0	497,008	2,431	55.00
56.00	05600	RADIOISOTOPE	12	0	0	807	169	56.00
57.00	05700	CT SCAN	43	0	0	41,175	1,596	57.00
58.00	05800	MRI	27	0	0	13,497	632	58.00
59.00	05900	CARDIAC CATHETERIZATION	32	0	0	7,205	1,015	59.00
60.00	06000	LABORATORY	110	0	0	0	2,372	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9	0	0	643	180	62.00
65.00	06500	RESPIRATORY THERAPY	74	0	0	148	411	65.00
66.00	06600	PHYSICAL THERAPY	48	0	0	0	218	66.00
68.00	06800	SPEECH PATHOLOGY	15	0	0	0	63	68.00
69.00	06900	ELECTROCARDIOLOGY	70	0	0	6,572	532	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	1	0	0	0	22	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	8	0	0	549	125	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,003,308	0	1,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,007,040	0	1,658	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	556,412	1,982	73.00
75.00	07500	ASC (NON-DISTINCT PART)	66	0	0	0	165	75.00
76.97	07697	CARDIAC REHABILITATION	15	0	0	0	71	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	86	12,426	0	0	217	90.00
90.01	09001	WOUND OSTOMY	31	0	0	3,733	114	90.01
90.02	09002	PLAINFIELD CLINIC	129	0	0	281,213	2,915	90.02
90.03	09003	OSWEGO CLINIC	5	0	0	1,317	106	90.03
90.04	09004	BOLINGBROOK CLINIC	34	0	0	3,989	457	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	3	0	0	0	18	90.05
90.06	09006	OUTPATIENT SERVICES	76	11,026	0	0	141	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	87	0	0	1,112	695	90.07
91.00	09100	EMERGENCY	218	31,505	0	0	2,167	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,198	278,956	2,010,348	1,421,390	28,472	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	0	0	0	0	190.00
191.00	19100	RESEARCH	5	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4	0	629	0	0	192.00
192.02	19202	RESEARCH	0	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	37	0	0	0	0	194.01
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)	3,247	278,956	2,010,977	1,421,390	28,472	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
23.00	02300	PARAMED ED PRGM-EMS	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		11,471,636	0	11,471,636	30.00
31.00	03100	INTENSIVE CARE UNIT		2,029,860	0	2,029,860	31.00
32.00	03200	CORONARY CARE UNIT		2,105,516	0	2,105,516	32.00
35.00	02060	NICU		1,498,988	0	1,498,988	35.00
43.00	04300	NURSERY		104,844	0	104,844	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,239,904	0	4,239,904	50.00
50.02	03330	ENDOSCOPY		797,455	0	797,455	50.02
51.00	05100	RECOVERY ROOM		27,216	0	27,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,724,295	0	1,724,295	52.00
53.00	05300	ANESTHESIOLOGY		57,494	0	57,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,138,402	0	1,138,402	54.00
54.01	03630	ULTRASOUND		79,079	0	79,079	54.01
54.02	03440	WOMENS IMAGING CENTER		4,797	0	4,797	54.02
54.03	05401	SPECIAL PROCEDURES		57,359	0	57,359	54.03
54.04	05402	IMAGING CENTER		0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC		992,501	0	992,501	55.00
56.00	05600	RADIOISOTOPE		279,682	0	279,682	56.00
57.00	05700	CT SCAN		367,469	0	367,469	57.00
58.00	05800	MRI		532,514	0	532,514	58.00
59.00	05900	CARDIAC CATHETERIZATION		597,304	0	597,304	59.00
60.00	06000	LABORATORY		784,930	0	784,930	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		93,317	0	93,317	62.00
65.00	06500	RESPIRATORY THERAPY		348,891	0	348,891	65.00
66.00	06600	PHYSICAL THERAPY		15,479	0	15,479	66.00
68.00	06800	SPEECH PATHOLOGY		3,940	0	3,940	68.00
69.00	06900	ELECTROCARDIOLOGY		1,249,927	0	1,249,927	69.00
69.01	03140	CARDIOLOGY OUTREACH		0	0	0	69.01
69.02	03290	EMG/NCV		133	0	133	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		31,645	0	31,645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,107,264	0	1,107,264	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,112,033	0	1,112,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		603,831	0	603,831	73.00
75.00	07500	ASC (NON-DISTINCT PART)		1,070,855	0	1,070,855	75.00
76.97	07697	CARDIAC REHABILITATION		210,290	0	210,290	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		327,062	0	327,062	90.00
90.01	09001	WOUND OSTOMY		362,412	0	362,412	90.01
90.02	09002	PLAINFIELD CLINIC		552,145	0	552,145	90.02
90.03	09003	OSWEGO CLINIC		166,059	0	166,059	90.03
90.04	09004	BOLINGBROOK CLINIC		14,915	0	14,915	90.04
90.05	09005	NAPERVILLE NORTH CLINIC		60,488	0	60,488	90.05
90.06	09006	OUTPATIENT SERVICES		969,002	0	969,002	90.06
90.07	09007	OUTPATIENT CLINIC OTHER		1,082,672	0	1,082,672	90.07
91.00	09100	EMERGENCY		2,870,294	0	2,870,294	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	41,143,899	0	41,143,899	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		149,809	0	149,809	190.00
191.00	19100	RESEARCH		1,436	0	1,436	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,276,304	0	1,276,304	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
192.02	19202	RESEARCH		13,455	0	13,455		192.02
194.00	07950	LINDEN OAKS HOSPITAL		21,568	0	21,568		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS		137,993	0	137,993		194.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	42,744,464	0	42,744,464		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	768,945					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		768,945				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,023	5,023	188,675,309			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,050	21,050	6,477,887	-148,842,062	453,273,438	5.00
7.00	00700	OPERATION OF PLANT	208,136	208,136	3,861,847	0	19,854,332	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,357	1,357	268,072	0	2,172,412	8.00
9.00	00900	HOUSEKEEPING	4,111	4,111	3,899,809	0	7,185,975	9.00
10.00	01000	DIETARY	18,770	18,770	0	0	4,343,696	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,430,470	11.00
13.00	01300	NURSING ADMINISTRATION	3,865	3,865	3,135,722	0	4,302,229	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,855	12,855	2,893,776	0	6,766,946	14.00
15.00	01500	PHARMACY	7,078	7,078	5,497,960	0	8,628,735	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299	299	0	0	3,255,156	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,356	148,356	36,858,979	0	52,829,882	30.00
31.00	03100	INTENSIVE CARE UNIT	27,579	27,579	5,605,462	0	8,336,567	31.00
32.00	03200	CORONARY CARE UNIT	28,811	28,811	5,106,931	0	7,594,637	32.00
35.00	02060	NICU	19,670	19,670	5,180,451	0	7,424,560	35.00
43.00	04300	NURSERY	0	0	1,848,140	0	2,521,671	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,746	56,746	8,884,836	0	16,120,073	50.00
50.02	03330	ENDOSCOPY	11,181	11,181	2,068,985	0	3,143,289	50.02
51.00	05100	RECOVERY ROOM	0	0	2,977,845	0	3,644,729	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,043	24,043	6,499,829	0	8,970,625	52.00
53.00	05300	ANESTHESIOLOGY	673	673	574,152	0	1,349,329	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,647	15,647	2,276,814	0	3,620,292	54.00
54.01	03630	ULTRASOUND	1,040	1,040	1,377,466	0	1,743,989	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	834,536	0	1,086,244	54.02
54.03	05401	SPECIAL PROCEDURES	737	737	1,054,516	0	1,478,340	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,342,831	0	36,757,594	55.00
56.00	05600	RADIOISOTOPE	2,902	2,902	754,712	0	2,514,537	56.00
57.00	05700	CT SCAN	4,502	4,502	2,145,291	0	3,291,295	57.00
58.00	05800	MRI	7,394	7,394	1,348,013	0	2,230,820	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,318	8,318	1,859,984	0	3,115,660	59.00
60.00	06000	LABORATORY	10,484	10,484	4,390,417	0	17,170,669	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,224	1,224	410,040	0	2,164,673	62.00
65.00	06500	RESPIRATORY THERAPY	2,906	2,906	3,443,864	0	4,490,347	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,581,015	0	3,116,243	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	868,367	0	1,048,158	68.00
69.00	06900	ELECTROCARDIOLOGY	16,175	16,175	3,530,505	0	4,459,153	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	26,606	0	32,727	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	339,621	0	551,269	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	45,353,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	45,521,857	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	20,016,154	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,167	14,167	3,588,354	0	5,167,420	75.00
76.97	07697	CARDIAC REHABILITATION	2,964	2,964	837,545	0	1,160,173	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3,418,196	0	4,718,595	90.00
90.01	09001	WOUND OSTOMY	4,836	4,836	1,380,697	0	2,038,794	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	9,870,995	0	25,786,967	90.02
90.03	09003	OSWEGO CLINIC	0	0	308,099	0	676,495	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	3,149,121	0	2,590,015	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	173,355	0	269,849	90.05
90.06	09006	OUTPATIENT SERVICES	13,709	13,709	3,531,902	0	5,597,168	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	4,714,227	0	7,442,671	90.07
91.00	09100	EMERGENCY	39,969	39,969	20,136,093	0	17,268,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	746,577	746,577	185,333,865	-148,842,062	442,355,195	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,172	2,172	128,917	0	476,379	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
191.00	19100	RESEARCH	0	0	344,770	0	427,816	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,495	18,495	509,074	0	1,539,677	192.00
192.02	19202	RESEARCH	195	195	25,712	0	40,386	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	1,506	1,506	2,332,971	0	8,433,985	194.01
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)	15,691,467	21,344,985	38,760,491		148,842,062	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.406488	27.758793	0.205435		0.328371	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			251,884		1,028,728	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001335		0.002270	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: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (HOURS WORK ED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	534,736				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,357	1,447,721			8.00
9.00	00900	HOUSEKEEPING	4,111	0	567,968		9.00
10.00	01000	DIETARY	18,770	0	18,770	87,313	10.00
11.00	01100	CAFETERIA	0	0	0	4,166,061	11.00
13.00	01300	NURSING ADMINISTRATION	3,865	0	3,865	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,855	2,592	12,855	0	14.00
15.00	01500	PHARMACY	7,078	0	7,078	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299	0	299	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	148,356	451,466	148,356	62,092	30.00
31.00	03100	INTENSIVE CARE UNIT	27,579	39,348	27,579	6,547	31.00
32.00	03200	CORONARY CARE UNIT	28,811	59,448	28,811	6,027	32.00
35.00	02060	NICU	19,670	43,404	19,670	7,036	35.00
43.00	04300	NURSERY	0	112,525	0	5,611	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,746	86,892	56,746	0	50.00
50.02	03330	ENDOSCOPY	11,181	22,308	11,181	0	50.02
51.00	05100	RECOVERY ROOM	0	31,044	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,043	88,261	24,043	0	52.00
53.00	05300	ANESTHESIOLOGY	673	0	673	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,647	24,660	15,647	0	54.00
54.01	03630	ULTRASOUND	1,040	22,512	1,040	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	3,636	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	737	3,840	737	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,284	0	0	55.00
56.00	05600	RADIOISOTOPE	2,902	21,504	2,902	0	56.00
57.00	05700	CT SCAN	4,502	20,232	4,502	0	57.00
58.00	05800	MRI	7,394	21,456	7,394	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,318	3,696	8,318	0	59.00
60.00	06000	LABORATORY	10,484	0	10,484	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,224	0	1,224	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,906	0	2,906	0	65.00
66.00	06600	PHYSICAL THERAPY	0	29,880	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,175	468	16,175	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	65	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,167	34,032	14,167	0	75.00
76.97	07697	CARDIAC REHABILITATION	2,964	2,196	2,964	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,016	0	0	90.00
90.01	09001	WOUND OSTOMY	4,836	6,192	4,836	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	102,948	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	7,872	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	3,624	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	9,432	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	13,709	49,340	13,709	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	24,408	0	0	90.07
91.00	09100	EMERGENCY	39,969	101,520	39,969	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	512,368	1,446,101	506,900	87,313	4,102,127
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,172	0	2,172	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,495	1,620	18,495	0	192.00
192.02	19202	RESEARCH	195	0	195	0	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (HOURS WORK ED)	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	LINDEN OAKS HOSPITAL	0	0	38,700	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	1,506	0	1,506	0	47,756	194.01
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)	26,373,919	2,952,698	9,748,401	7,017,964	1,900,195	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.321383	2.039549	17.163645	80.377080	0.456113	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,495,956	97,286	316,543	1,299,909	3,247	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.628295	0.067199	0.557325	14.887920	0.000779	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: 14-0231

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

Worksheet B-1

Date/Time Prepared:

11/29/2021 11:26 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	2,482,210					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	90,903,689				14.00
15.00	01500	PHARMACY	0	0	632,686,578			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,632,972,086		16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,040,700	0	15,920	178,138,427	0	30.00
31.00	03100	INTENSIVE CARE UNIT	131,080	0	0	26,900,709	0	31.00
32.00	03200	CORONARY CARE UNIT	124,256	0	0	27,414,444	0	32.00
35.00	02060	NICU	113,403	0	914,434	23,878,900	0	35.00
43.00	04300	NURSERY	48,125	0	0	13,704,688	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	250,770	0	1,040,021	191,084,942	0	50.00
50.02	03330	ENDOSCOPY	50,527	0	75,078	48,220,044	0	50.02
51.00	05100	RECOVERY ROOM	64,007	0	0	36,057,676	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	147,788	0	0	46,612,820	0	52.00
53.00	05300	ANESTHESIOLOGY	22,541	0	48,762	169,133,816	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	111,886	42,228,029	0	54.00
54.01	03630	ULTRASOUND	0	0	0	34,028,576	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	12	21,786,852	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	468,090	15,436,948	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	221,187,352	303,818,526	0	55.00
56.00	05600	RADIOISOTOPE	0	0	358,928	21,111,268	0	56.00
57.00	05700	CT SCAN	0	0	18,324,561	199,455,215	0	57.00
58.00	05800	MRI	0	0	6,006,772	78,942,349	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,206,638	126,872,519	0	59.00
60.00	06000	LABORATORY	0	0	0	370,447,930	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	286,002	22,473,581	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65,793	51,385,496	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,269,897	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,871,584	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,924,907	66,498,261	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	2,744,563	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	244,235	15,619,714	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	45,353,393	0	125,549,271	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,521,855	0	207,222,256	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	247,738,550	247,738,550	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	20,661,058	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	8,926,942	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	110,569	0	0	27,086,682	0	90.00
90.01	09001	WOUND OSTOMY	0	0	1,661,497	14,286,322	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	125,150,526	364,395,225	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	586,164	13,253,370	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	1,775,423	57,098,025	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	2,203,892	0	90.05
90.06	09006	OUTPATIENT SERVICES	98,108	0	0	17,608,701	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	495,027	86,895,785	0	90.07
91.00	09100	EMERGENCY	280,336	0	0	270,908,233	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,482,210	90,875,248	632,686,578	3,632,972,086	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	28,441	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
192.02	19202	RESEARCH	0	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,997,739	9,908,965	11,985,243	4,343,934	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.416290	0.109005	0.018943	0.001196	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	278,956	2,010,977	1,421,390	28,472	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.112382	0.022122	0.002247	0.000008	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:26 am

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		
						Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,155,570		89,155,570	0	89,155,570	30.00
31.00	03100	INTENSIVE CARE UNIT	13,922,812		13,922,812	0	13,922,812	31.00
32.00	03200	CORONARY CARE UNIT	12,999,378		12,999,378	0	12,999,378	32.00
35.00	02060	NICU	12,196,010		12,196,010	0	12,196,010	35.00
43.00	04300	NURSERY	4,184,836		4,184,836	0	4,184,836	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,331,967		26,331,967	0	26,331,967	50.00
50.02	03330	ENDOSCOPY	5,168,548		5,168,548	0	5,168,548	50.02
51.00	05100	RECOVERY ROOM	5,131,846		5,131,846	0	5,131,846	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,175,087		14,175,087	50,580	14,225,667	52.00
53.00	05300	ANESTHESIOLOGY	2,105,109		2,105,109	0	2,105,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,981,111		5,981,111	0	5,981,111	54.00
54.01	03630	ULTRASOUND	2,487,177		2,487,177	0	2,487,177	54.01
54.02	03440	WOMENS IMAGING CENTER	1,484,790		1,484,790	0	1,484,790	54.02
54.03	05401	SPECIAL PROCEDURES	2,058,664		2,058,664	0	2,058,664	54.03
54.04	05402	IMAGING CENTER	0		0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	53,466,957		53,466,957	0	53,466,957	55.00
56.00	05600	RADIOISOTOPE	3,616,088		3,616,088	0	3,616,088	56.00
57.00	05700	CT SCAN	5,323,531		5,323,531	0	5,323,531	57.00
58.00	05800	MRI	3,722,613		3,722,613	0	3,722,613	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,930,302		4,930,302	0	4,930,302	59.00
60.00	06000	LABORATORY	24,012,354		24,012,354	0	24,012,354	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,994,452		2,994,452	0	2,994,452	62.00
65.00	06500	RESPIRATORY THERAPY	6,263,895	0	6,263,895	19,549	6,283,444	65.00
66.00	06600	PHYSICAL THERAPY	4,261,123	0	4,261,123	0	4,261,123	66.00
68.00	06800	SPEECH PATHOLOGY	1,410,574	0	1,410,574	0	1,410,574	68.00
69.00	06900	ELECTROCARDIOLOGY	7,175,538		7,175,538	0	7,175,538	69.00
69.01	03140	CARDIOLOGY OUTREACH	0		0	0	0	69.01
69.02	03290	EMG/NCV	47,199		47,199	0	47,199	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	760,341		760,341	27,741	788,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,340,037		65,340,037	0	65,340,037	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,679,871		65,679,871	0	65,679,871	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,578,347		31,578,347	0	31,578,347	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,939,167		7,939,167	0	7,939,167	75.00
76.97	07697	CARDIAC REHABILITATION	1,762,011		1,762,011	0	1,762,011	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,622,152		6,622,152	0	6,622,152	90.00
90.01	09001	WOUND OSTOMY	3,109,069		3,109,069	11,701	3,120,770	90.01
90.02	09002	PLAINFIELD CLINIC	37,346,571		37,346,571	0	37,346,571	90.02
90.03	09003	OSWEGO CLINIC	944,642		944,642	0	944,642	90.03
90.04	09004	BOLINGBROOK CLINIC	3,569,849		3,569,849	0	3,569,849	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	382,260		382,260	0	382,260	90.05
90.06	09006	OUTPATIENT SERVICES	8,750,055		8,750,055	0	8,750,055	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	10,100,810		10,100,810	0	10,100,810	90.07
91.00	09100	EMERGENCY	26,932,375		26,932,375	94,866	27,027,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,076,924		14,076,924	0	14,076,924	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	599,502,012	0	599,502,012	204,437	599,706,449	200.00
201.00		Less Observation Beds	14,076,924		14,076,924		14,076,924	201.00
202.00		Total (see instructions)	585,425,088	0	585,425,088	204,437	585,629,525	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:26 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,265,741		130,265,741		30.00
31.00	03100	INTENSIVE CARE UNIT	26,900,709		26,900,709		31.00
32.00	03200	CORONARY CARE UNIT	27,414,444		27,414,444		32.00
35.00	02060	NICU	23,878,900		23,878,900		35.00
43.00	04300	NURSERY	13,704,688		13,704,688		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,473,811	101,611,131	191,084,942	0.137802	0.000000
50.02	03330	ENDOSCOPY	9,110,747	39,109,297	48,220,044	0.107187	0.000000
51.00	05100	RECOVERY ROOM	11,695,068	24,362,608	36,057,676	0.142323	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,977,580	18,635,240	46,612,820	0.304103	0.000000
53.00	05300	ANESTHESIOLOGY	69,064,514	100,069,302	169,133,816	0.012446	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,953,881	27,274,148	42,228,029	0.141638	0.000000
54.01	03630	ULTRASOUND	11,457,753	22,570,823	34,028,576	0.073091	0.000000
54.02	03440	WOMENS IMAGING CENTER	21,827	21,765,025	21,786,852	0.068151	0.000000
54.03	05401	SPECIAL PROCEDURES	7,095,910	8,341,038	15,436,948	0.133360	0.000000
54.04	05402	IMAGING CENTER	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	806,077	303,012,449	303,818,526	0.175983	0.000000
56.00	05600	RADIOISOTOPE	2,165,405	18,945,863	21,111,268	0.171287	0.000000
57.00	05700	CT SCAN	62,461,767	136,993,448	199,455,215	0.026690	0.000000
58.00	05800	MRI	16,239,444	62,702,905	78,942,349	0.047156	0.000000
59.00	05900	CARDIAC CATHETERIZATION	48,807,314	78,065,205	126,872,519	0.038860	0.000000
60.00	06000	LABORATORY	95,443,675	275,004,255	370,447,930	0.064820	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,128,287	7,345,294	22,473,581	0.133243	0.000000
65.00	06500	RESPIRATORY THERAPY	45,093,074	6,292,422	51,385,496	0.121900	0.000000
66.00	06600	PHYSICAL THERAPY	18,373,496	8,896,401	27,269,897	0.156257	0.000000
68.00	06800	SPEECH PATHOLOGY	4,172,372	3,699,212	7,871,584	0.179198	0.000000
69.00	06900	ELECTROCARDIOLOGY	17,870,554	48,627,707	66,498,261	0.107906	0.000000
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0.000000	0.000000
69.02	03290	EMG/NCV	54,056	2,690,507	2,744,563	0.017197	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	10,067,230	5,552,484	15,619,714	0.048678	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,217,466	62,331,805	125,549,271	0.520433	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,280,769	90,941,487	207,222,256	0.316954	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	184,536,291	63,202,259	247,738,550	0.127466	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	3,559,796	17,101,262	20,661,058	0.384258	0.000000
76.97	07697	CARDIAC REHABILITATION	395,356	8,531,586	8,926,942	0.197381	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	268,371	26,818,311	27,086,682	0.244480	0.000000
90.01	09001	WOUND OSTOMY	508,329	13,777,993	14,286,322	0.217626	0.000000
90.02	09002	PLAINFIELD CLINIC	16,601,640	347,793,585	364,395,225	0.102489	0.000000
90.03	09003	OSWEGO CLINIC	43,501	13,209,869	13,253,370	0.071276	0.000000
90.04	09004	BOLINGBROOK CLINIC	382,091	56,715,934	57,098,025	0.062521	0.000000
90.05	09005	NAPERVILLE NORTH CLINIC	8,848	2,195,044	2,203,892	0.173448	0.000000
90.06	09006	OUTPATIENT SERVICES	0	17,608,701	17,608,701	0.496917	0.000000
90.07	09007	OUTPATIENT CLINIC OTHER	26,061	86,869,724	86,895,785	0.116241	0.000000
91.00	09100	EMERGENCY	74,025,030	196,883,203	270,908,233	0.099415	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,708,739	42,163,947	47,872,686	0.294049	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,265,260,612	2,367,711,474	3,632,972,086		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,265,260,612	2,367,711,474	3,632,972,086		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NICU			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.137802		50.00
50.02	03330	ENDOSCOPY	0.107187		50.02
51.00	05100	RECOVERY ROOM	0.142323		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305188		52.00
53.00	05300	ANESTHESIOLOGY	0.012446		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141638		54.00
54.01	03630	ULTRASOUND	0.073091		54.01
54.02	03440	WOMENS IMAGING CENTER	0.068151		54.02
54.03	05401	SPECIAL PROCEDURES	0.133360		54.03
54.04	05402	IMAGING CENTER	0.000000		54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.175983		55.00
56.00	05600	RADIOISOTOPE	0.171287		56.00
57.00	05700	CT SCAN	0.026690		57.00
58.00	05800	MRI	0.047156		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038860		59.00
60.00	06000	LABORATORY	0.064820		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.133243		62.00
65.00	06500	RESPIRATORY THERAPY	0.122280		65.00
66.00	06600	PHYSICAL THERAPY	0.156257		66.00
68.00	06800	SPEECH PATHOLOGY	0.179198		68.00
69.00	06900	ELECTROCARDIOLOGY	0.107906		69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000		69.01
69.02	03290	EMG/NCV	0.017197		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.050454		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.520433		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316954		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127466		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.384258		75.00
76.97	07697	CARDIAC REHABILITATION	0.197381		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.244480		90.00
90.01	09001	WOUND OSTOMY	0.218445		90.01
90.02	09002	PLAINFIELD CLINIC	0.102489		90.02
90.03	09003	OSWEGO CLINIC	0.071276		90.03
90.04	09004	BOLINGBROOK CLINIC	0.062521		90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.173448		90.05
90.06	09006	OUTPATIENT SERVICES	0.496917		90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.116241		90.07
91.00	09100	EMERGENCY	0.099765		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.294049		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
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				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	89,155,570		89,155,570	0	89,155,570	30.00	
31.00	03100	INTENSIVE CARE UNIT	13,922,812		13,922,812	0	13,922,812	31.00	
32.00	03200	CORONARY CARE UNIT	12,999,378		12,999,378	0	12,999,378	32.00	
35.00	02060	NICU	12,196,010		12,196,010	0	12,196,010	35.00	
43.00	04300	NURSERY	4,184,836		4,184,836	0	4,184,836	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	26,331,967		26,331,967	0	26,331,967	50.00	
50.02	03330	ENDOSCOPY	5,168,548		5,168,548	0	5,168,548	50.02	
51.00	05100	RECOVERY ROOM	5,131,846		5,131,846	0	5,131,846	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,175,087		14,175,087	50,580	14,225,667	52.00	
53.00	05300	ANESTHESIOLOGY	2,105,109		2,105,109	0	2,105,109	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,981,111		5,981,111	0	5,981,111	54.00	
54.01	03630	ULTRASOUND	2,487,177		2,487,177	0	2,487,177	54.01	
54.02	03440	WOMENS IMAGING CENTER	1,484,790		1,484,790	0	1,484,790	54.02	
54.03	05401	SPECIAL PROCEDURES	2,058,664		2,058,664	0	2,058,664	54.03	
54.04	05402	IMAGING CENTER	0		0	0	0	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	53,466,957		53,466,957	0	53,466,957	55.00	
56.00	05600	RADIOISOTOPE	3,616,088		3,616,088	0	3,616,088	56.00	
57.00	05700	CT SCAN	5,323,531		5,323,531	0	5,323,531	57.00	
58.00	05800	MRI	3,722,613		3,722,613	0	3,722,613	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,930,302		4,930,302	0	4,930,302	59.00	
60.00	06000	LABORATORY	24,012,354		24,012,354	0	24,012,354	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,994,452		2,994,452	0	2,994,452	62.00	
65.00	06500	RESPIRATORY THERAPY	6,263,895	0	6,263,895	19,549	6,283,444	65.00	
66.00	06600	PHYSICAL THERAPY	4,261,123	0	4,261,123	0	4,261,123	66.00	
68.00	06800	SPEECH PATHOLOGY	1,410,574	0	1,410,574	0	1,410,574	68.00	
69.00	06900	ELECTROCARDIOLOGY	7,175,538		7,175,538	0	7,175,538	69.00	
69.01	03140	CARDIOLOGY OUTREACH	0		0	0	0	69.01	
69.02	03290	EMG/NCV	47,199		47,199	0	47,199	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	760,341		760,341	27,741	788,082	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,340,037		65,340,037	0	65,340,037	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,679,871		65,679,871	0	65,679,871	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	31,578,347		31,578,347	0	31,578,347	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	7,939,167		7,939,167	0	7,939,167	75.00	
76.97	07697	CARDIAC REHABILITATION	1,762,011		1,762,011	0	1,762,011	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	6,622,152		6,622,152	0	6,622,152	90.00	
90.01	09001	WOUND OSTOMY	3,109,069		3,109,069	11,701	3,120,770	90.01	
90.02	09002	PLAINFIELD CLINIC	37,346,571		37,346,571	0	37,346,571	90.02	
90.03	09003	OSWEGO CLINIC	944,642		944,642	0	944,642	90.03	
90.04	09004	BOLINGBROOK CLINIC	3,569,849		3,569,849	0	3,569,849	90.04	
90.05	09005	NAPERVILLE NORTH CLINIC	382,260		382,260	0	382,260	90.05	
90.06	09006	OUTPATIENT SERVICES	8,750,055		8,750,055	0	8,750,055	90.06	
90.07	09007	OUTPATIENT CLINIC OTHER	10,100,810		10,100,810	0	10,100,810	90.07	
91.00	09100	EMERGENCY	26,932,375		26,932,375	94,866	27,027,241	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	14,076,924		14,076,924	0	14,076,924	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	599,502,012	0	599,502,012	204,437	599,706,449	200.00	
201.00		Less Observation Beds	14,076,924		14,076,924		14,076,924	201.00	
202.00		Total (see instructions)	585,425,088	0	585,425,088	204,437	585,629,525	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/29/2021 11:26 am

			Title XIX		Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	130,265,741		130,265,741			30.00
31.00	03100	INTENSIVE CARE UNIT	26,900,709		26,900,709			31.00
32.00	03200	CORONARY CARE UNIT	27,414,444		27,414,444			32.00
35.00	02060	NICU	23,878,900		23,878,900			35.00
43.00	04300	NURSERY	13,704,688		13,704,688			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,473,811	101,611,131	191,084,942	0.137802	0.000000	50.00
50.02	03330	ENDOSCOPY	9,110,747	39,109,297	48,220,044	0.107187	0.000000	50.02
51.00	05100	RECOVERY ROOM	11,695,068	24,362,608	36,057,676	0.142323	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,977,580	18,635,240	46,612,820	0.304103	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	69,064,514	100,069,302	169,133,816	0.012446	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,953,881	27,274,148	42,228,029	0.141638	0.000000	54.00
54.01	03630	ULTRASOUND	11,457,753	22,570,823	34,028,576	0.073091	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	21,827	21,765,025	21,786,852	0.068151	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	7,095,910	8,341,038	15,436,948	0.133360	0.000000	54.03
54.04	05402	IMAGING CENTER	0	0	0	0.000000	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	806,077	303,012,449	303,818,526	0.175983	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,165,405	18,945,863	21,111,268	0.171287	0.000000	56.00
57.00	05700	CT SCAN	62,461,767	136,993,448	199,455,215	0.026690	0.000000	57.00
58.00	05800	MRI	16,239,444	62,702,905	78,942,349	0.047156	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,807,314	78,065,205	126,872,519	0.038860	0.000000	59.00
60.00	06000	LABORATORY	95,443,675	275,004,255	370,447,930	0.064820	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	15,128,287	7,345,294	22,473,581	0.133243	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	45,093,074	6,292,422	51,385,496	0.121900	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	18,373,496	8,896,401	27,269,897	0.156257	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	4,172,372	3,699,212	7,871,584	0.179198	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,870,554	48,627,707	66,498,261	0.107906	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0.000000	0.000000	69.01
69.02	03290	EMG/NCV	54,056	2,690,507	2,744,563	0.017197	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	10,067,230	5,552,484	15,619,714	0.048678	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,217,466	62,331,805	125,549,271	0.520433	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,280,769	90,941,487	207,222,256	0.316954	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	184,536,291	63,202,259	247,738,550	0.127466	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,559,796	17,101,262	20,661,058	0.384258	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	395,356	8,531,586	8,926,942	0.197381	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	268,371	26,818,311	27,086,682	0.244480	0.000000	90.00
90.01	09001	WOUND OSTOMY	508,329	13,777,993	14,286,322	0.217626	0.000000	90.01
90.02	09002	PLAINFIELD CLINIC	16,601,640	347,793,585	364,395,225	0.102489	0.000000	90.02
90.03	09003	OSWEGO CLINIC	43,501	13,209,869	13,253,370	0.071276	0.000000	90.03
90.04	09004	BOLINGBROOK CLINIC	382,091	56,715,934	57,098,025	0.062521	0.000000	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	8,848	2,195,044	2,203,892	0.173448	0.000000	90.05
90.06	09006	OUTPATIENT SERVICES	0	17,608,701	17,608,701	0.496917	0.000000	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	26,061	86,869,724	86,895,785	0.116241	0.000000	90.07
91.00	09100	EMERGENCY	74,025,030	196,883,203	270,908,233	0.099415	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,708,739	42,163,947	47,872,686	0.294049	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,265,260,612	2,367,711,474	3,632,972,086			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,265,260,612	2,367,711,474	3,632,972,086			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NICU				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.02	03330	ENDOSCOPY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	WOMENS IMAGING CENTER	0.000000			54.02
54.03	05401	SPECIAL PROCEDURES	0.000000			54.03
54.04	05402	IMAGING CENTER	0.000000			54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000			69.01
69.02	03290	EMG/NCV	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND OSTOMY	0.000000			90.01
90.02	09002	PLAINFIELD CLINIC	0.000000			90.02
90.03	09003	OSWEGO CLINIC	0.000000			90.03
90.04	09004	BOLINGBROOK CLINIC	0.000000			90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.000000			90.05
90.06	09006	OUTPATIENT SERVICES	0.000000			90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 11:26 am

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00						2.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,471,636	0	11,471,636	73,734	155.58	30.00	
31.00	INTENSIVE CARE UNIT	2,029,860		2,029,860	6,547	310.04	31.00	
32.00	CORONARY CARE UNIT	2,105,516		2,105,516	6,027	349.35	32.00	
35.00	NICU	1,498,988		1,498,988	7,036	213.05	35.00	
43.00	NURSERY	104,844		104,844	5,611	18.69	43.00	
200.00	Total (lines 30 through 199)	17,210,844		17,210,844	98,955		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	22,961	3,572,272					30.00
31.00	INTENSIVE CARE UNIT	1,540	477,462					
32.00	CORONARY CARE UNIT	2,384	832,850					32.00
35.00	NICU	0	0					
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	26,885	4,882,584					
								200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,239,904	191,084,942	0.022189	30,432,500	675,267	50.00
50.02	03330	ENDOSCOPY	797,455	48,220,044	0.016538	3,434,394	56,798	50.02
51.00	05100	RECOVERY ROOM	27,216	36,057,676	0.000755	3,761,015	2,840	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,724,295	46,612,820	0.036992	89,931	3,327	52.00
53.00	05300	ANESTHESIOLOGY	57,494	169,133,816	0.000340	21,735,207	7,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,138,402	42,228,029	0.026958	5,837,233	157,360	54.00
54.01	03630	ULTRASOUND	79,079	34,028,576	0.002324	3,828,238	8,897	54.01
54.02	03440	WOMENS IMAGING CENTER	4,797	21,786,852	0.000220	5,610	1	54.02
54.03	05401	SPECIAL PROCEDURES	57,359	15,436,948	0.003716	2,820,113	10,480	54.03
54.04	05402	IMAGING CENTER	0	0	0.000000	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	992,501	303,818,526	0.003267	288,499	943	55.00
56.00	05600	RADIOISOTOPE	279,682	21,111,268	0.013248	929,325	12,312	56.00
57.00	05700	CT SCAN	367,469	199,455,215	0.001842	20,541,825	37,838	57.00
58.00	05800	MRI	532,514	78,942,349	0.006746	5,020,065	33,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	597,304	126,872,519	0.004708	19,482,143	91,722	59.00
60.00	06000	LABORATORY	784,930	370,447,930	0.002119	30,788,024	65,240	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	93,317	22,473,581	0.004152	4,526,313	18,793	62.00
65.00	06500	RESPIRATORY THERAPY	348,891	51,385,496	0.006790	14,843,970	100,791	65.00
66.00	06600	PHYSICAL THERAPY	15,479	27,269,897	0.000568	8,297,590	4,713	66.00
68.00	06800	SPEECH PATHOLOGY	3,940	7,871,584	0.000501	1,666,774	835	68.00
69.00	06900	ELECTROCARDIOLOGY	1,249,927	66,498,261	0.018796	6,037,890	113,488	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0.000000	0	0	69.01
69.02	03290	EMG/NCV	133	2,744,563	0.000048	6,300	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	31,645	15,619,714	0.002026	2,297,360	4,654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,107,264	125,549,271	0.008819	20,963,976	184,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,112,033	207,222,256	0.005366	48,358,370	259,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	603,831	247,738,550	0.002437	66,503,418	162,069	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,070,855	20,661,058	0.051830	1,433,897	74,319	75.00
76.97	07697	CARDIAC REHABILITATION	210,290	8,926,942	0.023557	172,658	4,067	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	327,062	27,086,682	0.012075	119,592	1,444	90.00
90.01	09001	WOUND OSTOMY	362,412	14,286,322	0.025368	267,627	6,789	90.01
90.02	09002	PLAINFIELD CLINIC	552,145	364,395,225	0.001515	3,866,167	5,857	90.02
90.03	09003	OSWEGO CLINIC	166,059	13,253,370	0.012530	27,026	339	90.03
90.04	09004	BOLINGBROOK CLINIC	14,915	57,098,025	0.000261	170,672	45	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	60,488	2,203,892	0.027446	5,891	162	90.05
90.06	09006	OUTPATIENT SERVICES	969,002	17,608,701	0.055030	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	1,082,672	86,895,785	0.012459	11,107	138	90.07
91.00	09100	EMERGENCY	2,870,294	270,908,233	0.010595	27,146,724	287,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,811,278	47,872,686	0.037835	2,666,864	100,901	92.00
200.00		Total (lines 50 through 199)	25,744,333	3,410,807,604		358,384,308	2,495,676	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0231		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 11:26 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
35.00	02060	NICU	0	0	0	0	0	0	35.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	73,734	0.00	22,961		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	6,547	0.00	1,540		31.00		
32.00	03200	CORONARY CARE UNIT		0	6,027	0.00	2,384		32.00		
35.00	02060	NICU		0	7,036	0.00	0		35.00		
43.00	04300	NURSERY		0	5,611	0.00	0		43.00		
200.00	Total (lines 30 through 199)			0	98,955		26,885		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	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
35.00	02060	NICU	0								35.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0231		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 11:26 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0	0	0	0	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description		Title XVIII		Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	191,084,942	0.000000 50.00
50.02	03330	ENDOSCOPY	0	0	0	48,220,044	0.000000 50.02
51.00	05100	RECOVERY ROOM	0	0	0	36,057,676	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	46,612,820	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	169,133,816	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	42,228,029	0.000000 54.00
54.01	03630	ULTRASOUND	0	0	0	34,028,576	0.000000 54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	21,786,852	0.000000 54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	15,436,948	0.000000 54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0.000000 54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	303,818,526	0.000000 55.00
56.00	05600	RADIOISOTOPE	0	0	0	21,111,268	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	199,455,215	0.000000 57.00
58.00	05800	MRI	0	0	0	78,942,349	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	126,872,519	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	370,447,930	0.000000 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	22,473,581	0.000000 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	51,385,496	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,269,897	0.000000 66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,871,584	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	66,498,261	0.000000 69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0.000000 69.01
69.02	03290	EMG/NCV	0	0	0	2,744,563	0.000000 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	15,619,714	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	125,549,271	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	207,222,256	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	247,738,550	0.000000 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	20,661,058	0.000000 75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	8,926,942	0.000000 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	27,086,682	0.000000 90.00
90.01	09001	WOUND OSTOMY	0	0	0	14,286,322	0.000000 90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	364,395,225	0.000000 90.02
90.03	09003	OSWEGO CLINIC	0	0	0	13,253,370	0.000000 90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	57,098,025	0.000000 90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	2,203,892	0.000000 90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	17,608,701	0.000000 90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	86,895,785	0.000000 90.07
91.00	09100	EMERGENCY	0	0	0	270,908,233	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	47,872,686	0.000000 92.00
200.00		Total (lines 50 through 199)	0	0	0	3,410,807,604	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 11:26 am

			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	30,432,500	0	16,737,967	0	50.00
50.02	03330	ENDOSCOPY	0.000000	3,434,394	0	10,768,667	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	3,761,015	0	4,383,797	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	89,931	0	58,810	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	21,735,207	0	17,842,106	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,837,233	0	5,736,599	0	54.00
54.01	03630	ULTRASOUND	0.000000	3,828,238	0	2,201,553	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0.000000	5,610	0	1,622,051	0	54.02
54.03	05401	SPECIAL PROCEDURES	0.000000	2,820,113	0	2,396,306	0	54.03
54.04	05402	IMAGING CENTER	0.000000	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	288,499	0	115,496,499	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	929,325	0	7,023,492	0	56.00
57.00	05700	CT SCAN	0.000000	20,541,825	0	30,359,108	0	57.00
58.00	05800	MRI	0.000000	5,020,065	0	14,060,747	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	19,482,143	0	31,075,756	0	59.00
60.00	06000	LABORATORY	0.000000	30,788,024	0	38,775,848	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,526,313	0	1,781,305	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	14,843,970	0	1,616,350	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,297,590	0	326,576	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,666,774	0	157,909	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,037,890	0	15,563,987	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	0	0	0	69.01
69.02	03290	EMG/NCV	0.000000	6,300	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,297,360	0	462,338	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	20,963,976	0	15,387,106	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	48,358,370	0	24,017,651	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	66,503,418	0	10,429,114	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	1,433,897	0	3,606,797	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	172,658	0	3,277,568	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	119,592	0	1,819,596	0	90.00
90.01	09001	WOUND OSTOMY	0.000000	267,627	0	7,387,020	0	90.01
90.02	09002	PLAINFIELD CLINIC	0.000000	3,866,167	0	84,601,712	0	90.02
90.03	09003	OSWEGO CLINIC	0.000000	27,026	0	1,995,411	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0.000000	170,672	0	7,724,517	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.000000	5,891	0	324,914	0	90.05
90.06	09006	OUTPATIENT SERVICES	0.000000	0	0	13,752,110	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.000000	11,107	0	10,081,796	0	90.07
91.00	09100	EMERGENCY	0.000000	27,146,724	0	32,326,276	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,666,864	0	13,020,368	0	92.00
200.00	Total (lines 50 through 199)			358,384,308	0	548,199,727	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0231		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/29/2021 11:26 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.137802	16,737,967	0	450	2,306,525	50.00
50.02	03330	ENDOSCOPY	0.107187	10,768,667	0	16	1,154,261	50.02
51.00	05100	RECOVERY ROOM	0.142323	4,383,797	0	0	623,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.304103	58,810	0	0	17,884	52.00
53.00	05300	ANESTHESIOLOGY	0.012446	17,842,106	0	15	222,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141638	5,736,599	0	26	812,520	54.00
54.01	03630	ULTRASOUND	0.073091	2,201,553	0	0	160,914	54.01
54.02	03440	WOMENS IMAGING CENTER	0.068151	1,622,051	0	0	110,544	54.02
54.03	05401	SPECIAL PROCEDURES	0.133360	2,396,306	0	94	319,571	54.03
54.04	05402	IMAGING CENTER	0.000000	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.175983	115,496,499	0	103,093	20,325,420	55.00
56.00	05600	RADIOISOTOPE	0.171287	7,023,492	0	339	1,203,033	56.00
57.00	05700	CT SCAN	0.026690	30,359,108	11	3,773	810,285	57.00
58.00	05800	MRI	0.047156	14,060,747	7	1,360	663,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038860	31,075,756	0	862	1,207,604	59.00
60.00	06000	LABORATORY	0.064820	38,775,848	110,706	0	2,513,450	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.133243	1,781,305	4,409	0	237,346	62.00
65.00	06500	RESPIRATORY THERAPY	0.121900	1,616,350	0	7	197,033	65.00
66.00	06600	PHYSICAL THERAPY	0.156257	326,576	0	0	51,030	66.00
68.00	06800	SPEECH PATHOLOGY	0.179198	157,909	0	0	28,297	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107906	15,563,987	1	402	1,679,448	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	0	0	0	69.01
69.02	03290	EMG/NCV	0.017197	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.048678	462,338	0	11	22,506	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.520433	15,387,106	0	0	8,007,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316954	24,017,651	19,113	0	7,612,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127466	10,429,114	0	9,051	1,329,357	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.384258	3,606,797	0	0	1,385,941	75.00
76.97	07697	CARDIAC REHABILITATION	0.197381	3,277,568	0	0	646,930	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.244480	1,819,596	0	0	444,855	90.00
90.01	09001	WOUND OSTOMY	0.217626	7,387,020	0	1,705	1,607,608	90.01
90.02	09002	PLAINFIELD CLINIC	0.102489	84,601,712	7,382	65,531	8,670,745	90.02
90.03	09003	OSWEGO CLINIC	0.071276	1,995,411	1	122	142,225	90.03
90.04	09004	BOLINGBROOK CLINIC	0.062521	7,724,517	2,031	0	482,945	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.173448	324,914	0	0	56,356	90.05
90.06	09006	OUTPATIENT SERVICES	0.496917	13,752,110	19	424	6,833,657	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.116241	10,081,796	1	155	1,171,918	90.07
91.00	09100	EMERGENCY	0.099415	32,326,276	0	0	3,213,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.294049	13,020,368	0	0	3,828,626	92.00
200.00		Subtotal (see instructions)		548,199,727	143,681	187,436	80,102,027	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		548,199,727	143,681	187,436	80,102,027	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0231		Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 11:26 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	62		50.00
50.02	03330	ENDOSCOPY	0	2		50.02
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	4		54.00
54.01	03630	ULTRASOUND	0	0		54.01
54.02	03440	WOMENS IMAGING CENTER	0	0		54.02
54.03	05401	SPECIAL PROCEDURES	0	13		54.03
54.04	05402	IMAGING CENTER	0	0		54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,143		55.00
56.00	05600	RADIOISOTOPE	0	58		56.00
57.00	05700	CT SCAN	0	101		57.00
58.00	05800	MRI	0	64		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33		59.00
60.00	06000	LABORATORY	7,176	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	587	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	1		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	43		69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0		69.01
69.02	03290	EMG/NCV	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,058	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,154		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WOUND OSTOMY	0	371		90.01
90.02	09002	PLAINFIELD CLINIC	757	6,716		90.02
90.03	09003	OSWEGO CLINIC	0	9		90.03
90.04	09004	BOLINGBROOK CLINIC	127	0		90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0		90.05
90.06	09006	OUTPATIENT SERVICES	9	211		90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	18		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	14,714	27,004		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	14,714	27,004		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0231		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 11:26 am		
					Title XIX		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
35.00	02060	NICU	0	0	0	0	0	0	35.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days				
			4.00	5.00	6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	73,734	0.00	1,353		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	6,547	0.00	450		31.00		
32.00	03200	CORONARY CARE UNIT		0	6,027	0.00	74		32.00		
35.00	02060	NICU		0	7,036	0.00	301		35.00		
43.00	04300	NURSERY		0	5,611	0.00	387		43.00		
200.00		Total (lines 30 through 199)		0	98,955		2,565		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	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
35.00	02060	NICU	0								35.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description		Title XIX		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0	0	0	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 11:26 am
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			Title XIX		Hospital	Cost		
	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	191,084,942	0.000000	50.00
50.02	03330	ENDOSCOPY	0	0	0	48,220,044	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	36,057,676	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	46,612,820	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	169,133,816	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	42,228,029	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	34,028,576	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	21,786,852	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	15,436,948	0.000000	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	303,818,526	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	21,111,268	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	199,455,215	0.000000	57.00
58.00	05800	MRI	0	0	0	78,942,349	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	126,872,519	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	370,447,930	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	22,473,581	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	51,385,496	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,269,897	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,871,584	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	66,498,261	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0.000000	69.01
69.02	03290	EMG/NCV	0	0	0	2,744,563	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	15,619,714	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	125,549,271	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	207,222,256	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	247,738,550	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	20,661,058	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	8,926,942	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	27,086,682	0.000000	90.00
90.01	09001	WOUND OSTOMY	0	0	0	14,286,322	0.000000	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	364,395,225	0.000000	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	13,253,370	0.000000	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	57,098,025	0.000000	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	2,203,892	0.000000	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	17,608,701	0.000000	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	86,895,785	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	270,908,233	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	47,872,686	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	3,410,807,604		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	0	50.00
50.02	03330 ENDOSCOPY	0.000000	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0.000000	0	0	0	0	0	54.01
54.02	03440 WOMENS IMAGING CENTER	0.000000	0	0	0	0	0	54.02
54.03	05401 SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.03
54.04	05402 IMAGING CENTER	0.000000	0	0	0	0	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	03140 CARDIOLOGY OUTREACH	0.000000	0	0	0	0	0	69.01
69.02	03290 EMG/NCV	0.000000	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001 WOUND OSTOMY	0.000000	0	0	0	0	0	90.01
90.02	09002 PLAINFIELD CLINIC	0.000000	0	0	0	0	0	90.02
90.03	09003 OSWEGO CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004 BOLINGBROOK CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09005 NAPERVILLE NORTH CLINIC	0.000000	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SERVICES	0.000000	0	0	0	0	0	90.06
90.07	09007 OUTPATIENT CLINIC OTHER	0.000000	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
11/29/2021 11:26 am

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)	73,734	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	73,734	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)	62,092	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)	22,961	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)	89,155,570	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)	89,155,570	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)	89,155,570	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)	1,209.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	27,763,293	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)	27,763,293	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
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			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	13,922,812	6,547	2,126.59	1,540	3,274,949	43.00	
44.00	CORONARY CARE UNIT	12,999,378	6,027	2,156.86	2,384	5,141,954	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NICU	12,196,010	7,036	1,733.37	0	0	47.00	
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						54,697,824	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						90,878,020	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)						4,882,584	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,495,676	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						7,378,260	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						83,499,760	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)						11,642	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,209.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						14,076,924	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	11,471,636	89,155,570	0.128670	14,076,924	1,811,278
91.00	Nursing School cost	0	89,155,570	0.000000	14,076,924	0
92.00	Allied health cost	0	89,155,570	0.000000	14,076,924	0
93.00	All other Medical Education	0	89,155,570	0.000000	14,076,924	0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
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Title XIX		Hospital	Cost
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)	73,734	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	73,734	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)	62,092	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	1,353	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)	5,611	15.00
16.00	Nursery days (title V or XIX only)	387	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)	89,155,570	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)	89,155,570	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)	89,155,570	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)	1,209.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,635,980	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)	1,635,980	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

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Date/Time Prepared:
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			Title XIX		Hospital	Cost		
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)	4,184,836	5,611	745.83	387	288,636	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	13,922,812	6,547	2,126.59	450	956,966	43.00	
44.00	CORONARY CARE UNIT	12,999,378	6,027	2,156.86	74	159,608	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NICU	12,196,010	7,036	1,733.37	301	521,744	47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,562,934	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						11,642	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,209.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						14,076,924	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

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Cost Center Description		Title XIX		Hospital		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	11,471,636	89,155,570	0.128670	14,076,924	1,811,278
91.00	Nursing School cost	0	89,155,570	0.000000	14,076,924	0
92.00	Allied health cost	0	89,155,570	0.000000	14,076,924	0
93.00	All other Medical Education	0	89,155,570	0.000000	14,076,924	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 11:26 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		44,778,414	30.00
31.00	03100	INTENSIVE CARE UNIT		9,110,372	31.00
32.00	03200	CORONARY CARE UNIT		10,883,019	32.00
35.00	02060	NICU		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.137802	30,432,500	4,193,659 50.00
50.02	03330	ENDOSCOPY	0.107187	3,434,394	368,122 50.02
51.00	05100	RECOVERY ROOM	0.142323	3,761,015	535,279 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.305188	89,931	27,446 52.00
53.00	05300	ANESTHESIOLOGY	0.012446	21,735,207	270,516 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141638	5,837,233	826,774 54.00
54.01	03630	ULTRASOUND	0.073091	3,828,238	279,810 54.01
54.02	03440	WOMENS IMAGING CENTER	0.068151	5,610	382 54.02
54.03	05401	SPECIAL PROCEDURES	0.133360	2,820,113	376,090 54.03
54.04	05402	IMAGING CENTER	0.000000	0	0 54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.175983	288,499	50,771 55.00
56.00	05600	RADIOISOTOPE	0.171287	929,325	159,181 56.00
57.00	05700	CT SCAN	0.026690	20,541,825	548,261 57.00
58.00	05800	MRI	0.047156	5,020,065	236,726 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038860	19,482,143	757,076 59.00
60.00	06000	LABORATORY	0.064820	30,788,024	1,995,680 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.133243	4,526,313	603,100 62.00
65.00	06500	RESPIRATORY THERAPY	0.122280	14,843,970	1,815,121 65.00
66.00	06600	PHYSICAL THERAPY	0.156257	8,297,590	1,296,557 66.00
68.00	06800	SPEECH PATHOLOGY	0.179198	1,666,774	298,683 68.00
69.00	06900	ELECTROCARDIOLOGY	0.107906	6,037,890	651,525 69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	0 69.01
69.02	03290	EMG/NCV	0.017197	6,300	108 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.050454	2,297,360	115,911 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.520433	20,963,976	10,910,345 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316954	48,358,370	15,327,379 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127466	66,503,418	8,476,925 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.384258	1,433,897	550,986 75.00
76.97	07697	CARDIAC REHABILITATION	0.197381	172,658	34,079 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.244480	119,592	29,238 90.00
90.01	09001	WOUND OSTOMY	0.218445	267,627	58,462 90.01
90.02	09002	PLAINFIELD CLINIC	0.102489	3,866,167	396,240 90.02
90.03	09003	OSWEGO CLINIC	0.071276	27,026	1,926 90.03
90.04	09004	BOLINGBROOK CLINIC	0.062521	170,672	10,671 90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.173448	5,891	1,022 90.05
90.06	09006	OUTPATIENT SERVICES	0.496917	0	0 90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.116241	11,107	1,291 90.07
91.00	09100	EMERGENCY	0.099765	27,146,724	2,708,293 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.294049	2,666,864	784,189 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		358,384,308	54,697,824 200.00
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)		358,384,308	54,697,824 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
11/29/2021 11:26 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			17,591,209	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			50,353,835	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)			455,463	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			2,059,354	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			260.39	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)			9.88	31.00
32.00	Sum of lines 30 and 31			12.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00	33.00
34.00	Disproportionate share adjustment (see instructions)			0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 11:26 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	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 excluding MS-DRGs 652, 682, 683, 684 an 685. (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		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)	70,459,861			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)			70,459,861	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			5,729,112	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			810,267	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 intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			76,999,240	59.00
60.00	Primary payer payments			15,572	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			76,983,668	61.00
62.00	Deductibles billed to program beneficiaries			5,852,712	62.00
63.00	Coinsurance billed to program beneficiaries			187,981	63.00
64.00	Allowable bad debts (see instructions)			718,785	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			467,210	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			380,057	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			71,410,185	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)				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)			162,418	70.93
70.94	HRR adjustment amount (see instructions)			-169,777	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A
Date/Time Prepared:
11/29/2021 11:26 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		71,402,826	71.00	71.00
71.01	Sequestration adjustment (see instructions)		0	0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	0	71.03
72.00	Interim payments		71,062,828	72.00	72.00
72.01	Interim payments-PARHM		0	0	72.01
73.00	Tentative settlement (for contractor use only)		0	0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		339,998	74.00	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		798,988	75.00	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	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	200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	201.00
202.00	Medicare discharges (see instructions)			202.00	202.00
203.00	Case-mix adjustment factor (see instructions)			203.00	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	204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00	207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	209.00
210.00	Reserved for future use			210.00	210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	212.00
213.00	Low-volume adjustment (see instructions)			213.00	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	218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 11:26 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,591,209	0	17,591,209		17,591,209
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	50,353,835	0		50,353,835	50,353,835
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	455,463	0	455,463		455,463
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,059,354	0		2,059,354	2,059,354
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
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	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	0	0	0
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	70,459,861	0	18,046,672	52,413,189	70,459,861
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	70,459,861	0	18,046,672	52,413,189	70,459,861
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,729,112	0	1,488,314	4,240,798	5,729,112

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 11:26 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	810,267	0	33,341	776,926	810,267	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	19,568,327	57,430,913	76,999,240	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	5,267,631	0	1,398,374	3,869,257	5,267,631	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	331,897	0	55,540	276,357	331,897	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0246	0.0246	0.0246	0.0246		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	129,584	0	34,400	95,184	129,584	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,729,112	0	1,488,314	4,240,798	5,729,112	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 11:26 am

		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	17,591,209	17,591,209		17,591,209	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	50,353,835		50,353,835	50,353,835	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	455,463	455,463		455,463	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	2,059,354		2,059,354	2,059,354	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	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	70,459,861	18,046,672	52,413,189	70,459,861	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	70,459,861	18,046,672	52,413,189	70,459,861	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,729,112	1,488,314	4,240,798	5,729,112	16.00
17.00	Special add-on payments for new technologies	54.00	810,267	33,341	776,926	810,267	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			19,568,327	57,430,913	76,999,240	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 11:26 am

		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	5,267,631	1,398,374	3,869,257	5,267,631	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	331,897	55,540	276,357	331,897	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0246	0.0246	0.0246		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	129,584	34,400	95,184	129,584	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,729,112	1,488,314	4,240,798	5,729,112	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	162,418	45,152	117,266	162,418	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	-169,777	-31,724	-138,053	-169,777	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 11:26 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		41,718	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		80,102,027	2.00
3.00	OPPS payments		65,848,473	3.00
4.00	Outlier payment (see instructions)		249,585	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		41,718	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		331,117	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)		331,117	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		331,117	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		289,399	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)		41,718	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)		66,098,058	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		3,833	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		10,486,864	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)		55,649,079	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		55,649,079	30.00
31.00	Primary payer payments		7,822	31.00
32.00	Subtotal (line 30 minus line 31)		55,641,257	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)		908,866	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		590,763	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		533,442	36.00
37.00	Subtotal (see instructions)		56,232,020	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-49	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)		56,232,069	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		56,012,788	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)		219,281	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 11:26 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		70,912,623		55,615,667	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		150,205		397,121	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)		71,062,828		56,012,788	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		339,998		219,281	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		71,402,826		56,232,069	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: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/29/2021 11:26 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2021 11:26 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	3,562,934			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,562,934	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,562,934	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	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	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,562,934	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	3,562,934	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0		31.00
32.00	Deductibles	0			32.00
33.00	Coinurance	0			33.00
34.00	Allowable bad debts (see instructions)	0			34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	0	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

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

Provider CCN: 14-0231

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

Worksheet G

Date/Time Prepared:

11/29/2021 11:26 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-11,117,301	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	83,745,127	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	10,941,090	0	0	0	7.00
8.00	Prepaid expenses	2,688,865	0	0	0	8.00
9.00	Other current assets	0	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)	86,257,781	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,696,998	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	572,114,746	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	-563,752,080	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	337,872,872	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	356,932,536	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	28,864,330	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	28,864,330	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	472,054,647	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,667,797	0	0	0	37.00
38.00	Salaries, wages, and fees payable	38,135,818	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,743,316	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	42,536,487	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	65,342,419	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	163,425,837	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	65,405,860	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	65,405,860	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	228,831,697	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	243,222,950				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	243,222,950	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	472,054,647	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0231

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

Worksheet G-1

Date/Time Prepared:
11/29/2021 11:26 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		211,309,072		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		117,417,264				2.00
3.00	Total (sum of line 1 and line 2)		328,726,336		0		3.00
4.00	TRANSFERS	0		0		0	4.00
5.00	MINORITY INTEREST	1,492,100		0		0	5.00
6.00	TEMP RESTRICTED NET ASSETS	1,853,542		0		0	6.00
7.00	PERM RESTRICTED NET ASSETS	312,462		0		0	7.00
8.00	DISTRIBUTIONS	350		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,658,454		0		10.00
11.00	Subtotal (line 3 plus line 10)		332,384,790		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	86,365,464		0		0	13.00
14.00	OTHER REDUCTIONS	2,796,376		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)		89,161,840		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		243,222,950		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	TRANSFERS		0				4.00
5.00	MINORITY INTEREST		0				5.00
6.00	TEMP RESTRICTED NET ASSETS		0				6.00
7.00	PERM RESTRICTED NET ASSETS		0				7.00
8.00	DISTRIBUTIONS		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	TRANSFERS TO AFFILIATES		0				13.00
14.00	OTHER REDUCTIONS		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0231

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2021 11:26 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	130,265,741		130,265,741	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	130,265,741		130,265,741	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,900,709		26,900,709	11.00
12.00	CORONARY CARE UNIT	27,414,444		27,414,444	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NICU	23,878,900		23,878,900	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	78,194,053		78,194,053	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	208,459,794		208,459,794	17.00
18.00	Ancillary services	1,043,096,130		1,043,096,130	18.00
19.00	Outpatient services	0	2,367,711,472	2,367,711,472	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	13,704,688	0	13,704,688	27.00
27.01	PROFESSIONAL FEES	0	87,176,185	87,176,185	27.01
27.02	PHYSICIANS OFFICE AND OTHER NRCC	0	2,060,333	2,060,333	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,265,260,612	2,456,947,990	3,722,208,602	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		642,810,058		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	4			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		4		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		642,810,054		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0231

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

Worksheet G-3

Date/Time Prepared:
11/29/2021 11:26 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,722,208,602	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,021,831,952	2.00
3.00	Net patient revenues (line 1 minus line 2)	700,376,650	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	642,810,054	4.00
5.00	Net income from service to patients (line 3 minus line 4)	57,566,596	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	527,290	6.00
7.00	Income from investments	252,945	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	72,213	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RENT& PARKING INCOME	905,558	24.00
24.01	IHP DISTRIBUTIONS	937,113	24.01
24.02	EMPLOYEE LEASING REV	272,219	24.02
24.03	CLINICAL TRIALS	164,637	24.03
24.04	PERINATAL HEALTH PROMOTIONS	0	24.04
24.05	LABORATORY OTHER REVENUE	5,619,955	24.05
24.06	SIMULATION AND TRAINING	0	24.06
24.07	CARDIOGRAPHICS OTHER REVENUE	0	24.07
24.08	OUTPATIENT PHARMACY	0	24.08
24.09	OCCUPATIONAL HEALTH	1,174,983	24.09
24.10	OTHER REVENUE	8,086,514	24.10
24.11	ER TRAUMA	0	24.11
24.12	INTERCO REVENUE	195,396	24.12
24.13	COMMUNITY & SEMINARS	56,565	24.13
24.14	DISCOUNT	15,778	24.14
24.15	MANAGEMENT FEES OTHER	0	24.15
24.16	GAIN/LOSS ON SALE ASSETS	229,986	24.16
24.17	INVEST INCOME REALIZED	0	24.17
24.18	NON CONTROLLING INTEREST	-621,523	24.18
24.50	COVID-19 PHE Funding	41,961,039	24.50
25.00	Total other income (sum of lines 6-24)	59,850,668	25.00
26.00	Total (line 5 plus line 25)	117,417,264	26.00
27.00	ROUNDING	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)	117,417,264	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0231	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 11:26 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,267,631	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		331,897	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)		230.66	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		9.88	8.00
9.00	Sum of lines 7 and 8		12.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.46	10.00
11.00	Disproportionate share adjustment (see instructions)		129,584	11.00
12.00	Total prospective capital payments (see instructions)		5,729,112	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