

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0258 Period: From 07/01/2020 To 06/30/2021 Worksheet S Parts I-III Date/Time Prepared: 11/29/2021 1:12 pm

PART I - COST REPORT STATUS

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

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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ALEXIAN BROTHERS MEDICAL CENTER (14-0258) 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) FORREST WHICHARD
 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	1,152,506	476,244	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	19,994	-56		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	1,172,500	476,188	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:12 pm
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1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street:800 BIESTERFIELD ROAD	PO Box:								1.00
2.00	City: ELK GROVE VILLAGE	State: IL		Zip Code:60007-3397		County: COOK				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ALEXIAN BROTHERS MEDICAL CENTER	140258	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ALEXIAN REHABILITATION UNIT	14T258	16974	5	01/01/1980	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ALEXIAN BROTHERS HOME HEALTH AGENCY	147583	16974		06/01/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ALEXIAN BROTHERS HOSPICE	141632	16974		01/01/1976				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised 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.				N	N		N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:12 pm	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,433	1,417	0	11	8,388	357	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	200	252	0	0	1,470		25.00	
						Urban/Rural Status	Date of Geographic Reclassification		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					With	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					With	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					or "N"			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/29/2021 1:12 pm

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

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:12 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	0		71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	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)	N	0		76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y			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			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			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			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	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			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	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

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:12 pm	
			V	XIX	
			1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.				108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		
			1.00	2.00	3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N
			1.00	2.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		110.00
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
			1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N		112.00
<u>Miscellaneous Cost Reporting Information</u>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:		10,471,096	0	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		Y		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.		Y	5.06	122.00
<u>Transplant Center Information</u>					
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

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021	
				Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:12 pm	
		1.00		2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	149013		140.00	
		1.00		2.00	
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.				3.00	
141.00	Name: ALEXIAN BROTHERS HEALTH SYSTEM	Contractor's Name:14-9013		Contractor's Number:05901	
142.00	Street:200 S WACKER DR	PO Box:			
143.00	City: CHICAGO	State: IL		Zip Code: 60606	
		1.00		2.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
		1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		N	
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		2.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A		Part B	
		1.00		2.00	
		Title V		Title XIX	
		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	
156.00	Subprovider - IPF	N		N	
157.00	Subprovider - IRF	N		N	
158.00	SUBPROVIDER	N		N	
159.00	SNF	N		N	
160.00	HOME HEALTH AGENCY	N		N	
161.00	CMHC	N		N	
		1.00		2.00	
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	Enter N		165.00	
		Name		County	
		0		1.00	
		State		Zip Code	
		2.00		3.00	
		CBSA		FTE/Campus	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00	
		1.00		2.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/29/2021 1:12 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			171.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 1:12 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	09/15/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for 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 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 reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	11/04/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021	
		Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 1:12 pm			
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RASA	BAKERT		41.00
42.00	Enter the employer/company name of the cost report preparer	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-544-8211	RASA.BAKERT@AMITAHEALTH.ORG		43.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/29/2021 1:12 pm	
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	38. ANALYST			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:12 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	246	89,790	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)		246	89,790	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		282	102,930	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	72	26,280		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	16	5,840			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)		370				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:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:12 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,330	1,923	60,035			1.00
2.00 HMO and other (see instructions)	12,824	8,388				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	3,374	1,470				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)	25,330	1,923	60,035			7.00
8.00 INTENSIVE CARE UNIT	5,864	443	10,390			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		767	3,767			13.00
14.00 Total (see instructions)	31,194	3,133	74,192	0.00	1,326.76	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	10,944	452	20,289	0.00	100.59	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	38,841	0	56,498	0.00	37.13	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	2,588	281	3,240	0.00	62.91	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,527.39	27.00
28.00 Observation Bed Days		0	6,063			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	85	853			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:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/29/2021 1:12 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,447	683	14,604	1.00
2.00 HMO and other (see instructions)			2,001	2,527		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				103		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,447	683	14,604	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	778	29	1,414	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 1:12 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	126,493,403	0	126,493,403	3,176,988.00	39.82
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		555,141	0	555,141	3,701.00	150.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		511,573	0	511,573	16,706.00	30.62
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		19,455,867	0	19,455,867	455,433.00	42.72
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,671,173	0	4,671,173	45,611.00	102.41
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		603,136	0	603,136	3,335.00	180.85
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		56,270,798	0	56,270,798	978,530.00	57.51
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)		25,809,674	0	25,809,674		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,493,092	0	4,493,092		
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		92,456	0	92,456		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		271,148	0	271,148		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/29/2021 1:12 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	147,217	0	147,217	13.00	11,324.38	26.00
27.00	Administrative & General	5.00	6,307,384	-394,860	5,912,524	130,269.00	45.39	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	935,734	0	935,734	48,479.00	19.30	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		4,201,092	0	4,201,092	145,601.00	28.85	33.00
34.00	Dietary	10.00	72,313	-50,656	21,657	534.00	40.56	34.00
35.00	Dietary under contract (see instructions)		1,500,230	0	1,500,230	48,846.11	30.71	35.00
36.00	Cafeteria	11.00	0	50,656	50,656	1,249.00	40.56	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,383,823	0	3,383,823	48,872.00	69.24	38.00
39.00	Central Services and Supply	14.00	804,205	0	804,205	39,818.00	20.20	39.00
40.00	Pharmacy	15.00	5,333,882	0	5,333,882	107,610.00	49.57	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	394,860	394,860	13,103.00	30.14	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/29/2021 1:12 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	131,683,152	0	131,683,152	3,354,729.11	39.25	1.00
2.00	Excluded area salaries (see instructions)	19,455,867	0	19,455,867	455,433.00	42.72	2.00
3.00	Subtotal salaries (line 1 minus line 2)	112,227,285	0	112,227,285	2,899,296.11	38.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	61,545,107	0	61,545,107	1,027,476.00	59.90	4.00
5.00	Subtotal wage-related costs (see inst.)	25,902,130	0	25,902,130	0.00	23.08	5.00
6.00	Total (sum of lines 3 thru 5)	199,674,522	0	199,674,522	3,926,772.11	50.85	6.00
7.00	Total overhead cost (see instructions)	22,685,880	0	22,685,880	584,394.11	38.82	7.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2021 1:12 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		2,600,070	1.00	
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00	
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00	
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,478,348	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)		12,738,156	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		271,120	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		-69,628	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)		812,512	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		1,336,421	15.00	
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00	
TAXES					
17.00	FICA-Employers Portion Only		9,272,841	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		117	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		226,413	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		30,666,370	24.00	
Part B - Other than Core Related Cost					
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00	

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,671,173	30,666,370	1.00
2.00	Hospital	4,671,173	30,666,370	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10				
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN:14-0258 Component CCN:14-7583		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 11/29/2021 1:12 pm	
						Home Health Agency I		PPS	
						1.00			
0.00 County						COOK		0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours	0	2,237	0	2,493	4,730	1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	1,909.00	0.00	2,209.00	4,118.00	2.00		
				Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total			
		0		1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	0.00	3.00		
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	0.00	4.00		
5.00	Other Administrative Personnel		20.47	0.00	20.47	5.00			
6.00	Direct Nursing Service		7.36	0.00	7.36	6.00			
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00			
8.00	Physical Therapy Service		5.93	0.00	5.93	8.00			
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00			
10.00	Occupational Therapy Service		0.99	0.00	0.99	10.00			
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00			
12.00	Speech Pathology Service		0.04	0.00	0.04	12.00			
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00			
14.00	Medical Social Service		0.07	0.00	0.07	14.00			
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00			
16.00	Home Health Aide		2.27	0.00	2.27	16.00			
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00			
18.00	Other (specify)		0.00	0.00	0.00	18.00			
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		4			19.00			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974				20.00			
20.01		16984				20.01			
20.02		20994				20.02			
20.03		29404				20.03			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
		Without Outliers	With Outliers						
		1.00	2.00	3.00	4.00	5.00			
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	13,938	1,289	442	59	15,728	21.00		
22.00	Skilled Nursing Visit Charges	2,825,190	251,520	83,360	10,960	3,171,030	22.00		
23.00	Physical Therapy Visits	12,090	1,270	344	53	13,757	23.00		
24.00	Physical Therapy Visit Charges	2,605,730	262,000	74,100	10,460	2,952,290	24.00		
25.00	Occupational Therapy Visits	5,084	1,014	66	30	6,194	25.00		
26.00	Occupational Therapy Visit Charges	1,099,220	207,120	14,210	6,290	1,326,840	26.00		
27.00	Speech Pathology Visits	417	271	10	1	699	27.00		
28.00	Speech Pathology Visit Charges	94,890	58,330	1,960	190	155,370	28.00		
29.00	Medical Social Service Visits	174	50	0	2	226	29.00		
30.00	Medical Social Service Visit Charges	52,200	15,000	0	600	67,800	30.00		
31.00	Home Health Aide Visits	1,841	386	3	7	2,237	31.00		
32.00	Home Health Aide Visit Charges	231,720	47,700	375	885	280,680	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	33,544	4,280	865	152	38,841	33.00		
34.00	Other Charges	0	0	0	0	0	34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	6,908,950	841,670	174,005	29,385	7,954,010	35.00		
36.00	Total Number of Episodes (standard/non outlier)	3,611		522	23	4,156	36.00		
37.00	Total Number of Outlier Episodes		197		0	197	37.00		
38.00	Total Non-Routine Medical Supply Charges	297,829	33,569	7,738	1,416	340,552	38.00		

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN:14-0258

Period:

Worksheet S-9

Hospice CCN: 14-1632

From 07/01/2020
To 06/30/2021PARTS I THROUGH IV
Date/Time Prepared:
11/29/2021 1:12 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	29,381	2,016	1,855	33,252	11.00
12.00	Hospice Inpatient Respite Care	129	0	12	141	12.00
13.00	Hospice General Inpatient Care	2,459	281	359	3,099	13.00
14.00	Total Hospice Days	31,969	2,297	2,226	36,492	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/29/2021 1:12 pm	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.200090		1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	28,718,805		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?	N		3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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	251,968,497		6.00	
7.00	Medicaid cost (line 1 times line 6)	50,416,377		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)	<21,697,572		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, 16 and 17)	821,097,572		19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	36,388,798	4,097,091	40,485,889	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,281,035	4,097,091	11,378,126	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,281,035	4,097,091	11,378,126	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)	4,311,568		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,073,048		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,189,305		27.01	
28.00	Non-Medicare bad debt expense (see instructions)	1,122,263		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,340,811		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	12,718,937		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	34,416,509		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet A Date/Time Prepared: 11/29/2021 1:12 pm		
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	16,358,628	16,358,628	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,614,616	6,614,616	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	147,217	18,644,051	18,791,268	-1,980	18,789,288	4.00
5.01	00540	NONPATIENT TELEPHONES	17,275	685,631	702,906	0	702,906	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	5,959	5,959	-3,498	2,461	5.03
5.04	00570	ADMITTING	984	17,603	18,587	-2,616	15,971	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	6,289,125	125,243,548	131,532,673	-11,955,901	119,576,772	5.06
6.00	00600	MAINTENANCE & REPAIRS	935,734	9,344,647	10,280,381	-70,633	10,209,748	6.00
7.00	00700	OPERATION OF PLANT	0	4,897,432	4,897,432	-1,557,201	3,340,231	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,143,138	1,143,138	8.00
9.00	00900	HOUSEKEEPING	0	7,344,104	7,344,104	-1,156,593	6,187,511	9.00
10.00	01000	DIETARY	72,313	8,768,263	8,840,576	-6,238,325	2,602,251	10.00
11.00	01100	CAFETERIA	0	426,787	426,787	5,766,098	6,192,885	11.00
13.00	01300	NURSING ADMINISTRATION	3,383,823	1,766,543	5,150,366	-401,941	4,748,425	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	804,205	4,134,370	4,938,575	-1,653,862	3,284,713	14.00
15.00	01500	PHARMACY	5,333,882	25,891,192	31,225,074	-24,879,882	6,345,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,272	7,272	0	7,272	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	432,822	432,822	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	449,148	46,656	495,804	0	495,804	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,731,442	9,148,989	38,880,431	-3,204,245	35,676,186	30.00
31.00	03100	INTENSIVE CARE UNIT	10,018,804	3,469,047	13,487,851	-1,649,478	11,838,373	31.00
40.00	04000	SUBPROVIDER - IPF	0	546	546	-546	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,981,447	26,180,638	33,162,085	-969,170	32,192,915	41.00
43.00	04300	NURSERY	935,302	837,023	1,772,325	-49,344	1,722,981	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,488,483	24,359,137	32,847,620	-17,005,987	15,841,633	50.00
50.01	05001	GAMMA KNIFE	445,070	1,647,053	2,092,123	-15,794	2,076,329	50.01
50.02	03330	ENDOSCOPY	1,760,179	1,995,862	3,756,041	-1,198,241	2,557,800	50.02
51.00	05100	RECOVERY ROOM	1,442,886	204,520	1,647,406	-62,076	1,585,330	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,518,027	730,769	3,248,796	-400,589	2,848,207	52.00
53.00	05300	ANESTHESIOLOGY	0	905,290	905,290	-811,755	93,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,844,864	531,485	2,376,349	-266,966	2,109,383	54.00
54.01	03630	ULTRA SOUND	864,738	184,970	1,049,708	-109,686	940,022	54.01
54.02	05401	PET SCAN	109,030	352,663	461,693	-127,301	334,392	54.02
54.03	03480	ONCOLOGY	851,913	331,817	1,183,730	-240,289	943,441	54.03
54.04	03440	MAMMOGRAPHY	731,760	294,027	1,025,787	-105,782	920,005	54.04
56.00	05600	RADIOISOTOPE	316,973	838,590	1,155,563	-12,332	1,143,231	56.00
57.00	05700	CT SCAN	1,371,259	509,200	1,880,459	-210,107	1,670,352	57.00
58.00	05800	MRI	789,803	765,953	1,555,756	-550,821	1,004,935	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,330,578	33,590,407	37,920,985	-22,115,513	15,805,472	59.00
60.00	06000	LABORATORY	299,113	14,437,834	14,736,947	-521,570	14,215,377	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,343,934	1,343,934	-3,534	1,340,400	63.00
64.00	06400	INTRAVENOUS THERAPY	785,605	537,529	1,323,134	-479,456	843,678	64.00
65.00	06500	RESPIRATORY THERAPY	2,334,540	1,120,838	3,455,378	-426,857	3,028,521	65.00
66.00	06600	PHYSICAL THERAPY	3,173,842	388,336	3,562,178	-23,240	3,538,938	66.00
66.01	06601	REHAB OUTPATIENT	1,583,952	157,837	1,741,789	-24,506	1,717,283	66.01
66.02	06602	REHAB MED SURGICAL	2,485,615	206,291	2,691,906	-13,295	2,678,611	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	887,918	219,775	1,107,693	-139,283	968,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,891	79,282	222,173	-54,982	167,191	70.00
70.01	07001	NEUROMEG	0	42,677	42,677	-42,677	0	70.01
70.02	07002	SLEEP LAB	528,362	140,854	669,216	-54,252	614,964	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,283,830	16,283,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,914,460	31,914,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,573,764	25,573,764	73.00
74.00	07400	RENAL DIALYSIS	42,880	1,716,562	1,759,442	-13,727	1,745,715	74.00
76.97	07697	CARDIAC REHABILITATION	239,592	49,228	288,820	-30,103	258,717	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	1,481,068	1,304,664	2,785,732	-976,564	1,809,168	90.00
90.01	09001	DAY REHAB	1,194,533	766,804	1,961,337	-45,296	1,916,041	90.01
90.02	09002	IMAGING CENTERS	534,013	870,529	1,404,542	-197,894	1,206,648	90.02
90.03	09003	COUMADIN CLINIC	180,699	37,499	218,198	-4,328	213,870	90.03
90.04	09004	WOUND CLINIC	611,515	804,590	1,416,105	-696,996	719,109	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0258

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

Worksheet A

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	1,851,291	1,151,291	3,002,582	-632,964	2,369,618	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	459,285	46,796	506,081	-8,267	497,814	90.06
91.00	09100	EMERGENCY	4,685,153	3,456,491	8,141,644	-1,655,694	6,485,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	6,595,137	1,396,112	7,991,249	-2,699	7,988,550	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
116.00	11600	HOSPICE	4,619,817	4,815,461	9,435,278	-464,072	8,971,206	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	125,683,085	349,193,258	474,876,343	546,646	475,422,989	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,811	117,910	233,721	-301	233,420	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	694,507	6,028,160	6,722,667	-546,345	6,176,322	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	126,493,403	355,339,328	481,832,731	0	481,832,731	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0258

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

Worksheet A

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,677,671	11,680,957	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	13,793,570	20,408,186	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	786,200	19,575,488	4.00
5.01	00540	NONPATIENT TELEPHONES	355,798	1,058,704	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	2,461	5.03
5.04	00570	ADMITTING	0	15,971	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-39,595,589	79,981,183	5.06
6.00	00600	MAINTENANCE & REPAIRS	-725,093	9,484,655	6.00
7.00	00700	OPERATION OF PLANT	11,135,800	14,476,031	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,149	1,177,287	8.00
9.00	00900	HOUSEKEEPING	0	6,187,511	9.00
10.00	01000	DIETARY	0	2,602,251	10.00
11.00	01100	CAFETERIA	-994,832	5,198,053	11.00
13.00	01300	NURSING ADMINISTRATION	261,268	5,009,693	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-488,307	2,796,406	14.00
15.00	01500	PHARMACY	97,661	6,442,853	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	96,995	104,267	16.00
17.00	01700	SOCIAL SERVICE	2,358,908	2,791,730	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-2,600	493,204	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-174,313	35,501,873	30.00
31.00	03100	INTENSIVE CARE UNIT	-28,014	11,810,359	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-748,147	31,444,768	41.00
43.00	04300	NURSERY	-688,735	1,034,246	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-151,089	15,690,544	50.00
50.01	05001	GAMMA KNIFE	-101,989	1,974,340	50.01
50.02	03330	ENDOSCOPY	0	2,557,800	50.02
51.00	05100	RECOVERY ROOM	0	1,585,330	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,848,207	52.00
53.00	05300	ANESTHESIOLOGY	0	93,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-300	2,109,083	54.00
54.01	03630	ULTRA SOUND	0	940,022	54.01
54.02	05401	PET SCAN	0	334,392	54.02
54.03	03480	ONCOLOGY	314,731	1,258,172	54.03
54.04	03440	MAMMOGRAPHY	0	920,005	54.04
56.00	05600	RADIOISOTOPE	0	1,143,231	56.00
57.00	05700	CT SCAN	-186	1,670,166	57.00
58.00	05800	MRI	-9,440	995,495	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,805,472	59.00
60.00	06000	LABORATORY	159,066	14,374,443	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-705	1,339,695	63.00
64.00	06400	INTRAVENOUS THERAPY	0	843,678	64.00
65.00	06500	RESPIRATORY THERAPY	-4,086	3,024,435	65.00
66.00	06600	PHYSICAL THERAPY	0	3,538,938	66.00
66.01	06601	REHAB OUTPATIENT	-5,220	1,712,063	66.01
66.02	06602	REHAB MED SURGICAL	-82	2,678,529	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-287	968,123	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	167,191	70.00
70.01	07001	NEUROMEG	0	0	70.01
70.02	07002	SLEEP LAB	0	614,964	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,283,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,914,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,573,764	73.00
74.00	07400	RENAL DIALYSIS	0	1,745,715	74.00
76.97	07697	CARDIAC REHABILITATION	0	258,717	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	1,809,168	90.00
90.01	09001	DAY REHAB	0	1,916,041	90.01
90.02	09002	IMAGING CENTERS	-589,240	617,408	90.02
90.03	09003	COUMADIN CLINIC	0	213,870	90.03
90.04	09004	WOUND CLINIC	0	719,109	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	-13,327	2,356,291	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	497,814	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0258

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

Worksheet A

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY	-17,085	6,468,865	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS			92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	7,988,550	101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
116.00	11600	HOSPICE	0	8,971,206	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,622,191	455,800,798	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	233,420	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,394,840	3,781,482	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-22,017,031	459,815,700	200.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,573,764		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	0 _ _ _ _ _	_ _ _	_ _ _	25,573,764		
	B - BED RENTALS					
1.00	ADULTS & PEDIATRICS _ _ _	30.00	0	371,199		1.00
	0 _ _ _ _	_ _ _	_ _ _	371,199		
	C - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE _ _	8.00	0	1,143,138		1.00
	0 _ _ _ _	_ _ _	_ _	1,143,138		
	D - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,482,980		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,614,616		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
TOTALS			0	16,097,596		
E - SHARED DIETARY						
1.00	CAFETERIA	11.00	50,656	6,142,229		1.00
	0		50,656	6,142,229		
F - MISSION INTEGRATION						
1.00	SOCIAL SERVICE	17.00	394,860	37,962		1.00
	TOTALS		394,860	37,962		
G - IMPLANTS AND SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,283,830		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	31,914,460		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.00	0	1,281,299		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
0			0	49,479,589		
I - RENT RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	437,399		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

Provider CCN:14-0258

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

Worksheet A-6
Date/Time Prepared:
11/29/2021 1:12 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	_____	_____ 0.00	_____ 0	_____ 0	4.00
	TOTALS		0	437,399	
	J - INTEREST EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	_____ 1.00	_____ 0	6,438,249	1.00
	0		0	6,438,249	
	K - STARBUCKS				
1.00	PHYSICIANS' PRIVATE OFFICES	_____ 192.00	_____ 0	426,787	1.00
	TOTALS		0	426,787	
500.00	Grand Total: Increases		445,516	106,147,912	500.00

RECLASSIFICATIONS

Provider CCN:14-0258

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

Worksheet A-6

Date/Time Prepared:
11/29/2021 1:12 pm

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	A - CHARGEABLE DRUGS						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	16,137	0	1.00	
2.00	DIETARY	10.00	0	3,740	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	1,278	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,472	0	4.00	
5.00	PHARMACY	15.00	0	24,602,916	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	161,038	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	84,810	0	7.00	
8.00	SUBPROVIDER - IRF	41.00	0	9,430	0	8.00	
9.00	OPERATING ROOM	50.00	0	102,414	0	9.00	
10.00	ENDOSCOPY	50.02	0	23,518	0	10.00	
11.00	RECOVERY ROOM	51.00	0	5,000	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,097	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	63,249	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,437	0	14.00	
15.00	PET SCAN	54.02	0	1,315	0	15.00	
16.00	ONCOLOGY	54.03	0	13,087	0	16.00	
17.00	CT SCAN	57.00	0	85,877	0	17.00	
18.00	MRI	58.00	0	1,901	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	45,317	0	19.00	
20.00	LABORATORY	60.00	0	7,757	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	0	5,271	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	4,910	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	4,816	0	23.00	
24.00	CLINIC	90.00	0	23,068	0	24.00	
25.00	IMAGING CENTERS	90.02	0	13,774	0	25.00	
26.00	COUMADIN CLINIC	90.03	0	3,378	0	26.00	
27.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	17,344	0	27.00	
28.00	EMERGENCY	91.00	0	65,573	0	28.00	
29.00	HOSPICE	116.00	0	141,840	0	29.00	
			0	25,573,764			
B - BED RENTALS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	371,199	0	1.00	
			0	371,199			
C - LAUNDRY							
1.00	HOUSEKEEPING	9.00	0	1,143,138	0	1.00	
			0	1,143,138			
D - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,980	9	1.00	
2.00	ADMITTING	5.04	0	2,616	9	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.06	0	6,150,008	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	70,633	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	1,557,201	0	5.00	
6.00	HOUSEKEEPING	9.00	0	8,368	0	6.00	
7.00	DIETARY	10.00	0	39,291	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	113,167	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	72,259	0	9.00	
10.00	PHARMACY	15.00	0	38,252	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	675,245	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	128,283	0	12.00	
13.00	SUBPROVIDER - IRF	41.00	0	528,381	0	13.00	
14.00	NURSERY	43.00	0	691	0	14.00	
15.00	OPERATING ROOM	50.00	0	1,433,279	0	15.00	
16.00	GAMMA KNIFE	50.01	0	13,571	0	16.00	
17.00	ENDOSCOPY	50.02	0	249,802	0	17.00	
18.00	RECOVERY ROOM	51.00	0	8,583	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	48,073	0	19.00	
20.00	ANESTHESIOLOGY	53.00	0	203,380	0	20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	218,824	0	21.00	
22.00	ULTRA SOUND	54.01	0	93,606	0	22.00	
23.00	PET SCAN	54.02	0	124,691	0	23.00	
24.00	ONCOLOGY	54.03	0	24,529	0	24.00	
25.00	MAMMOGRAPHY	54.04	0	38,739	0	25.00	
26.00	CT SCAN	57.00	0	29,480	0	26.00	
27.00	MRI	58.00	0	510,394	0	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	1,322,461	0	28.00	
29.00	LABORATORY	60.00	0	355,492	0	29.00	
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,534	0	30.00	
31.00	RESPIRATORY THERAPY	65.00	0	32,223	0	31.00	
32.00	PHYSICAL THERAPY	66.00	0	3,550	0	32.00	
33.00	REHAB OUTPATIENT	66.01	0	7,208	0	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	114,232	0	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,353	0	35.00	

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
36.00	NEUROMEG	70.01	0	42,308	0		36.00
37.00	SLEEP LAB	70.02	0	2,150	0		37.00
38.00	CARDIAC REHABILITATION	76.97	0	26,941	0		38.00
39.00	CLINIC	90.00	0	53,464	0		39.00
40.00	DAY REHAB	90.01	0	37,229	0		40.00
41.00	IMAGING CENTERS	90.02	0	105,942	0		41.00
42.00	WOUND CLINIC	90.04	0	5,460	0		42.00
43.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	431,150	0		43.00
44.00	CONGESTIVE HEART FAILURE CLINIC	90.06	0	4,910	0		44.00
45.00	EMERGENCY	91.00	0	117,679	0		45.00
46.00	HOSPICE	116.00	0	43,551	0		46.00
47.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	301	0		47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	973,132	0		48.00
TOTALS			0	16,097,596			
E - SHARED DIETARY							
1.00	DIETARY	10.00	50,656	6,142,229	0		1.00
0			50,656	6,142,229			
F - MISSION INTEGRATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	394,860	37,962	0		1.00
TOTALS			394,860	37,962			
G - IMPLANTS AND SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	3,498	0		1.00
2.00	HOUSEKEEPING	9.00	0	5,087	0		2.00
3.00	DIETARY	10.00	0	2,409	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	287,496	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,196,932	0		5.00
6.00	PHARMACY	15.00	0	238,714	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	2,739,161	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,436,385	0		8.00
9.00	SUBPROVIDER - IRF	41.00	0	431,359	0		9.00
10.00	NURSERY	43.00	0	48,653	0		10.00
11.00	OPERATING ROOM	50.00	0	15,470,294	0		11.00
12.00	GAMMA KNIFE	50.01	0	2,223	0		12.00
13.00	ENDOSCOPY	50.02	0	924,921	0		13.00
14.00	RECOVERY ROOM	51.00	0	48,493	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	332,419	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	545,126	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,705	0		17.00
18.00	ULTRA SOUND	54.01	0	16,080	0		18.00
19.00	PET SCAN	54.02	0	1,295	0		19.00
20.00	ONCOLOGY	54.03	0	202,673	0		20.00
21.00	MAMMOGRAPHY	54.04	0	67,043	0		21.00
22.00	RADIOISOTOPE	56.00	0	12,332	0		22.00
23.00	CT SCAN	57.00	0	94,750	0		23.00
24.00	MRI	58.00	0	38,526	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	20,747,735	0		25.00
26.00	LABORATORY	60.00	0	135,339	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	474,185	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	389,724	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	19,690	0		29.00
30.00	REHAB OUTPATIENT	66.01	0	17,298	0		30.00
31.00	REHAB MED SURGICAL	66.02	0	13,295	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	25,051	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,629	0		33.00
34.00	NEUROMEG	70.01	0	369	0		34.00
35.00	SLEEP LAB	70.02	0	52,102	0		35.00
36.00	RENAL DIALYSIS	74.00	0	8,911	0		36.00
37.00	CARDIAC REHABILITATION	76.97	0	3,162	0		37.00
38.00	CLINIC	90.00	0	900,032	0		38.00
39.00	DAY REHAB	90.01	0	8,067	0		39.00
40.00	IMAGING CENTERS	90.02	0	2,964	0		40.00
41.00	COUMADIN CLINIC	90.03	0	950	0		41.00
42.00	WOUND CLINIC	90.04	0	691,536	0		42.00
43.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	45,251	0		43.00
44.00	CONGESTIVE HEART FAILURE CLINIC	90.06	0	3,357	0		44.00
45.00	EMERGENCY	91.00	0	1,472,442	0		45.00
46.00	HOME HEALTH AGENCY	101.00	0	2,699	0		46.00
47.00	HOSPICE	116.00	0	278,681	0		47.00
48.00	SUBPROVIDER - IPF	40.00	0	546	0		48.00
0			0	49,479,589			

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
I - RENT RECLASS						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	199,984	10	1.00
2.00	LABORATORY	60.00	0	22,982	0	2.00
3.00	IMAGING CENTERS	90.02	0	75,214	0	3.00
4.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	139,219	0	4.00
	TOTALS		0	437,399		
J - INTEREST EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	6,438,249	11	1.00
	0		0	6,438,249		
K - STARBUCKS						
1.00	CAFETERIA	11.00	0	426,787	0	1.00
	TOTALS		0	426,787		
500.00	Grand Total: Decreases		445,516	106,147,912		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
11/29/2021 1:12 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,100,000	0	0	0	0	1.00
2.00	Land Improvements	1,958,087	0	-19,200	-19,200	0	2.00
3.00	Buildings and Fixtures	187,292,510	0	2,144	2,144	0	3.00
4.00	Building Improvements	24,248,380	11,835,259	1,405,628	13,240,887	850,328	4.00
5.00	Fixed Equipment	2,333,490	64,350	0	64,350	0	5.00
6.00	Movable Equipment	85,225,568	3,879,051	939,196	4,818,247	144,728	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	311,158,035	15,778,660	2,327,768	18,106,428	995,056	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	311,158,035	15,778,660	2,327,768	18,106,428	995,056	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	10,100,000	0				1.00
2.00	Land Improvements	1,938,887	0				2.00
3.00	Buildings and Fixtures	187,294,654	0				3.00
4.00	Building Improvements	36,638,939	0				4.00
5.00	Fixed Equipment	2,397,840	0				5.00
6.00	Movable Equipment	89,899,087	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	328,269,407	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	328,269,407	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
11/29/2021 1:12 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	238,370,320	0	238,370,320	0.726142	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	89,899,087	0	89,899,087	0.273858	0	2.00
3.00	Total (sum of lines 1-2)	328,269,407	0	328,269,407	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	11,243,558	437,399	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	20,408,186	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,651,744	437,399	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	11,680,957	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	20,408,186	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	32,089,143	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0258

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00			2.00	3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-6,438,249	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-170,861	ADMINISTRATIVE AND GENERAL		5.06	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,222,587				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	-2,864,187				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-946,106	CAFETERIA		11.00	0	14.00
15.00	Rental of quarters to employees and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-35,748	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines	B	-48,726	CAFETERIA		11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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	UTILIZATION REVIEW - SNF		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,224,130	CAP REL COSTS-BLDG & FIXT		1.00	9	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	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	COFFEE SHOP	A	-426,787	PHYSICIANS' PRIVATE OFFICES		192.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0258

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

Worksheet A-8

Date/Time Prepared:
11/29/2021 1:12 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00	5.00	
34.03	WEIGHT MANAGEMENT		A	-387,818	ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.05	NON ALLOW PATIENT TRANSPORTATION		A	-105,911	MAINTENANCE & REPAIRS	6.00	0	34.05
35.00	GAIN/LOSS ON SALE ON ASSETS		A	-552,267	IMAGING CENTERS	90.02	0	35.00
36.00	REAL ESTATE TAXES		A	-134,301	ADMINISTRATIVE AND GENERAL	5.06	0	36.00
36.01	REAL ESTATE TAXES		A	-619,182	MAINTENANCE & REPAIRS	6.00	0	36.01
36.02	REAL ESTATE TAXES		A	-36,973	IMAGING CENTERS	90.02	0	36.02
36.03	REAL ESTATE TAXES		A	-519,483	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.03
36.04	LOBBYING PORTION OF DUES		A	-50,000	ADMINISTRATIVE AND GENERAL	5.06	0	36.04
36.05	MISCELLANEOUS INCOME		B	-818,733	ADMINISTRATIVE AND GENERAL	5.06	0	36.05
37.00	MISCELLANEOUS INCOME		B	-1,290	ADULTS & PEDIATRICS	30.00	0	37.00
38.00	MISCELLANEOUS INCOME		B	-53,132	OPERATION OF PLANT	7.00	0	38.00
38.01	MISCELLANEOUS INCOME		B	-1,984	LABORATORY	60.00	0	38.01
38.02	MISCELLANEOUS INCOME		B	-17,975	PHARMACY	15.00	0	38.02
38.03	MISCELLANEOUS INCOME		B	-2,600	PARAMED ED PRGM-(SPECIFY)	23.00	0	38.03
38.04	MISCELLANEOUS INCOME		B	-561,618	SUBPROVIDER - IRF	41.00	0	38.04
38.05	MISCELLANEOUS INCOME		B	-5,220	REHAB OUTPATIENT	66.01	0	38.05
38.06	OTHER OPERATING INCOME		B	-553,511	CAP REL COSTS-BLDG & FIXT	1.00	9	38.06
38.07	RENTAL REVENUE		B	-1,448,570	PHYSICIANS' PRIVATE OFFICES	192.00	0	38.07
38.08	PHYSICIAN PART B		A	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	38.08
38.09	CONTRIBUTIONS		A	-14,063	ADMINISTRATIVE AND GENERAL	5.06	0	38.09
38.10	NON OP EXPENSE		A	5,614	ADMINISTRATIVE AND GENERAL	5.06	0	38.10
38.11	HOSPICE COSTS		A	-173,023	ADULTS & PEDIATRICS	30.00	0	38.11
38.12	HOSPICE COSTS		A	-28,014	INTENSIVE CARE UNIT	31.00	0	38.12
38.13	HOSPICE COSTS		A	-300	RADIOLOGY-DIAGNOSTIC	54.00	0	38.13
38.14	HOSPICE COSTS		A	-186	CT SCAN	57.00	0	38.14
38.15	HOSPICE COSTS		A	-290	MRI	58.00	0	38.15
38.16	HOSPICE COSTS		A	-1,600	LABORATORY	60.00	0	38.16
38.17	HOSPICE COSTS		A	-705	BLOOD STORING, PROCESSING & TRANS.	63.00	0	38.17
38.18	HOSPICE COSTS		A	-4,086	RESPIRATORY THERAPY	65.00	0	38.18
38.19	HOSPICE COSTS		A	-82	REHAB MED SURGICAL	66.02	0	38.19
38.20	HOSPICE COSTS		A	-287	ELECTROCARDIOLOGY	69.00	0	38.20
39.00	HOSPICE COSTS		A	-320	EMERGENCY	91.00	0	39.00
39.01	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	39.01
40.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	40.00
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-22,017,031				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:14-0258 Period: From 07/01/2020 To 06/30/2021 Worksheet A-8-1 Date/Time Prepared: 11/29/2021 1:12 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	2.00	CAP REL COSTS-MVBLE EQUIP	ABMP CAPITAL COSTS	3,099	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	IS CAPITAL RELATED COSTS	8,895,833	0 2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL RELATED BUILD	89,959	0 3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL RELATED EQUIP	4,894,638	0 3.01
3.02	5.06	ADMINISTRATIVE AND GENERAL	ABMP OPERATING	24,713	0 3.02
3.03	54.03	ONCOLOGY	RADIATION ONCOLOGY	314,731	0 3.03
3.04	5.06	ADMINISTRATIVE AND GENERAL	COVID 19 VACCINE	60,598	0 3.04
3.05	5.06	ADMINISTRATIVE AND GENERAL	IS SERVICES	21,530,469	81,126,719 3.05
3.06	5.06	ADMINISTRATIVE AND GENERAL	CALL CENTER AND CENTRAL SCHE	1,402,676	0 3.06
3.07	5.06	ADMINISTRATIVE AND GENERAL	CLINICAL INFORMATICS	123,304	0 3.07
3.08	5.06	ADMINISTRATIVE AND GENERAL	CREDENTIALING	171,483	0 3.08
3.09	5.06	ADMINISTRATIVE AND GENERAL	QUALITY MGMT	1,361,725	0 3.09
3.10	15.00	PHARMACY	PHARMACY ADMIN	115,636	0 3.10
3.11	5.06	ADMINISTRATIVE AND GENERAL	REVENUE CYCLE	255,782	0 3.11
3.12	5.06	ADMINISTRATIVE AND GENERAL	PT ACCESS	162,591	0 3.12
3.13	5.06	ADMINISTRATIVE AND GENERAL	MEDICAL ADMIN	381,232	0 3.13
3.14	5.06	ADMINISTRATIVE AND GENERAL	MANAGED CARE	302,174	0 3.14
3.15	13.00	NURSING ADMINISTRATION	NURSING ADMING	339,268	0 3.15
3.16	7.00	OPERATION OF PLANT	FACILITES	11,188,932	0 3.16
3.17	5.06	ADMINISTRATIVE AND GENERAL	SERVICE LINES	1,027,141	0 3.17
3.18	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	786,200	0 3.18
3.19	5.01	NONPATIENT TELEPHONES	TELECOM	355,798	0 3.19
3.20	14.00	CENTRAL SERVICES & SUPPLY	MATERIALS MGMT	-488,307	0 3.20
3.21	16.00	MEDICAL RECORDS & LIBRARY	HIM	132,743	0 3.21
3.22	17.00	SOCIAL SERVICE	CASE MGMT	2,358,908	0 3.22
3.23	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	34,149	0 3.23
3.24	5.06	ADMINISTRATIVE AND GENERAL	POOLED A&G	22,274,407	0 3.24
3.25	60.00	LABORATORY	ALVERNO	13,880,265	13,717,615 3.25
3.26	0.00			0	0 3.26
3.27	0.00			0	0 3.27
3.28	0.00			0	0 3.28
3.29	0.00			0	0 3.29
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.		91,980,147	94,844,334	5.00

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

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

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

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

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

6.00	B	ALEXIAN BROTHERS HOSPITAL NE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

Provider CCN:14-0258

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 1:12 pm

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

(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:14-0258

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2021 1:12 pm

	Net Adjustment (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,099	9		1.00
2.00	8,895,833	9		2.00
3.00	89,959	9		3.00
3.01	4,894,638	9		3.01
3.02	24,713	0		3.02
3.03	314,731	0		3.03
3.04	60,598	0		3.04
3.05	-59,596,250	0		3.05
3.06	1,402,676	0		3.06
3.07	123,304	0		3.07
3.08	171,483	0		3.08
3.09	1,361,725	0		3.09
3.10	115,636	0		3.10
3.11	255,782	0		3.11
3.12	162,591	0		3.12
3.13	381,232	0		3.13
3.14	302,174	0		3.14
3.15	339,268	0		3.15
3.16	11,188,932	0		3.16
3.17	1,027,141	0		3.17
3.18	786,200	0		3.18
3.19	355,798	0		3.19
3.20	-488,307	0		3.20
3.21	132,743	0		3.21
3.22	2,358,908	0		3.22
3.23	34,149	0		3.23
3.24	22,274,407	0		3.24
3.25	162,650	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
3.29	0	0		3.29
4.00	0	0		4.00
5.00	-2,864,187			5.00

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

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

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

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

6.00		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:14-0258

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2021 1:12 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE AND GENERAL	6,320,386	5,807,783	512,603	211,500	3,377	1.00
2.00	13.00	NURSING ADMINISTRATION	78,000	78,000	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	186,529	186,529	0	0	0	3.00
4.00	43.00	NURSERY	688,735	688,735	0	0	0	4.00
5.00	50.00	OPERATING ROOM	386,235	0	386,235	246,400	1,985	5.00
6.00	50.01	GAMMA KNIFE	259,188	51,900	207,288	246,400	1,327	6.00
7.00	58.00	MRI	9,150	9,150	0	0	0	7.00
8.00	90.05	CARDIOVASCULAR IMAGING CENTERS	13,327	13,327	0	0	0	8.00
9.00	91.00	EMERGENCY	52,151	0	52,151	211,500	348	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,993,701	6,835,424	1,158,277		7,037	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE AND GENERAL	343,383	17,169	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	235,146	11,757	0	0	0	5.00
6.00	50.01	GAMMA KNIFE	157,199	7,860	0	0	0	6.00
7.00	58.00	MRI	0	0	0	0	0	7.00
8.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	35,386	1,769	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			771,114	38,555	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE AND GENERAL	0	343,383	169,220	5,977,003		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	78,000		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	186,529		3.00
4.00	43.00	NURSERY	0	0	0	688,735		4.00
5.00	50.00	OPERATING ROOM	0	235,146	151,089	151,089		5.00
6.00	50.01	GAMMA KNIFE	0	157,199	50,089	101,989		6.00
7.00	58.00	MRI	0	0	0	9,150		7.00
8.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	0	0	13,327		8.00
9.00	91.00	EMERGENCY	0	35,386	16,765	16,765		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	771,114	387,163	7,222,587		200.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part I Date/Time Prepared: 11/29/2021 1:12 pm
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	11,680,957	11,680,957			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	20,408,186		20,408,186		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	19,575,488	58,694	6,109	19,640,291	4.00
5.01	00540	NONPATIENT TELEPHONES	1,058,704	25,556	0	2,685	5.01
5.02	00550	DATA PROCESSING	0	7,535	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,461	0	0	0	5.03
5.04	00570	ADMITTING	15,971	69,323	8,071	153	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	79,981,183	522,174	836,284	916,252	5.06
6.00	00600	MAINTENANCE & REPAIRS	9,484,655	32,076	61,259	145,458	6.00
7.00	00700	OPERATION OF PLANT	14,476,031	2,848,174	235,727	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,177,287	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,187,511	66,103	20,545	0	9.00
10.00	01000	DIETARY	2,602,251	203,908	62,157	3,367	10.00
11.00	01100	CAFETERIA	5,198,053	230,082	0	7,874	11.00
13.00	01300	NURSING ADMINISTRATION	5,009,693	11,802	335,889	526,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,796,406	255,924	222,942	125,012	14.00
15.00	01500	PHARMACY	6,442,853	93,610	9,367	829,141	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	104,267	178,558	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,791,730	12,342	0	61,380	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	493,204	14,642	0	69,819	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,501,873	2,149,216	1,893,092	4,621,722	30.00
31.00	03100	INTENSIVE CARE UNIT	11,810,359	434,767	390,829	1,557,403	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	31,444,768	691,595	502,154	1,085,252	41.00
43.00	04300	NURSERY	1,034,246	42,863	2,132	145,391	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,690,544	639,611	4,402,872	1,319,518	50.00
50.01	05001	GAMMA KNIFE	1,974,340	58,536	41,871	69,185	50.01
50.02	03330	ENDOSCOPY	2,557,800	110,488	770,718	273,616	50.02
51.00	05100	RECOVERY ROOM	1,585,330	97,290	26,481	224,294	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,848,207	312,429	148,320	391,422	52.00
53.00	05300	ANESTHESIOLOGY	93,535	7,218	627,492	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,109,083	139,740	604,660	286,780	54.00
54.01	03630	ULTRA SOUND	940,022	72,686	288,804	134,422	54.01
54.02	05401	PET SCAN	334,392	22,161	384,711	16,948	54.02
54.03	03480	ONCOLOGY	1,258,172	157,111	75,680	132,428	54.03
54.04	03440	MAMMOGRAPHY	920,005	94,228	119,522	113,751	54.04
56.00	05600	RADIOISOTOPE	1,143,231	91,849	0	49,273	56.00
57.00	05700	CT SCAN	1,670,166	70,322	90,955	213,159	57.00
58.00	05800	MRI	995,495	104,666	1,471,206	122,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,805,472	254,131	3,526,659	673,180	59.00
60.00	06000	LABORATORY	14,374,443	295,788	518,975	46,497	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,339,695	13,817	10,904	0	63.00
64.00	06400	INTRAVENOUS THERAPY	843,678	7,821	0	122,121	64.00
65.00	06500	RESPIRATORY THERAPY	3,024,435	35,708	99,418	362,900	65.00
66.00	06600	PHYSICAL THERAPY	3,538,938	131,856	10,953	493,367	66.00
66.01	06601	REHAB OUTPATIENT	1,712,063	102,906	21,998	246,222	66.01
66.02	06602	REHAB MED SURGICAL	2,678,529	13,500	0	386,384	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	968,123	52,476	352,442	138,025	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	167,191	38,881	96,734	22,212	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	614,964	93,816	6,633	82,133	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,283,830	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	31,914,460	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,573,764	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,745,715	15,292	0	6,666	74.00
76.97	07697	CARDIAC REHABILITATION	258,717	66,420	82,915	37,244	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	1,809,168	156,111	141,931	230,229	90.00
90.01	09001	DAY REHAB	1,916,041	33,075	0	185,688	90.01
90.02	09002	IMAGING CENTERS	617,408	0	239,414	83,011	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
90.03	09003	COUMADIN CLINIC	213,870	9,185	0	28,089	574	90.03
90.04	09004	WOUND CLINIC	719,109	96,544	16,846	95,059	1,722	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	2,356,291	0	1,330,234	287,779	574	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	497,814	0	15,149	71,395	0	90.06
91.00	09100	EMERGENCY	6,468,865	228,528	123,684	728,298	56,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	7,988,550	0	0	1,025,201	56,241	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	8,971,206	0	134,369	718,141	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	455,800,798	11,573,134	20,369,107	19,514,328	1,084,649	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	233,420	33,614	833	18,003	2,296	190.00
191.00	19100	RESEARCH	0	48,177	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,781,482	26,032	38,246	107,960	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	459,815,700	11,680,957	20,408,186	19,640,291	1,086,945	202.00

COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part I Date/Time Prepared: 11/29/2021 1:12 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal			
			5.02	5.03	5.04	5.05	5A.05			
GENERAL SERVICE COST CENTERS										
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00	
5.01	00540	NONPATIENT TELEPHONES							5.01	
5.02	00550	DATA PROCESSING	94,766						5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	2,957	23,209					5.03	
5.04	00570	ADMITTING	0	2	125,084				5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	72,022	0	0	113,342			5.05	
5.06	00590	ADMINISTRATIVE AND GENERAL	19,787	2,132	0	0	82,435,631		5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	2	0	0	9,760,179		6.00	
7.00	00700	OPERATION OF PLANT	0	17	0	0	17,563,966		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,177,287		8.00	
9.00	00900	HOUSEKEEPING	0	107	0	0	6,284,596		9.00	
10.00	01000	DIETARY	0	0	0	0	2,898,656		10.00	
11.00	01100	CAFETERIA	0	0	0	0	5,436,009		11.00	
13.00	01300	NURSING ADMINISTRATION	0	171	0	0	5,894,468		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	598	0	0	3,407,769		14.00	
15.00	01500	PHARMACY	0	5,263	0	0	7,399,172		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	329,310		16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,872,339		17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	1	0	0	586,848		23.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	782	10,763	9,784	44,289,384		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	383	2,921	2,655	14,233,176		31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	172	2,789	2,536	33,757,960		41.00	
43.00	04300	NURSERY	0	17	377	343	1,236,847		43.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	4,261	9,676	8,797	22,109,138		50.00	
50.01	05001	GAMMA KNIFE	0	15	675	614	2,145,810		50.01	
50.02	03330	ENDOSCOPY	0	335	3,130	2,846	3,721,802		50.02	
51.00	05100	RECOVERY ROOM	0	15	1,305	1,186	1,943,362		51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	97	617	561	3,715,426		52.00	
53.00	05300	ANESTHESIOLOGY	0	147	3,809	3,463	736,812		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21	2,287	2,079	3,207,204		54.00	
54.01	03630	ULTRA SOUND	0	5	1,443	1,312	1,439,842		54.01	
54.02	05401	PET SCAN	0	44	624	567	759,447		54.02	
54.03	03480	ONCOLOGY	0	48	2,692	2,447	1,628,578		54.03	
54.04	03440	MAMMOGRAPHY	0	36	1,015	923	1,249,480		54.04	
56.00	05600	RADIOISOTOPE	0	165	989	899	1,293,867		56.00	
57.00	05700	CT SCAN	0	78	5,612	5,102	2,056,542		57.00	
58.00	05800	MRI	0	32	2,221	2,019	2,708,742		58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	6,657	10,155	9,232	20,296,964		59.00	
60.00	06000	LABORATORY	0	29	13,136	11,570	15,310,366		60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	280	623	566	1,368,754		63.00	
64.00	06400	INTRAVENOUS THERAPY	0	100	129	117	973,966		64.00	
65.00	06500	RESPIRATORY THERAPY	0	106	2,497	2,270	3,536,516		65.00	
66.00	06600	PHYSICAL THERAPY	0	6	2,281	2,073	4,188,082		66.00	
66.01	06601	REHAB OUTPATIENT	0	6	640	582	2,093,025		66.01	
66.02	06602	REHAB MED SURGICAL	0	4	1,142	1,038	3,086,910		66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0		68.00	
69.00	06900	ELECTROCARDIOLOGY	0	7	3,024	2,749	1,526,028		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7	346	314	334,293		70.00	
70.01	07001	NEUROMEG	0	0	0	0	0		70.01	
70.02	07002	SLEEP LAB	0	12	549	499	799,180		70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,975	4,523	16,293,328		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,560	5,055	31,925,075		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,613	10,558	25,595,935		73.00	
74.00	07400	RENAL DIALYSIS	0	3	472	429	1,768,577		74.00	
76.97	07697	CARDIAC REHABILITATION	0	1	56	51	449,421		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	234	1,076	978	2,351,205		90.00	
90.01	09001	DAY REHAB	0	3	721	656	2,136,758		90.01	
90.02	09002	IMAGING CENTERS	0	5	647	588	946,812		90.02	
90.03	09003	COUMADIN CLINIC	0	5	63	57	251,843		90.03	
90.04	09004	WOUND CLINIC	0	151	1,038	944	931,413		90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	61	4,404	4,004	3,983,347		90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	2	44	40	584,444		90.06	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
91.00	09100	EMERGENCY	0	370	5,600	5,091	7,617,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	81	727	660	9,071,460	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	113	621	565	9,825,015	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,766	23,189	125,084	113,342	455,525,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	288,166	190.00
191.00	19100	RESEARCH	0	0	0	0	48,177	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	20	0	0	3,953,740	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	94,766	23,209	125,084	113,342	459,815,700	202.00

COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part I Date/Time Prepared: 11/29/2021 1:12 pm	
Cost Center Description			ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
			AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	82,435,631					5.06
6.00	00600	MAINTENANCE & REPAIRS	2,132,033	11,892,212				6.00
7.00	00700	OPERATION OF PLANT	3,836,708	3,088,844	24,489,518			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	257,169	0	0	1,434,456		8.00
9.00	00900	HOUSEKEEPING	1,372,820	71,688	199,425	0	7,928,529	9.00
10.00	01000	DIETARY	633,188	221,138	615,170	0	200,798	10.00
11.00	01100	CAFETERIA	1,187,453	249,525	694,137	0	226,573	11.00
13.00	01300	NURSING ADMINISTRATION	1,287,599	12,800	35,607	0	11,622	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	744,400	277,550	772,098	0	252,020	14.00
15.00	01500	PHARMACY	1,616,290	101,520	282,412	0	92,182	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	71,935	193,647	538,693	0	175,835	16.00
17.00	01700	SOCIAL SERVICE	627,439	13,385	37,234	0	12,153	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	128,192	15,879	44,173	0	14,419	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,674,636	2,330,829	6,483,981	714,471	2,116,440	30.00
31.00	03100	INTENSIVE CARE UNIT	3,109,123	471,506	1,311,652	62,262	428,136	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,374,156	750,036	2,086,478	202,775	681,047	41.00
43.00	04300	NURSERY	270,179	46,485	129,313	0	42,209	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,829,564	693,659	1,929,646	160,891	629,856	50.00
50.01	05001	GAMMA KNIFE	468,735	63,482	176,597	0	57,643	50.01
50.02	03330	ENDOSCOPY	812,998	119,825	333,333	55,182	108,803	50.02
51.00	05100	RECOVERY ROOM	424,512	105,511	293,515	28,413	95,806	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	811,605	338,830	942,569	46,955	307,664	52.00
53.00	05300	ANESTHESIOLOGY	160,951	7,828	21,776	0	7,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	700,588	151,549	421,584	0	137,609	54.00
54.01	03630	ULTRA SOUND	314,522	78,828	219,287	32,270	71,577	54.01
54.02	05401	PET SCAN	165,895	24,034	66,858	0	21,823	54.02
54.03	03480	ONCOLOGY	355,750	170,387	473,989	0	154,715	54.03
54.04	03440	MAMMOGRAPHY	272,939	102,191	284,278	0	92,791	54.04
56.00	05600	RADIOISOTOPE	282,635	99,610	277,100	0	90,448	56.00
57.00	05700	CT SCAN	449,235	76,265	212,156	0	69,250	57.00
58.00	05800	MRI	591,703	113,511	315,769	0	103,070	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,433,709	275,606	766,690	0	250,255	59.00
60.00	06000	LABORATORY	3,344,427	320,783	892,366	0	291,277	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	298,993	14,985	41,685	0	13,606	63.00
64.00	06400	INTRAVENOUS THERAPY	212,755	8,481	23,594	0	7,701	64.00
65.00	06500	RESPIRATORY THERAPY	772,524	38,726	107,729	0	35,164	65.00
66.00	06600	PHYSICAL THERAPY	914,853	142,998	397,798	0	129,845	66.00
66.01	06601	REHAB OUTPATIENT	457,205	111,601	310,457	0	101,336	66.01
66.02	06602	REHAB MED SURGICAL	674,311	14,640	40,727	0	13,294	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	333,349	56,910	158,315	0	51,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,024	42,167	117,301	0	38,288	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	174,574	101,744	283,034	0	92,385	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,559,147	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,973,777	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,591,227	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	386,331	16,585	46,135	0	15,059	74.00
76.97	07697	CARDIAC REHABILITATION	98,172	72,033	200,383	0	65,407	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	513,602	169,303	470,973	0	153,730	90.00
90.01	09001	DAY REHAB	466,758	35,870	99,785	0	32,571	90.01
90.02	09002	IMAGING CENTERS	206,824	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	55,013	9,961	27,710	0	9,045	90.03
90.04	09004	WOUND CLINIC	203,460	104,703	291,266	0	95,072	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	870,130	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	127,667	0	0	0	0	90.06
91.00	09100	EMERGENCY	1,663,928	247,839	689,447	131,237	225,042	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	1,981,588	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	2,146,196	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	81,498,496	11,775,277	24,164,225	1,434,456	7,822,350	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,948	36,455	101,412	0	33,102	190.00
191.00	19100	RESEARCH	10,524	52,248	145,346	0	47,442	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	863,663	28,232	78,535	0	25,635	192.00
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)	82,435,631	11,892,212	24,489,518	1,434,456	7,928,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	4,568,950					10.00
11.00	01100	CAFETERIA	0	7,793,697				11.00
13.00	01300	NURSING ADMINISTRATION	0	136,631	7,378,727			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	111,281	0	5,565,118		14.00
15.00	01500	PHARMACY	0	300,820	0	0	9,792,396	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	116	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	36,629	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	47,908	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,903,196	2,296,788	3,066,924	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	502,444	685,420	1,104,109	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	981,144	584,837	559,423	0	0	41.00
43.00	04300	NURSERY	182,166	53,722	101,975	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	589,953	672,740	0	0	50.00
50.01	05001	GAMMA KNIFE	0	20,872	24,020	0	0	50.01
50.02	03330	ENDOSCOPY	0	121,747	152,456	0	0	50.02
51.00	05100	RECOVERY ROOM	0	85,467	153,072	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	179,364	270,411	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	172,910	3,317	0	0	54.00
54.01	03630	ULTRA SOUND	0	50,757	53	0	0	54.01
54.02	05401	PET SCAN	0	6,919	0	0	0	54.02
54.03	03480	ONCOLOGY	0	59,129	24,450	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	48,024	12,663	0	0	54.04
56.00	05600	RADIOISOTOPE	0	18,082	0	0	0	56.00
57.00	05700	CT SCAN	0	92,386	4,453	0	0	57.00
58.00	05800	MRI	0	46,687	2,685	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	259,598	287,309	0	0	59.00
60.00	06000	LABORATORY	0	46,222	2,526	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	47,733	90,586	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	177,678	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	228,609	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	113,781	8,789	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	159,247	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	64,478	36,656	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,977	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	48,024	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,880,133	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,684,985	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,792,396	73.00
74.00	07400	RENAL DIALYSIS	0	2,326	4,453	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	19,710	36,226	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	103,374	149,447	0	0	90.00
90.01	09001	DAY REHAB	0	89,304	5,519	0	0	90.01
90.02	09002	IMAGING CENTERS	0	37,094	11	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	11,803	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	51,861	45,275	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	137,677	58,139	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	24,535	36,709	0	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	0	353,670	464,331	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,568,950	7,735,150	7,378,727	5,565,118	9,792,396	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,523	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	48,024	0	0	0	192.00
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)	4,568,950	7,793,697	7,378,727	5,565,118	9,792,396	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
		16.00	17.00	19.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,309,536				16.00
17.00	01700	SOCIAL SERVICE	0	3,599,179			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	837,419		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	832,103	2,286,986	0	532,112	30.00
31.00	03100	INTENSIVE CARE UNIT	144,009	395,799	0	92,090	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	281,212	772,893	0	179,829	41.00
43.00	04300	NURSERY	52,212	143,501	0	33,388	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	31,615,447	50.00
50.01	05001	GAMMA KNIFE	0	0	0	2,957,159	50.01
50.02	03330	ENDOSCOPY	0	0	0	5,426,146	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,129,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,612,824	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	934,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,794,761	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,207,136	54.01
54.02	05401	PET SCAN	0	0	0	1,044,976	54.02
54.03	03480	ONCOLOGY	0	0	0	2,866,998	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	2,062,366	54.04
56.00	05600	RADIOISOTOPE	0	0	0	2,061,742	56.00
57.00	05700	CT SCAN	0	0	0	2,960,287	57.00
58.00	05800	MRI	0	0	0	3,882,167	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,570,131	59.00
60.00	06000	LABORATORY	0	0	0	20,207,967	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,738,023	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,364,816	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,668,337	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,002,185	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	3,196,194	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	3,989,129	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,227,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	617,050	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	1,498,941	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,732,608	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	42,583,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	40,979,558	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,239,466	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	941,352	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	3,911,634	90.00
90.01	09001	DAY REHAB	0	0	0	2,866,565	90.01
90.02	09002	IMAGING CENTERS	0	0	0	1,190,741	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	365,375	90.03
90.04	09004	WOUND CLINIC	0	0	0	1,723,050	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	5,049,293	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	773,355	90.06
91.00	09100	EMERGENCY	0	0	0	11,392,745	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
			16.00	17.00	19.00	23.00	24.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	11,053,048	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0		0	11,971,211	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,309,536	3,599,179	0	837,419	453,981,528	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	532,606	190.00
191.00	19100	RESEARCH	0	0	0	0	303,737	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,997,829	192.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,309,536	3,599,179	0	837,419	459,815,700	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 77,527,850	30.00
31.00	03100	INTENSIVE CARE UNIT	0 22,539,726	31.00
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
41.00	04100	SUBPROVIDER - IRF	0 48,211,790	41.00
43.00	04300	NURSERY	0 2,291,997	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 31,615,447	50.00
50.01	05001	GAMMA KNIFE	0 2,957,159	50.01
50.02	03330	ENDOSCOPY	0 5,426,146	50.02
51.00	05100	RECOVERY ROOM	0 3,129,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 6,612,824	52.00
53.00	05300	ANESTHESIOLOGY	0 934,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 4,794,761	54.00
54.01	03630	ULTRA SOUND	0 2,207,136	54.01
54.02	05401	PET SCAN	0 1,044,976	54.02
54.03	03480	ONCOLOGY	0 2,866,998	54.03
54.04	03440	MAMMOGRAPHY	0 2,062,366	54.04
56.00	05600	RADIOISOTOPE	0 2,061,742	56.00
57.00	05700	CT SCAN	0 2,960,287	57.00
58.00	05800	MRI	0 3,882,167	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 26,570,131	59.00
60.00	06000	LABORATORY	0 20,207,967	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 1,738,023	63.00
64.00	06400	INTRAVENOUS THERAPY	0 1,364,816	64.00
65.00	06500	RESPIRATORY THERAPY	0 4,668,337	65.00
66.00	06600	PHYSICAL THERAPY	0 6,002,185	66.00
66.01	06601	REHAB OUTPATIENT	0 3,196,194	66.01
66.02	06602	REHAB MED SURGICAL	0 3,989,129	66.02
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
68.00	06800	SPEECH PATHOLOGY	0 0	68.00
69.00	06900	ELECTROCARDIOLOGY	0 2,227,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 617,050	70.00
70.01	07001	NEUROMEG	-1 -1	70.01
70.02	07002	SLEEP LAB	0 1,498,941	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 21,732,608	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 42,583,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 40,979,558	73.00
74.00	07400	RENAL DIALYSIS	0 2,239,466	74.00
76.97	07697	CARDIAC REHABILITATION	0 941,352	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 3,911,634	90.00
90.01	09001	DAY REHAB	0 2,866,565	90.01
90.02	09002	IMAGING CENTERS	0 1,190,741	90.02
90.03	09003	COUMADIN CLINIC	0 365,375	90.03
90.04	09004	WOUND CLINIC	0 1,723,050	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0 5,049,293	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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11/29/2021 1:12 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	773,355	90.06
91.00	09100	EMERGENCY	0	11,392,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	11,053,048	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
116.00	11600	HOSPICE	0	11,971,211	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	453,981,527	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	532,606	190.00
191.00	19100	RESEARCH	0	303,737	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,997,829	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	459,815,699	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:12 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00
	GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	58,694	6,109	64,803	4.00
5.01	00540	NONPATIENT TELEPHONES	0	25,556	0	25,556	5.01
5.02	00550	DATA PROCESSING	0	7,535	0	7,535	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	69,323	8,071	77,394	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	522,174	836,284	1,358,458	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	32,076	61,259	93,335	6.00
7.00	00700	OPERATION OF PLANT	0	2,848,174	235,727	3,083,901	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	66,103	20,545	86,648	9.00
10.00	01000	DIETARY	0	203,908	62,157	266,065	10.00
11.00	01100	CAFETERIA	0	230,082	0	230,082	11.00
13.00	01300	NURSING ADMINISTRATION	0	11,802	335,889	347,691	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	255,924	222,942	478,866	14.00
15.00	01500	PHARMACY	0	93,610	9,367	102,977	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	178,558	0	178,558	16.00
17.00	01700	SOCIAL SERVICE	0	12,342	0	12,342	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	14,642	0	14,642	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,149,216	1,893,092	4,042,308	30.00
31.00	03100	INTENSIVE CARE UNIT	0	434,767	390,829	825,596	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	691,595	502,154	1,193,749	41.00
43.00	04300	NURSERY	0	42,863	2,132	44,995	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	639,611	4,402,872	5,042,483	50.00
50.01	05001	GAMMA KNIFE	0	58,536	41,871	100,407	50.01
50.02	03330	ENDOSCOPY	0	110,488	770,718	881,206	50.02
51.00	05100	RECOVERY ROOM	0	97,290	26,481	123,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	312,429	148,320	460,749	52.00
53.00	05300	ANESTHESIOLOGY	0	7,218	627,492	634,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	139,740	604,660	744,400	54.00
54.01	03630	ULTRA SOUND	0	72,686	288,804	361,490	54.01
54.02	05401	PET SCAN	0	22,161	384,711	406,872	54.02
54.03	03480	ONCOLOGY	0	157,111	75,680	232,791	54.03
54.04	03440	MAMMOGRAPHY	0	94,228	119,522	213,750	54.04
56.00	05600	RADIOISOTOPE	0	91,849	0	91,849	56.00
57.00	05700	CT SCAN	0	70,322	90,955	161,277	57.00
58.00	05800	MRI	0	104,666	1,471,206	1,575,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	254,131	3,526,659	3,780,790	59.00
60.00	06000	LABORATORY	0	295,788	518,975	814,763	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,817	10,904	24,721	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,821	0	7,821	64.00
65.00	06500	RESPIRATORY THERAPY	0	35,708	99,418	135,126	65.00
66.00	06600	PHYSICAL THERAPY	0	131,856	10,953	142,809	66.00
66.01	06601	REHAB OUTPATIENT	0	102,906	21,998	124,904	66.01
66.02	06602	REHAB MED SURGICAL	0	13,500	0	13,500	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,476	352,442	404,918	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	38,881	96,734	135,615	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	93,816	6,633	100,449	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,292	0	15,292	74.00
76.97	07697	CARDIAC REHABILITATION	0	66,420	82,915	149,335	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	156,111	141,931	298,042	90.00
90.01	09001	DAY REHAB	0	33,075	0	33,075	90.01
90.02	09002	IMAGING CENTERS	0	0	239,414	239,414	90.02
90.03	09003	COUMADIN CLINIC	0	9,185	0	9,185	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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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	
90.04	09004	WOUND CLINIC	0	96,544	16,846	113,390	314	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	1,330,234	1,330,234	950	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	15,149	15,149	236	90.06
91.00	09100	EMERGENCY	0	228,528	123,684	352,212	2,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,383	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	134,369	134,369	2,370	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,573,134	20,369,107	31,942,241	64,388	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,614	833	34,447	59	190.00
191.00	19100	RESEARCH	0	48,177	0	48,177	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26,032	38,246	64,278	356	192.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	11,680,957	20,408,186	32,089,143	64,803	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	25,565					5.01
5.02	00550	DATA PROCESSING	2,052	9,587				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	418	299	717			5.03
5.04	00570	ADMITTING	742	0	0	78,137		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	972	7,286	0	0	8,258	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	3,722	2,002	61	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	864	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	94	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	243	0	3	0	0	9.00
10.00	01000	DIETARY	634	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	256	0	5	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	162	0	17	0	0	14.00
15.00	01500	PHARMACY	445	0	151	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,093	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	162	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	216	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,403	0	22	6,653	783	30.00
31.00	03100	INTENSIVE CARE UNIT	796	0	11	1,806	212	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	675	0	5	1,724	203	41.00
43.00	04300	NURSERY	270	0	0	233	27	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	796	0	122	5,982	704	50.00
50.01	05001	GAMMA KNIFE	13	0	0	417	49	50.01
50.02	03330	ENDOSCOPY	67	0	10	1,935	228	50.02
51.00	05100	RECOVERY ROOM	175	0	0	807	95	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	324	0	3	381	45	52.00
53.00	05300	ANESTHESIOLOGY	27	0	4	2,355	277	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,471	0	1	1,414	166	54.00
54.01	03630	ULTRA SOUND	27	0	0	892	105	54.01
54.02	05401	PET SCAN	0	0	1	386	45	54.02
54.03	03480	ONCOLOGY	0	0	1	1,664	196	54.03
54.04	03440	MAMMOGRAPHY	0	0	1	628	74	54.04
56.00	05600	RADIOISOTOPE	175	0	5	611	72	56.00
57.00	05700	CT SCAN	27	0	2	3,469	408	57.00
58.00	05800	MRI	243	0	1	1,373	161	58.00
59.00	05900	CARDIAC CATHETERIZATION	270	0	246	6,278	739	59.00
60.00	06000	LABORATORY	1,174	0	1	8,930	118	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	67	0	8	385	45	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3	80	9	64.00
65.00	06500	RESPIRATORY THERAPY	216	0	3	1,544	182	65.00
66.00	06600	PHYSICAL THERAPY	202	0	0	1,410	166	66.00
66.01	06601	REHAB OUTPATIENT	202	0	0	396	47	66.01
66.02	06602	REHAB MED SURGICAL	148	0	0	706	83	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	216	0	0	1,869	220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	202	0	0	214	25	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	13	0	0	339	40	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,076	362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,437	404	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,179	845	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	292	34	74.00
76.97	07697	CARDIAC REHABILITATION	94	0	0	35	4	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	270	0	7	665	78	90.00
90.01	09001	DAY REHAB	13	0	0	446	52	90.01
90.02	09002	IMAGING CENTERS	135	0	0	400	47	90.02
90.03	09003	COUMADIN CLINIC	13	0	0	39	5	90.03
90.04	09004	WOUND CLINIC	40	0	4	642	75	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	13	0	2	2,723	320	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	27	3	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
91.00	09100	EMERGENCY	1,336	0	11	3,462	407	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	1,323	0	2	449	53	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	3	384	45	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,511	9,587	716	78,137	8,258	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1	0	0	192.00
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)	25,565	9,587	717	78,137	8,258	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	1,367,267				5.06
6.00	00600	MAINTENANCE & REPAIRS	35,361	130,040			6.00
7.00	00700	OPERATION OF PLANT	63,634	33,776	3,181,405		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,265	0	0	4,265	8.00
9.00	00900	HOUSEKEEPING	22,769	784	25,907	0	9.00
10.00	01000	DIETARY	10,502	2,418	79,916	0	10.00
11.00	01100	CAFETERIA	19,695	2,729	90,174	0	11.00
13.00	01300	NURSING ADMINISTRATION	21,356	140	4,626	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,346	3,035	100,302	0	14.00
15.00	01500	PHARMACY	26,807	1,110	36,688	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,193	2,118	69,981	0	16.00
17.00	01700	SOCIAL SERVICE	10,406	146	4,837	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,126	174	5,738	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	160,482	25,487	842,330	2,125	30.00
31.00	03100	INTENSIVE CARE UNIT	51,567	5,156	170,395	185	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	122,305	8,202	271,052	603	41.00
43.00	04300	NURSERY	4,481	508	16,799	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,101	7,585	250,678	478	50.00
50.01	05001	GAMMA KNIFE	7,774	694	22,942	0	50.01
50.02	03330	ENDOSCOPY	13,484	1,310	43,303	164	50.02
51.00	05100	RECOVERY ROOM	7,041	1,154	38,130	84	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,461	3,705	122,448	140	52.00
53.00	05300	ANESTHESIOLOGY	2,669	86	2,829	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,620	1,657	54,767	0	54.00
54.01	03630	ULTRA SOUND	5,217	862	28,487	96	54.01
54.02	05401	PET SCAN	2,751	263	8,685	0	54.02
54.03	03480	ONCOLOGY	5,900	1,863	61,575	0	54.03
54.04	03440	MAMMOGRAPHY	4,527	1,117	36,930	0	54.04
56.00	05600	RADIOISOTOPE	4,688	1,089	35,998	0	56.00
57.00	05700	CT SCAN	7,451	834	27,561	0	57.00
58.00	05800	MRI	9,814	1,241	41,021	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	73,536	3,014	99,600	0	59.00
60.00	06000	LABORATORY	55,469	3,508	115,926	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,959	164	5,415	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,529	93	3,065	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,813	423	13,995	0	65.00
66.00	06600	PHYSICAL THERAPY	15,173	1,564	51,677	0	66.00
66.01	06601	REHAB OUTPATIENT	7,583	1,220	40,331	0	66.01
66.02	06602	REHAB MED SURGICAL	11,184	160	5,291	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,529	622	20,567	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,211	461	15,238	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	2,895	1,113	36,769	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,031	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	115,665	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	92,734	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,408	181	5,993	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,628	788	26,031	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	8,518	1,851	61,184	0	90.00
90.01	09001	DAY REHAB	7,741	392	12,963	0	90.01
90.02	09002	IMAGING CENTERS	3,430	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	912	109	3,600	0	90.03
90.04	09004	WOUND CLINIC	3,375	1,145	37,838	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	14,432	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	2,117	0	0	0	90.06
91.00	09100	EMERGENCY	27,597	2,710	89,565	390	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	32,866	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	35,596	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,351,724	128,761	3,139,147	4,265	134,528	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,044	399	13,174	0	569	190.00
191.00	19100	RESEARCH	175	571	18,882	0	816	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,324	309	10,202	0	441	192.00
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)	1,367,267	130,040	3,181,405	4,265	136,354	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	362,999					10.00
11.00	01100	CAFETERIA	0	346,603				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,076	382,086			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,949	0	604,424		14.00
15.00	01500	PHARMACY	0	13,378	0	0	185,877	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,629	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	2,131	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	230,656	102,141	158,811	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	39,919	30,482	57,173	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	77,951	26,009	28,968	0	0	41.00
43.00	04300	NURSERY	14,473	2,389	5,280	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	26,237	34,836	0	0	50.00
50.01	05001	GAMMA KNIFE	0	928	1,244	0	0	50.01
50.02	03330	ENDOSCOPY	0	5,414	7,894	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,801	7,926	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,977	14,002	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,690	172	0	0	54.00
54.01	03630	ULTRA SOUND	0	2,257	3	0	0	54.01
54.02	05401	PET SCAN	0	308	0	0	0	54.02
54.03	03480	ONCOLOGY	0	2,630	1,266	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	2,136	656	0	0	54.04
56.00	05600	RADIOISOTOPE	0	804	0	0	0	56.00
57.00	05700	CT SCAN	0	4,109	231	0	0	57.00
58.00	05800	MRI	0	2,076	139	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,545	14,877	0	0	59.00
60.00	06000	LABORATORY	0	2,056	131	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,123	4,691	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,902	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,167	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	5,060	455	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	7,082	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,867	1,898	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	533	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	2,136	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	204,209	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	400,215	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	185,877	73.00
74.00	07400	RENAL DIALYSIS	0	103	231	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	877	1,876	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	4,597	7,739	0	0	90.00
90.01	09001	DAY REHAB	0	3,972	286	0	0	90.01
90.02	09002	IMAGING CENTERS	0	1,650	1	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	525	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	2,306	2,344	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	6,123	3,011	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	1,091	1,901	0	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	0	15,728	24,044	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	362,999	343,999	382,086	604,424	185,877	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	468	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,136	0	0	0	192.00
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)	362,999	346,603	382,086	604,424	185,877	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
		16.00	17.00	19.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	255,972				16.00
17.00	01700	SOCIAL SERVICE	0	29,934			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	25,505		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	162,649	19,021		5,807,506	30.00
31.00	03100	INTENSIVE CARE UNIT	28,149	3,292		1,227,242	31.00
40.00	04000	SUBPROVIDER - IPF	0	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	54,968	6,428		1,808,136	41.00
43.00	04300	NURSERY	10,206	1,193		102,060	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0		5,465,189	50.00
50.01	05001	GAMMA KNIFE	0	0		135,687	50.01
50.02	03330	ENDOSCOPY	0	0		957,789	50.02
51.00	05100	RECOVERY ROOM	0	0		185,372	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		629,818	52.00
53.00	05300	ANESTHESIOLOGY	0	0		643,079	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		826,671	54.00
54.01	03630	ULTRA SOUND	0	0		401,111	54.01
54.02	05401	PET SCAN	0	0		419,742	54.02
54.03	03480	ONCOLOGY	0	0		310,984	54.03
54.04	03440	MAMMOGRAPHY	0	0		261,790	54.04
56.00	05600	RADIOISOTOPE	0	0		137,010	56.00
57.00	05700	CT SCAN	0	0		207,263	57.00
58.00	05800	MRI	0	0		1,634,119	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		3,997,421	59.00
60.00	06000	LABORATORY	0	0		1,007,238	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		35,998	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		21,949	64.00
65.00	06500	RESPIRATORY THERAPY	0	0		174,007	65.00
66.00	06600	PHYSICAL THERAPY	0	0		227,029	66.00
66.01	06601	REHAB OUTPATIENT	0	0		182,754	66.01
66.02	06602	REHAB MED SURGICAL	0	0		39,658	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		440,051	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		154,230	70.00
70.01	07001	NEUROMEG	0	0		0	70.01
70.02	07002	SLEEP LAB	0	0		145,614	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		266,678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		519,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		286,635	73.00
74.00	07400	RENAL DIALYSIS	0	0		28,815	74.00
76.97	07697	CARDIAC REHABILITATION	0	0		181,916	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	0	0		386,355	90.00
90.01	09001	DAY REHAB	0	0		60,113	90.01
90.02	09002	IMAGING CENTERS	0	0		245,351	90.02
90.03	09003	COUMADIN CLINIC	0	0		14,637	90.03
90.04	09004	WOUND CLINIC	0	0		163,108	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0		1,357,808	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0		20,524	90.06
91.00	09100	EMERGENCY	0	0		523,735	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
			16.00	17.00	19.00	23.00	24.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0			0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0			38,076	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0			172,767	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	255,972	29,934	0	0	31,852,756	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			50,214	190.00
191.00	19100	RESEARCH	0	0			68,621	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			92,047	192.00
200.00		Cross Foot Adjustments			0	25,505	25,505	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	255,972	29,934	0	25,505	32,089,143	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 5,807,506	30.00
31.00	03100	INTENSIVE CARE UNIT	0 1,227,242	31.00
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
41.00	04100	SUBPROVIDER - IRF	0 1,808,136	41.00
43.00	04300	NURSERY	0 102,060	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 5,465,189	50.00
50.01	05001	GAMMA KNIFE	0 135,687	50.01
50.02	03330	ENDOSCOPY	0 957,789	50.02
51.00	05100	RECOVERY ROOM	0 185,372	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 629,818	52.00
53.00	05300	ANESTHESIOLOGY	0 643,079	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 826,671	54.00
54.01	03630	ULTRA SOUND	0 401,111	54.01
54.02	05401	PET SCAN	0 419,742	54.02
54.03	03480	ONCOLOGY	0 310,984	54.03
54.04	03440	MAMMOGRAPHY	0 261,790	54.04
56.00	05600	RADIOISOTOPE	0 137,010	56.00
57.00	05700	CT SCAN	0 207,263	57.00
58.00	05800	MRI	0 1,634,119	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 3,997,421	59.00
60.00	06000	LABORATORY	0 1,007,238	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 35,998	63.00
64.00	06400	INTRAVENOUS THERAPY	0 21,949	64.00
65.00	06500	RESPIRATORY THERAPY	0 174,007	65.00
66.00	06600	PHYSICAL THERAPY	0 227,029	66.00
66.01	06601	REHAB OUTPATIENT	0 182,754	66.01
66.02	06602	REHAB MED SURGICAL	0 39,658	66.02
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
68.00	06800	SPEECH PATHOLOGY	0 0	68.00
69.00	06900	ELECTROCARDIOLOGY	0 440,051	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 154,230	70.00
70.01	07001	NEUROMEG	0 0	70.01
70.02	07002	SLEEP LAB	0 145,614	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 266,678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 519,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 286,635	73.00
74.00	07400	RENAL DIALYSIS	0 28,815	74.00
76.97	07697	CARDIAC REHABILITATION	0 181,916	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	0 386,355	90.00
90.01	09001	DAY REHAB	0 60,113	90.01
90.02	09002	IMAGING CENTERS	0 245,351	90.02
90.03	09003	COUMADIN CLINIC	0 14,637	90.03
90.04	09004	WOUND CLINIC	0 163,108	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0 1,357,808	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	20,524	90.06
91.00	09100	EMERGENCY	0	523,735	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	38,076	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
116.00	11600	HOSPICE	0	172,767	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	31,852,756	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,214	190.00
191.00	19100	RESEARCH	0	68,621	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	92,047	192.00
200.00		Cross Foot Adjustments	0	25,505	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	32,089,143	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:12 pm

		Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPRECIATION EXPENSE)				
			1.00	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	736,348					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,614,616				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,700	1,980	126,346,186			4.00
5.01	00540	NONPATIENT TELEPHONES	1,611	0	17,275	1,894		5.01
5.02	00550	DATA PROCESSING	475	0	0	152	10,000	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	31	312	5.03
5.04	00570	ADMITTING	4,370	2,616	984	55	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	72	7,600	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	32,917	271,053	5,894,265	275	2,088	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,022	19,855	935,734	64	0	6.00
7.00	00700	OPERATION OF PLANT	179,544	76,403	0	7	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,167	6,659	0	18	0	9.00
10.00	01000	DIETARY	12,854	20,146	21,657	47	0	10.00
11.00	01100	CAFETERIA	14,504	0	50,656	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	744	108,867	3,383,823	19	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	72,259	804,205	12	0	14.00
15.00	01500	PHARMACY	5,901	3,036	5,333,882	33	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	0	0	81	0	16.00
17.00	01700	SOCIAL SERVICE	778	0	394,860	12	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	923	0	449,148	16	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,483	613,581	29,731,442	178	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	126,674	10,018,804	59	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	43,597	162,756	6,981,447	50	0	41.00
43.00	04300	NURSERY	2,702	691	935,302	20	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,320	1,427,040	8,488,483	59	0	50.00
50.01	05001	GAMMA KNIFE	3,690	13,571	445,070	1	0	50.01
50.02	03330	ENDOSCOPY	6,965	249,802	1,760,179	5	0	50.02
51.00	05100	RECOVERY ROOM	6,133	8,583	1,442,886	13	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	48,073	2,518,027	24	0	52.00
53.00	05300	ANESTHESIOLOGY	455	203,380	0	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	195,980	1,844,864	109	0	54.00
54.01	03630	ULTRA SOUND	4,582	93,606	864,738	2	0	54.01
54.02	05401	PET SCAN	1,397	124,691	109,030	0	0	54.02
54.03	03480	ONCOLOGY	9,904	24,529	851,913	0	0	54.03
54.04	03440	MAMMOGRAPHY	5,940	38,739	731,760	0	0	54.04
56.00	05600	RADIOISOTOPE	5,790	0	316,973	13	0	56.00
57.00	05700	CT SCAN	4,433	29,480	1,371,259	2	0	57.00
58.00	05800	MRI	6,598	476,841	789,803	18	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	1,143,046	4,330,578	20	0	59.00
60.00	06000	LABORATORY	18,646	168,208	299,113	87	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	3,534	0	5	0	63.00
64.00	06400	INTRAVENOUS THERAPY	493	0	785,605	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	32,223	2,334,540	16	0	65.00
66.00	06600	PHYSICAL THERAPY	8,312	3,550	3,173,842	15	0	66.00
66.01	06601	REHAB OUTPATIENT	6,487	7,130	1,583,952	15	0	66.01
66.02	06602	REHAB MED SURGICAL	851	0	2,485,615	11	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,308	114,232	887,918	16	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	31,353	142,891	15	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,914	2,150	528,362	1	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	964	0	42,880	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	26,874	239,592	7	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	9,841	46,002	1,481,068	20	0	90.00
90.01	09001	DAY REHAB	2,085	0	1,194,533	1	0	90.01
90.02	09002	IMAGING CENTERS	0	77,598	534,013	10	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	DATA PROCESSING (DATA PROCE SSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXP ENSE)				
			1.00	2.00	4.00	5.01	5.02	
90.03	09003	COUMADIN CLINIC	579	0	180,699	1	0	90.03
90.04	09004	WOUND CLINIC	6,086	5,460	611,515	3	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	431,150	1,851,291	1	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	4,910	459,285	0	0	90.06
91.00	09100	EMERGENCY	14,406	40,088	4,685,153	99	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	6,595,137	98	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	43,551	4,619,817	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	729,551	6,601,950	125,535,868	1,890	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	270	115,811	4	0	190.00
191.00	19100	RESEARCH	3,037	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	12,396	694,507	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,680,957	20,408,186	19,640,291	1,086,945	94,766	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.863365	3.085317	0.155448	573.888596	9.476600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			64,803	25,565	9,587	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000513	13.497888	0.958700	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:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet B-1 Date/Time Prepared: 11/29/2021 1:12 pm
Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)
		5.03	5.04	5.05	5A.06	5.06
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	110,906,926			5.03
5.04	00570	ADMITTING	9,048	2,268,890,127		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,268,890,127		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	10,201,679	0	-82,435,631	377,380,069
6.00	00600	MAINTENANCE & REPAIRS	9,703	0	0	9,760,179
7.00	00700	OPERATION OF PLANT	82,617	0	0	17,563,966
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,177,287
9.00	00900	HOUSEKEEPING	513,373	0	0	6,284,596
10.00	01000	DIETARY	0	0	0	2,898,656
11.00	01100	CAFETERIA	0	0	0	5,436,009
13.00	01300	NURSING ADMINISTRATION	819,493	0	0	5,894,468
14.00	01400	CENTRAL SERVICES & SUPPLY	2,860,856	0	0	3,407,769
15.00	01500	PHARMACY	25,182,525	0	0	7,399,172
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	329,310
17.00	01700	SOCIAL SERVICE	0	0	0	2,872,339
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,027	0	0	586,848
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,739,368	195,687,501	195,687,501	44,289,384
31.00	03100	INTENSIVE CARE UNIT	1,830,659	53,103,110	53,103,110	14,233,176
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	822,272	50,712,850	50,712,850	33,757,960
43.00	04300	NURSERY	78,976	6,850,192	6,850,192	1,236,847
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,387,005	175,932,911	175,932,911	22,109,138
50.01	05001	GAMMA KNIFE	71,543	12,272,121	12,272,121	2,145,810
50.02	03330	ENDOSCOPY	1,604,453	56,910,104	56,910,104	3,721,802
51.00	05100	RECOVERY ROOM	74,160	23,721,622	23,721,622	1,943,362
52.00	05200	DELIVERY ROOM & LABOR ROOM	466,391	11,216,519	11,216,519	3,715,426
53.00	05300	ANESTHESIOLOGY	701,909	69,261,047	69,261,047	736,812
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,854	41,581,726	41,581,726	3,207,204
54.01	03630	ULTRA SOUND	24,877	26,242,568	26,242,568	1,439,842
54.02	05401	PET SCAN	208,791	11,339,839	11,339,839	759,447
54.03	03480	ONCOLOGY	232,011	48,938,806	48,938,806	1,628,578
54.04	03440	MAMMOGRAPHY	174,132	18,461,819	18,461,819	1,249,480
56.00	05600	RADIOISOTOPE	787,792	17,977,720	17,977,720	1,293,867
57.00	05700	CT SCAN	374,201	102,040,486	102,040,486	2,056,542
58.00	05800	MRI	154,120	40,374,274	40,374,274	2,708,742
59.00	05900	CARDIAC CATHETERIZATION	31,705,246	184,638,732	184,638,732	20,296,964
60.00	06000	LABORATORY	139,273	233,469,900	233,469,900	15,310,366
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,340,401	11,329,643	11,329,643	1,368,754
64.00	06400	INTRAVENOUS THERAPY	477,045	2,342,979	2,342,979	973,966
65.00	06500	RESPIRATORY THERAPY	509,045	45,406,321	45,406,321	3,536,516
66.00	06600	PHYSICAL THERAPY	29,571	41,466,991	41,466,991	4,188,082
66.01	06601	REHAB OUTPATIENT	28,577	11,639,604	11,639,604	2,093,025
66.02	06602	REHAB MED SURGICAL	16,863	20,758,942	20,758,942	3,086,910
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	32,454	54,973,167	54,973,167	1,526,028
70.00	07000	ELECTROENCEPHALOGRAPHY	34,540	6,289,250	6,289,250	334,293
70.01	07001	NEUROMEG	0	0	0	0
70.02	07002	SLEEP LAB	56,636	9,985,292	9,985,292	799,180
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	90,457,743	90,457,743	16,293,328
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	101,091,842	101,091,842	31,925,075
73.00	07300	DRUGS CHARGED TO PATIENTS	0	211,153,917	211,153,917	25,595,935
74.00	07400	RENAL DIALYSIS	15,201	8,589,272	8,589,272	1,768,577
76.97	07697	CARDIAC REHABILITATION	4,226	1,017,927	1,017,927	449,421
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,120,951	19,563,987	19,563,987	2,351,205
90.01	09001	DAY REHAB	12,763	13,117,809	13,117,809	2,136,758
90.02	09002	IMAGING CENTERS	23,575	11,755,795	11,755,795	946,812
90.03	09003	COUMADIN CLINIC	24,091	1,139,644	1,139,644	251,843
90.04	09004	WOUND CLINIC	723,403	18,874,464	18,874,464	931,413

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	292,853	80,079,396	80,079,396	0	3,983,347	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	8,399	792,976	792,976	0	584,444	90.06
91.00	09100	EMERGENCY	1,769,595	101,820,422	101,820,422	0	7,617,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	386,340	13,209,757	13,209,757	0	9,071,460	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	541,199	11,299,140	11,299,140	0	9,825,015	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,810,082	2,268,890,127	2,268,890,127	-82,435,631	373,089,986	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	559	0	0	0	288,166	190.00
191.00	19100	RESEARCH	0	0	0	0	48,177	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	96,285	0	0	0	3,953,740	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	23,209	125,084	113,342		82,435,631	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000209	0.000055	0.000050		0.218442	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	717	78,137	8,258		1,367,267	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000006	0.000034	0.000004		0.003623	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:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	691,253					6.00
7.00	00700	OPERATION OF PLANT	179,544	511,709				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,155,780			8.00
9.00	00900	HOUSEKEEPING	4,167	4,167	0	507,542		9.00
10.00	01000	DIETARY	12,854	12,854	0	12,854	94,481	10.00
11.00	01100	CAFETERIA	14,504	14,504	0	14,504	0	11.00
13.00	01300	NURSING ADMINISTRATION	744	744	0	744	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	16,133	0	16,133	0	14.00
15.00	01500	PHARMACY	5,901	5,901	0	5,901	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	11,256	0	11,256	0	16.00
17.00	01700	SOCIAL SERVICE	778	778	0	778	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	923	923	0	923	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,483	135,483	1,073,747	135,483	60,035	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	27,407	93,571	27,407	10,390	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	43,597	43,597	304,742	43,597	20,289	41.00
43.00	04300	NURSERY	2,702	2,702	0	2,702	3,767	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,320	40,320	241,796	40,320	0	50.00
50.01	05001	GAMMA KNIFE	3,690	3,690	0	3,690	0	50.01
50.02	03330	ENDOSCOPY	6,965	6,965	82,930	6,965	0	50.02
51.00	05100	RECOVERY ROOM	6,133	6,133	42,700	6,133	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	19,695	70,567	19,695	0	52.00
53.00	05300	ANESTHESIOLOGY	455	455	0	455	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	8,809	0	8,809	0	54.00
54.01	03630	ULTRA SOUND	4,582	4,582	48,497	4,582	0	54.01
54.02	05401	PET SCAN	1,397	1,397	0	1,397	0	54.02
54.03	03480	ONCOLOGY	9,904	9,904	0	9,904	0	54.03
54.04	03440	MAMMOGRAPHY	5,940	5,940	0	5,940	0	54.04
56.00	05600	RADIOISOTOPE	5,790	5,790	0	5,790	0	56.00
57.00	05700	CT SCAN	4,433	4,433	0	4,433	0	57.00
58.00	05800	MRI	6,598	6,598	0	6,598	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	16,020	0	16,020	0	59.00
60.00	06000	LABORATORY	18,646	18,646	0	18,646	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	871	0	871	0	63.00
64.00	06400	INTRAVENOUS THERAPY	493	493	0	493	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	2,251	0	2,251	0	65.00
66.00	06600	PHYSICAL THERAPY	8,312	8,312	0	8,312	0	66.00
66.01	06601	REHAB OUTPATIENT	6,487	6,487	0	6,487	0	66.01
66.02	06602	REHAB MED SURGICAL	851	851	0	851	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,308	3,308	0	3,308	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	2,451	0	2,451	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,914	5,914	0	5,914	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	964	964	0	964	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	4,187	0	4,187	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	9,841	9,841	0	9,841	0	90.00
90.01	09001	DAY REHAB	2,085	2,085	0	2,085	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	579	579	0	579	0	90.03
90.04	09004	WOUND CLINIC	6,086	6,086	0	6,086	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	14,406	14,406	197,230	14,406	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	684,456	504,912	2,155,780	500,745	94,481	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119	0	2,119	0	190.00
191.00	19100	RESEARCH	3,037	3,037	0	3,037	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	1,641	0	1,641	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,892,212	24,489,518	1,434,456	7,928,529	4,568,950	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.203849	47.858291	0.665400	15.621424	48.358400	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	130,040	3,181,405	4,265	136,354	362,999	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.188122	6.217215	0.001978	0.268656	3.842032	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:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet B-1 Date/Time Prepared: 11/29/2021 1:12 pm	
Cost Center Description				CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	
				11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01	00540	NONPATIENT TELEPHONES							5.01
5.02	00550	DATA PROCESSING							5.02
5.03	00560	PURCHASING RECEIVING AND STORES							5.03
5.04	00570	ADMITTING							5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	00590	ADMINISTRATIVE AND GENERAL							5.06
6.00	00600	MAINTENANCE & REPAIRS							6.00
7.00	00700	OPERATION OF PLANT							7.00
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
10.00	01000	DIETARY							10.00
11.00	01100	CAFETERIA	134,049						11.00
13.00	01300	NURSING ADMINISTRATION	2,350	1,390,359					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,914	0	48,197,745				14.00
15.00	01500	PHARMACY	5,174	0	0	25,573,762			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	0	0	94,481		16.00
17.00	01700	SOCIAL SERVICE	630	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	824	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	39,504	577,895	0	0	60,035		30.00
31.00	03100	INTENSIVE CARE UNIT	11,789	208,045	0	0	10,390		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	10,059	105,411	0	0	20,289		41.00
43.00	04300	NURSERY	924	19,215	0	0	3,767		43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,147	126,763	0	0	0		50.00
50.01	05001	GAMMA KNIFE	359	4,526	0	0	0		50.01
50.02	03330	ENDOSCOPY	2,094	28,727	0	0	0		50.02
51.00	05100	RECOVERY ROOM	1,470	28,843	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,085	50,953	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,974	625	0	0	0		54.00
54.01	03630	ULTRA SOUND	873	10	0	0	0		54.01
54.02	05401	PET SCAN	119	0	0	0	0		54.02
54.03	03480	ONCOLOGY	1,017	4,607	0	0	0		54.03
54.04	03440	MAMMOGRAPHY	826	2,386	0	0	0		54.04
56.00	05600	RADIOISOTOPE	311	0	0	0	0		56.00
57.00	05700	CT SCAN	1,589	839	0	0	0		57.00
58.00	05800	MRI	803	506	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,465	54,137	0	0	0		59.00
60.00	06000	LABORATORY	795	476	0	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	821	17,069	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	3,056	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	3,932	0	0	0	0		66.00
66.01	06601	REHAB OUTPATIENT	1,957	1,656	0	0	0		66.01
66.02	06602	REHAB MED SURGICAL	2,739	0	0	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	1,109	6,907	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	206	0	0	0	0		70.00
70.01	07001	NEUROMEG	0	0	0	0	0		70.01
70.02	07002	SLEEP LAB	826	0	0	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,283,285	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,914,460	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,573,762	0		73.00
74.00	07400	RENAL DIALYSIS	40	839	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	339	6,826	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	1,778	28,160	0	0	0		90.00
90.01	09001	DAY REHAB	1,536	1,040	0	0	0		90.01
90.02	09002	IMAGING CENTERS	638	2	0	0	0		90.02
90.03	09003	COUMADIN CLINIC	203	0	0	0	0		90.03
90.04	09004	WOUND CLINIC	892	8,531	0	0	0		90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	15.00	16.00	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	2,368	10,955	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	422	6,917	0	0	0	90.06
91.00	09100	EMERGENCY	6,083	87,493	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	133,042	1,390,359	48,197,745	25,573,762	94,481	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	181	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	826	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,793,697	7,378,727	5,565,118	9,792,396	1,309,536	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	58.140658	5.307066	0.115464	0.382908	13.860311	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	346,603	382,086	604,424	185,877	255,972	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.585644	0.274811	0.012541	0.007268	2.709243	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:14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
		17.00	19.00	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
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	94,481		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	94,481	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	60,035	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,390	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,289	0	41.00
43.00	04300	NURSERY	3,767	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	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	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	05401	PET SCAN	0	0	54.02
54.03	03480	ONCOLOGY	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	NEUROMEG	0	0	70.01
70.02	07002	SLEEP LAB	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
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	DAY REHAB	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description			SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
			17.00	19.00	23.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
116.00	11600	HOSPICE	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,481	0	94,481	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,599,179	0	837,419	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38.094209	0.000000	8.863359	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	29,934	0	25,505	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.316826	0.000000	0.269948	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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00
7.00				1	70.01	-1 7.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10				
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/29/2021 1:12 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	77,527,850		77,527,850	0	77,527,850	30.00	
31.00	03100	INTENSIVE CARE UNIT	22,539,726		22,539,726	0	22,539,726	31.00	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	48,211,790		48,211,790	0	48,211,790	41.00	
43.00	04300	NURSERY	2,291,997		2,291,997	0	2,291,997	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,615,447		31,615,447	151,089	31,766,536	50.00	
50.01	05001	GAMMA KNIFE	2,957,159		2,957,159	50,089	3,007,248	50.01	
50.02	03330	ENDOSCOPY	5,426,146		5,426,146	0	5,426,146	50.02	
51.00	05100	RECOVERY ROOM	3,129,658		3,129,658	0	3,129,658	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,612,824		6,612,824	0	6,612,824	52.00	
53.00	05300	ANESTHESIOLOGY	934,475		934,475	0	934,475	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,794,761		4,794,761	0	4,794,761	54.00	
54.01	03630	ULTRA SOUND	2,207,136		2,207,136	0	2,207,136	54.01	
54.02	05401	PET SCAN	1,044,976		1,044,976	0	1,044,976	54.02	
54.03	03480	ONCOLOGY	2,866,998		2,866,998	0	2,866,998	54.03	
54.04	03440	MAMMOGRAPHY	2,062,366		2,062,366	0	2,062,366	54.04	
56.00	05600	RADIOISOTOPE	2,061,742		2,061,742	0	2,061,742	56.00	
57.00	05700	CT SCAN	2,960,287		2,960,287	0	2,960,287	57.00	
58.00	05800	MRI	3,882,167		3,882,167	0	3,882,167	58.00	
59.00	05900	CARDIAC CATHETERIZATION	26,570,131		26,570,131	0	26,570,131	59.00	
60.00	06000	LABORATORY	20,207,967		20,207,967	0	20,207,967	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,738,023		1,738,023	0	1,738,023	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,364,816		1,364,816	0	1,364,816	64.00	
65.00	06500	RESPIRATORY THERAPY	4,668,337	0	4,668,337	0	4,668,337	65.00	
66.00	06600	PHYSICAL THERAPY	6,002,185	0	6,002,185	0	6,002,185	66.00	
66.01	06601	REHAB OUTPATIENT	3,196,194	0	3,196,194	0	3,196,194	66.01	
66.02	06602	REHAB MED SURGICAL	3,989,129	0	3,989,129	0	3,989,129	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,227,412		2,227,412	0	2,227,412	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	617,050		617,050	0	617,050	70.00	
70.01	07001	NEUROMEG	0		0	0	0	70.01	
70.02	07002	SLEEP LAB	1,498,941		1,498,941	0	1,498,941	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,732,608		21,732,608	0	21,732,608	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,583,837		42,583,837	0	42,583,837	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	40,979,558		40,979,558	0	40,979,558	73.00	
74.00	07400	RENAL DIALYSIS	2,239,466		2,239,466	0	2,239,466	74.00	
76.97	07697	CARDIAC REHABILITATION	941,352		941,352	0	941,352	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	3,911,634		3,911,634	0	3,911,634	90.00	
90.01	09001	DAY REHAB	2,866,565		2,866,565	0	2,866,565	90.01	
90.02	09002	IMAGING CENTERS	1,190,741		1,190,741	0	1,190,741	90.02	
90.03	09003	COUMADIN CLINIC	365,375		365,375	0	365,375	90.03	
90.04	09004	WOUND CLINIC	1,723,050		1,723,050	0	1,723,050	90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	5,049,293		5,049,293	0	5,049,293	90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	773,355		773,355	0	773,355	90.06	
91.00	09100	EMERGENCY	11,392,745		11,392,745	16,765	11,409,510	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,111,414		7,111,414	0	7,111,414	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00	
101.00	10100	HOME HEALTH AGENCY	11,053,048		11,053,048	0	11,053,048	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW - SNF						114.00	
116.00	11600	HOSPICE	11,971,211		11,971,211		11,971,211	116.00	
200.00		Subtotal (see instructions)	461,092,942	0	461,092,942	217,943	461,310,885	200.00	
201.00		Less Observation Beds	7,111,414		7,111,414		7,111,414	201.00	
202.00		Total (see instructions)	453,981,528	0	453,981,528	217,943	454,199,471	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 1:12 pm	
					Title XVIII	Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	172,399,519		172,399,519			30.00
31.00	03100	INTENSIVE CARE UNIT	53,103,110		53,103,110			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	50,712,850		50,712,850			41.00
43.00	04300	NURSERY	6,850,192		6,850,192			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,085,002	86,847,909	175,932,911	0.179702	0.000000	50.00
50.01	05001	GAMMA KNIFE	81,376	12,190,745	12,272,121	0.240966	0.000000	50.01
50.02	03330	ENDOSCOPY	10,547,160	46,362,944	56,910,104	0.095346	0.000000	50.02
51.00	05100	RECOVERY ROOM	11,607,421	12,114,201	23,721,622	0.131933	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,611,469	605,050	11,216,519	0.589561	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	31,183,181	38,077,866	69,261,047	0.013492	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,131,933	21,449,793	41,581,726	0.115309	0.000000	54.00
54.01	03630	ULTRA SOUND	9,445,024	16,797,544	26,242,568	0.084105	0.000000	54.01
54.02	05401	PET SCAN	64,450	11,275,389	11,339,839	0.092151	0.000000	54.02
54.03	03480	ONCOLOGY	2,485,678	46,453,128	48,938,806	0.058583	0.000000	54.03
54.04	03440	MAMMOGRAPHY	41,165	18,420,654	18,461,819	0.111710	0.000000	54.04
56.00	05600	RADIOISOTOPE	6,321,765	11,655,955	17,977,720	0.114683	0.000000	56.00
57.00	05700	CT SCAN	40,951,945	61,088,541	102,040,486	0.029011	0.000000	57.00
58.00	05800	MRI	11,642,542	28,731,732	40,374,274	0.096154	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	79,196,703	105,442,029	184,638,732	0.143903	0.000000	59.00
60.00	06000	LABORATORY	134,940,969	98,528,931	233,469,900	0.086555	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,892,498	2,437,145	11,329,643	0.153405	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,222,209	120,770	2,342,979	0.582513	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	43,775,320	1,631,001	45,406,321	0.102812	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	41,443,435	23,556	41,466,991	0.144746	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	11,766	11,627,838	11,639,604	0.274596	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	19,686,967	1,071,975	20,758,942	0.192164	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	28,950,441	26,022,726	54,973,167	0.040518	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,053,337	4,235,913	6,289,250	0.098112	0.000000	70.00
70.01	07001	NEUROMEG	0	0	0	0.000000	0.000000	70.01
70.02	07002	SLEEP LAB	0	9,985,292	9,985,292	0.150115	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,688,879	42,768,864	90,457,743	0.240251	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,966,966	38,124,876	101,091,842	0.421239	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	124,727,935	86,425,982	211,153,917	0.194074	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,369,584	219,688	8,589,272	0.260728	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	1,479	1,016,448	1,017,927	0.924774	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	410,201	19,153,786	19,563,987	0.199941	0.000000	90.00
90.01	09001	DAY REHAB	41,946	13,075,863	13,117,809	0.218525	0.000000	90.01
90.02	09002	IMAGING CENTERS	28,321	11,727,474	11,755,795	0.101290	0.000000	90.02
90.03	09003	COUMADIN CLINIC	2,685	1,136,959	1,139,644	0.320605	0.000000	90.03
90.04	09004	WOUND CLINIC	118,460	18,756,004	18,874,464	0.091290	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	241,918	79,837,478	80,079,396	0.063054	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	22,385	770,591	792,976	0.975257	0.000000	90.06
91.00	09100	EMERGENCY	35,121,546	66,698,876	101,820,422	0.111891	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,797,571	15,490,411	23,287,982	0.305368	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY	0	13,209,757	13,209,757			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	11,299,140	11,299,140			116.00
200.00		Subtotal (see instructions)	1,175,979,303	1,092,910,824	2,268,890,127			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,175,979,303	1,092,910,824	2,268,890,127			202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 1:12 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180561		50.00
50.01	05001	GAMMA KNIFE	0.245047		50.01
50.02	03330	ENDOSCOPY	0.095346		50.02
51.00	05100	RECOVERY ROOM	0.131933		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.589561		52.00
53.00	05300	ANESTHESIOLOGY	0.013492		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115309		54.00
54.01	03630	ULTRA SOUND	0.084105		54.01
54.02	05401	PET SCAN	0.092151		54.02
54.03	03480	ONCOLOGY	0.058583		54.03
54.04	03440	MAMMOGRAPHY	0.111710		54.04
56.00	05600	RADIOISOTOPE	0.114683		56.00
57.00	05700	CT SCAN	0.029011		57.00
58.00	05800	MRI	0.096154		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143903		59.00
60.00	06000	LABORATORY	0.086555		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.153405		63.00
64.00	06400	INTRAVENOUS THERAPY	0.582513		64.00
65.00	06500	RESPIRATORY THERAPY	0.102812		65.00
66.00	06600	PHYSICAL THERAPY	0.144746		66.00
66.01	06601	REHAB OUTPATIENT	0.274596		66.01
66.02	06602	REHAB MED SURGICAL	0.192164		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.040518		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.098112		70.00
70.01	07001	NEUROMEG	0.000000		70.01
70.02	07002	SLEEP LAB	0.150115		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.240251		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421239		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194074		73.00
74.00	07400	RENAL DIALYSIS	0.260728		74.00
76.97	07697	CARDIAC REHABILITATION	0.924774		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	0.199941		90.00
90.01	09001	DAY REHAB	0.218525		90.01
90.02	09002	IMAGING CENTERS	0.101290		90.02
90.03	09003	COUMADIN CLINIC	0.320605		90.03
90.04	09004	WOUND CLINIC	0.091290		90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.063054		90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.975257		90.06
91.00	09100	EMERGENCY	0.112055		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.305368		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 1:12 pm	
					Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,527,850		77,527,850	0	77,527,850	30.00
31.00	03100	INTENSIVE CARE UNIT	22,539,726		22,539,726	0	22,539,726	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	48,211,790		48,211,790	0	48,211,790	41.00
43.00	04300	NURSERY	2,291,997		2,291,997	0	2,291,997	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,615,447		31,615,447	151,089	31,766,536	50.00
50.01	05001	GAMMA KNIFE	2,957,159		2,957,159	50,089	3,007,248	50.01
50.02	03330	ENDOSCOPY	5,426,146		5,426,146	0	5,426,146	50.02
51.00	05100	RECOVERY ROOM	3,129,658		3,129,658	0	3,129,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,612,824		6,612,824	0	6,612,824	52.00
53.00	05300	ANESTHESIOLOGY	934,475		934,475	0	934,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,794,761		4,794,761	0	4,794,761	54.00
54.01	03630	ULTRA SOUND	2,207,136		2,207,136	0	2,207,136	54.01
54.02	05401	PET SCAN	1,044,976		1,044,976	0	1,044,976	54.02
54.03	03480	ONCOLOGY	2,866,998		2,866,998	0	2,866,998	54.03
54.04	03440	MAMMOGRAPHY	2,062,366		2,062,366	0	2,062,366	54.04
56.00	05600	RADIOISOTOPE	2,061,742		2,061,742	0	2,061,742	56.00
57.00	05700	CT SCAN	2,960,287		2,960,287	0	2,960,287	57.00
58.00	05800	MRI	3,882,167		3,882,167	0	3,882,167	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,570,131		26,570,131	0	26,570,131	59.00
60.00	06000	LABORATORY	20,207,967		20,207,967	0	20,207,967	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,738,023		1,738,023	0	1,738,023	63.00
64.00	06400	INTRAVENOUS THERAPY	1,364,816		1,364,816	0	1,364,816	64.00
65.00	06500	RESPIRATORY THERAPY	4,668,337	0	4,668,337	0	4,668,337	65.00
66.00	06600	PHYSICAL THERAPY	6,002,185	0	6,002,185	0	6,002,185	66.00
66.01	06601	REHAB OUTPATIENT	3,196,194	0	3,196,194	0	3,196,194	66.01
66.02	06602	REHAB MED SURGICAL	3,989,129	0	3,989,129	0	3,989,129	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,227,412		2,227,412	0	2,227,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	617,050		617,050	0	617,050	70.00
70.01	07001	NEUROMEG	0		0	0	0	70.01
70.02	07002	SLEEP LAB	1,498,941		1,498,941	0	1,498,941	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,732,608		21,732,608	0	21,732,608	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,583,837		42,583,837	0	42,583,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,979,558		40,979,558	0	40,979,558	73.00
74.00	07400	RENAL DIALYSIS	2,239,466		2,239,466	0	2,239,466	74.00
76.97	07697	CARDIAC REHABILITATION	941,352		941,352	0	941,352	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	3,911,634		3,911,634	0	3,911,634	90.00
90.01	09001	DAY REHAB	2,866,565		2,866,565	0	2,866,565	90.01
90.02	09002	IMAGING CENTERS	1,190,741		1,190,741	0	1,190,741	90.02
90.03	09003	COUMADIN CLINIC	365,375		365,375	0	365,375	90.03
90.04	09004	WOUND CLINIC	1,723,050		1,723,050	0	1,723,050	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	5,049,293		5,049,293	0	5,049,293	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	773,355		773,355	0	773,355	90.06
91.00	09100	EMERGENCY	11,392,745		11,392,745	16,765	11,409,510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,111,414		7,111,414		7,111,414	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	11,053,048		11,053,048		11,053,048	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	11,971,211		11,971,211		11,971,211	116.00
200.00		Subtotal (see instructions)	461,092,942	0	461,092,942	217,943	461,310,885	200.00
201.00		Less Observation Beds	7,111,414		7,111,414		7,111,414	201.00
202.00		Total (see instructions)	453,981,528	0	453,981,528	217,943	454,199,471	202.00

Worksheet C
Part I
Date/Time Prepared:

MCRIF32 - 16.12.172.6

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/29/2021 1:12 pm
			Title XIX		Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	GAMMA KNIFE	0.000000			50.01
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	ULTRA SOUND	0.000000			54.01
54.02	05401	PET SCAN	0.000000			54.02
54.03	03480	ONCOLOGY	0.000000			54.03
54.04	03440	MAMMOGRAPHY	0.000000			54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	REHAB OUTPATIENT	0.000000			66.01
66.02	06602	REHAB MED SURGICAL	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	NEUROMEG	0.000000			70.01
70.02	07002	SLEEP LAB	0.000000			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
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	DAY REHAB	0.000000			90.01
90.02	09002	IMAGING CENTERS	0.000000			90.02
90.03	09003	COUMADIN CLINIC	0.000000			90.03
90.04	09004	WOUND CLINIC	0.000000			90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000			90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/29/2021 1:12 pm

			Title XVIII		Hospital	PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,807,506	0	5,807,506	66,098	87.86	30.00	
31.00	INTENSIVE CARE UNIT	1,227,242		1,227,242	10,390	118.12	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	1,808,136	0	1,808,136	20,289	89.12	41.00	
43.00	NURSERY	102,060		102,060	3,767	27.09	43.00	
200.00	Total (lines 30 through 199)	8,944,944		8,944,944	100,544		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	25,330	2,225,494					30.00
31.00	INTENSIVE CARE UNIT	5,864	692,656					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	10,944	975,329					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	42,138	3,893,479					200.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 1:12 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,465,189	175,932,911	0.031064	31,346,197	973,738
50.01	05001	GAMMA KNIFE	135,687	12,272,121	0.011057	0	0
50.02	03330	ENDOSCOPY	957,789	56,910,104	0.016830	5,133,070	86,390
51.00	05100	RECOVERY ROOM	185,372	23,721,622	0.007814	4,249,663	33,207
52.00	05200	DELIVERY ROOM & LABOR ROOM	629,818	11,216,519	0.056151	3,896	219
53.00	05300	ANESTHESIOLOGY	643,079	69,261,047	0.009285	11,166,483	103,681
54.00	05400	RADIOLOGY-DIAGNOSTIC	826,671	41,581,726	0.019881	8,797,972	174,912
54.01	03630	ULTRA SOUND	401,111	26,242,568	0.015285	3,902,830	59,655
54.02	05401	PET SCAN	419,742	11,339,839	0.037015	48,742	1,804
54.03	03480	ONCOLOGY	310,984	48,938,806	0.006355	681,544	4,331
54.04	03440	MAMMOGRAPHY	261,790	18,461,819	0.014180	22,014	312
56.00	05600	RADIOISOTOPE	137,010	17,977,720	0.007621	3,211,899	24,478
57.00	05700	CT SCAN	207,263	102,040,486	0.002031	17,933,199	36,422
58.00	05800	MRI	1,634,119	40,374,274	0.040474	4,587,195	185,662
59.00	05900	CARDIAC CATHETERIZATION	3,997,421	184,638,732	0.021650	34,596,561	749,016
60.00	06000	LABORATORY	1,007,238	233,469,900	0.004314	53,880,116	232,439
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	35,998	11,329,643	0.003177	3,248,836	10,322
64.00	06400	INTRAVENOUS THERAPY	21,949	2,342,979	0.009368	962,090	9,013
65.00	06500	RESPIRATORY THERAPY	174,007	45,406,321	0.003832	18,216,485	69,806
66.00	06600	PHYSICAL THERAPY	227,029	41,466,991	0.005475	0	0
66.01	06601	REHAB OUTPATIENT	182,754	11,639,604	0.015701	8,464	133
66.02	06602	REHAB MED SURGICAL	39,658	20,758,942	0.001910	9,900,685	18,910
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	440,051	54,973,167	0.008005	13,731,873	109,924
70.00	07000	ELECTROENCEPHALOGRAPHY	154,230	6,289,250	0.024523	613,061	15,034
70.01	07001	NEUROMEG	0	0	0.000000	0	0
70.02	07002	SLEEP LAB	145,614	9,985,292	0.014583	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	266,678	90,457,743	0.002948	16,076,238	47,393
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	519,721	101,091,842	0.005141	32,596,122	167,577
73.00	07300	DRUGS CHARGED TO PATIENTS	286,635	211,153,917	0.001357	45,056,591	61,142
74.00	07400	RENAL DIALYSIS	28,815	8,589,272	0.003355	3,698,709	12,409
76.97	07697	CARDIAC REHABILITATION	181,916	1,017,927	0.178712	175	31
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	386,355	19,563,987	0.019748	230,770	4,557
90.01	09001	DAY REHAB	60,113	13,117,809	0.004583	32,783	150
90.02	09002	IMAGING CENTERS	245,351	11,755,795	0.020871	18,183	379
90.03	09003	COUMADIN CLINIC	14,637	1,139,644	0.012843	973	12
90.04	09004	WOUND CLINIC	163,108	18,874,464	0.008642	98,979	855
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	1,357,808	80,079,396	0.016956	181,865	3,084
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	20,524	792,976	0.025882	17,498	453
91.00	09100	EMERGENCY	523,735	101,820,422	0.005144	15,949,434	82,044
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	532,709	23,287,982	0.022875	3,660,367	83,731
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	23,229,678	1,961,315,559		343,861,562	3,363,225

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/29/2021 1:12 pm	
					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	532,112	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	92,090	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	179,829	0	41.00		
43.00	04300	NURSERY	0	0	0	33,388	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	837,419	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	532,112	66,098	8.05	25,330	30.00		
31.00	03100	INTENSIVE CARE UNIT		92,090	10,390	8.86	5,864	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	179,829	20,289	8.86	10,944	41.00		
43.00	04300	NURSERY		33,388	3,767	8.86	0	43.00		
200.00		Total (lines 30 through 199)		837,419	100,544		42,138	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	203,907							
31.00	03100	INTENSIVE CARE UNIT	51,955							
40.00	04000	SUBPROVIDER - IPF	0							
41.00	04100	SUBPROVIDER - IRF	96,964							
43.00	04300	NURSERY	0							
200.00		Total (lines 30 through 199)	352,826							

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:12 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	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
50.01	05001	GAMMA KNIFE	0	0	0	0	50.01
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	ULTRA SOUND	0	0	0	0	54.01
54.02	05401	PET SCAN	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
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	DAY REHAB	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		48,806 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	48,806	200.00

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:12 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	175,932,911	0.000000	50.00	
50.01	05001	GAMMA KNIFE	0	0	0	12,272,121	0.000000	50.01	
50.02	03330	ENDOSCOPY	0	0	0	56,910,104	0.000000	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	23,721,622	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,216,519	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	69,261,047	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	41,581,726	0.000000	54.00	
54.01	03630	ULTRA SOUND	0	0	0	26,242,568	0.000000	54.01	
54.02	05401	PET SCAN	0	0	0	11,339,839	0.000000	54.02	
54.03	03480	ONCOLOGY	0	0	0	48,938,806	0.000000	54.03	
54.04	03440	MAMMOGRAPHY	0	0	0	18,461,819	0.000000	54.04	
56.00	05600	RADIOISOTOPE	0	0	0	17,977,720	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	102,040,486	0.000000	57.00	
58.00	05800	MRI	0	0	0	40,374,274	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	184,638,732	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	233,469,900	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,329,643	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,342,979	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	45,406,321	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	41,466,991	0.000000	66.00	
66.01	06601	REHAB OUTPATIENT	0	0	0	11,639,604	0.000000	66.01	
66.02	06602	REHAB MED SURGICAL	0	0	0	20,758,942	0.000000	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,973,167	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,289,250	0.000000	70.00	
70.01	07001	NEUROMEG	0	0	0	0	0.000000	70.01	
70.02	07002	SLEEP LAB	0	0	0	9,985,292	0.000000	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	90,457,743	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	101,091,842	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	211,153,917	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	8,589,272	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,017,927	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	19,563,987	0.000000	90.00	
90.01	09001	DAY REHAB	0	0	0	13,117,809	0.000000	90.01	
90.02	09002	IMAGING CENTERS	0	0	0	11,755,795	0.000000	90.02	
90.03	09003	COUMADIN CLINIC	0	0	0	1,139,644	0.000000	90.03	
90.04	09004	WOUND CLINIC	0	0	0	18,874,464	0.000000	90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	80,079,396	0.000000	90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	792,976	0.000000	90.06	
91.00	09100	EMERGENCY	0	0	0	101,820,422	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	48,806	48,806	23,287,982	0.002096	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00	
200.00		Total (lines 50 through 199)	0	48,806	48,806	1,961,315,559		200.00	

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:12 pm	
			Title XVIII		Hospital	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	31,346,197	0	16,190,022	0 50.00
50.01	05001	GAMMA KNIFE	0.000000	0	0	4,460,748	0 50.01
50.02	03330	ENDOSCOPY	0.000000	5,133,070	0	13,033,949	0 50.02
51.00	05100	RECOVERY ROOM	0.000000	4,249,663	0	2,314,323	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	3,896	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	11,166,483	0	9,192,533	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,797,972	0	6,047,966	0 54.00
54.01	03630	ULTRA SOUND	0.000000	3,902,830	0	3,551,472	0 54.01
54.02	05401	PET SCAN	0.000000	48,742	0	5,277,357	0 54.02
54.03	03480	ONCOLOGY	0.000000	681,544	0	18,588,884	0 54.03
54.04	03440	MAMMOGRAPHY	0.000000	22,014	0	1,731,986	0 54.04
56.00	05600	RADIOISOTOPE	0.000000	3,211,899	0	4,423,210	0 56.00
57.00	05700	CT SCAN	0.000000	17,933,199	0	18,816,992	0 57.00
58.00	05800	MRI	0.000000	4,587,195	0	9,164,843	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	34,596,561	0	46,982,019	0 59.00
60.00	06000	LABORATORY	0.000000	53,880,116	0	16,353,747	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	3,248,836	0	1,160,723	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	962,090	0	46,816	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	18,216,485	0	520,664	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0 66.00
66.01	06601	REHAB OUTPATIENT	0.000000	8,464	0	38,317	0 66.01
66.02	06602	REHAB MED SURGICAL	0.000000	9,900,685	0	7,227	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	13,731,873	0	8,465,950	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	613,061	0	1,042,095	0 70.00
70.01	07001	NEUROMEG	0.000000	0	0	0	0 70.01
70.02	07002	SLEEP LAB	0.000000	0	0	2,142,599	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,076,238	0	10,414,730	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,596,122	0	19,998,954	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	45,056,591	0	33,074,377	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,698,709	0	184,835	0 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	175	0	425,800	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	230,770	0	7,286,793	0 90.00
90.01	09001	DAY REHAB	0.000000	32,783	0	137,630	0 90.01
90.02	09002	IMAGING CENTERS	0.000000	18,183	0	3,287,428	0 90.02
90.03	09003	COUMADIN CLINIC	0.000000	973	0	533,186	0 90.03
90.04	09004	WOUND CLINIC	0.000000	98,979	0	7,169,681	0 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000	181,865	0	33,627,380	0 90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000	17,498	0	382,709	0 90.06
91.00	09100	EMERGENCY	0.000000	15,949,434	0	13,099,063	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.002096	3,660,367	7,672	3,618,874	7,585 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
200.00		Total (lines 50 through 199)		343,861,562	7,672	322,795,882	7,585 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 1:12 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.179702	16,190,022	0	0	2,909,379	50.00
50.01	05001 GAMMA KNIFE	0.240966	4,460,748	0	0	1,074,889	50.01
50.02	03330 ENDOSCOPY	0.095346	13,033,949	0	0	1,242,735	50.02
51.00	05100 RECOVERY ROOM	0.131933	2,314,323	0	0	305,336	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.589561	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.013492	9,192,533	0	0	124,026	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115309	6,047,966	0	0	697,385	54.00
54.01	03630 ULTRA SOUND	0.084105	3,551,472	0	0	298,697	54.01
54.02	05401 PET SCAN	0.092151	5,277,357	0	0	486,314	54.02
54.03	03480 ONCOLOGY	0.058583	18,588,884	0	0	1,088,993	54.03
54.04	03440 MAMMOGRAPHY	0.111710	1,731,986	0	0	193,480	54.04
56.00	05600 RADIOISOTOPE	0.114683	4,423,210	0	0	507,267	56.00
57.00	05700 CT SCAN	0.029011	18,816,992	0	0	545,900	57.00
58.00	05800 MRI	0.096154	9,164,843	0	0	881,236	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.143903	46,982,019	0	0	6,760,853	59.00
60.00	06000 LABORATORY	0.086555	16,353,747	0	0	1,415,499	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.153405	1,160,723	0	0	178,061	63.00
64.00	06400 INTRAVENOUS THERAPY	0.582513	46,816	0	0	27,271	64.00
65.00	06500 RESPIRATORY THERAPY	0.102812	520,664	0	0	53,531	65.00
66.00	06600 PHYSICAL THERAPY	0.144746	0	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0.274596	38,317	0	0	10,522	66.01
66.02	06602 REHAB MED SURGICAL	0.192164	7,227	0	0	1,389	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040518	8,465,950	0	0	343,023	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.098112	1,042,095	0	0	102,242	70.00
70.01	07001 NEUROMEG	0.000000	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0.150115	2,142,599	0	0	321,636	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.240251	10,414,730	0	0	2,502,149	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.421239	19,998,954	0	0	8,424,339	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194074	33,074,377	38	25,809	6,418,877	73.00
74.00	07400 RENAL DIALYSIS	0.260728	184,835	0	0	48,192	74.00
76.97	07697 CARDIAC REHABILITATION	0.924774	425,800	0	0	393,769	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	0.199941	7,286,793	0	0	1,456,929	90.00
90.01	09001 DAY REHAB	0.218525	137,630	0	0	30,076	90.01
90.02	09002 IMAGING CENTERS	0.101290	3,287,428	0	0	332,984	90.02
90.03	09003 COUMADIN CLINIC	0.320605	533,186	0	0	170,942	90.03
90.04	09004 WOUND CLINIC	0.091290	7,169,681	0	0	654,520	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.063054	33,627,380	0	0	2,120,341	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0.975257	382,709	0	0	373,240	90.06
91.00	09100 EMERGENCY	0.111891	13,099,063	0	0	1,465,667	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.305368	3,618,874	0	0	1,105,088	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Subtotal (see instructions)		322,795,882	38	25,809	45,066,777	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		322,795,882	38	25,809	45,066,777	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 1:12 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	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	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	05401	PET SCAN	0	0	54.02
54.03	03480	ONCOLOGY	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	NEUROMEG	0	0	70.01
70.02	07002	SLEEP LAB	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7	5,009	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
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	DAY REHAB	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
200.00		Subtotal (see instructions)	7	5,009	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	7	5,009	202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/29/2021 1:12 pm	
				Component CCN:14-T258			
				Title XVIII	Subprovider - IR#	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,465,189	175,932,911	0.031064	47,663	1,481
50.01	05001	GAMMA KNIFE	135,687	12,272,121	0.011057	0	0
50.02	03330	ENDOSCOPY	957,789	56,910,104	0.016830	49,554	834
51.00	05100	RECOVERY ROOM	185,372	23,721,622	0.007814	15,234	119
52.00	05200	DELIVERY ROOM & LABOR ROOM	629,818	11,216,519	0.056151	0	0
53.00	05300	ANESTHESIOLOGY	643,079	69,261,047	0.009285	25,502	237
54.00	05400	RADIOLOGY-DIAGNOSTIC	826,671	41,581,726	0.019881	276,413	5,495
54.01	03630	ULTRA SOUND	401,111	26,242,568	0.015285	83,705	1,279
54.02	05401	PET SCAN	419,742	11,339,839	0.037015	0	0
54.03	03480	ONCOLOGY	310,984	48,938,806	0.006355	122,929	781
54.04	03440	MAMMOGRAPHY	261,790	18,461,819	0.014180	0	0
56.00	05600	RADIOISOTOPE	137,010	17,977,720	0.007621	22,221	169
57.00	05700	CT SCAN	207,263	102,040,486	0.002031	290,579	590
58.00	05800	MRI	1,634,119	40,374,274	0.040474	93,381	3,780
59.00	05900	CARDIAC CATHETERIZATION	3,997,421	184,638,732	0.021650	157,536	3,411
60.00	06000	LABORATORY	1,007,238	233,469,900	0.004314	5,304,956	22,886
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	35,998	11,329,643	0.003177	98,916	314
64.00	06400	INTRAVENOUS THERAPY	21,949	2,342,979	0.009368	7,693	72
65.00	06500	RESPIRATORY THERAPY	174,007	45,406,321	0.003832	736,246	2,821
66.00	06600	PHYSICAL THERAPY	227,029	41,466,991	0.005475	22,318,018	122,191
66.01	06601	REHAB OUTPATIENT	182,754	11,639,604	0.015701	0	0
66.02	06602	REHAB MED SURGICAL	39,658	20,758,942	0.001910	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	440,051	54,973,167	0.008005	72,585	581
70.00	07000	ELECTROENCEPHALOGRAPHY	154,230	6,289,250	0.024523	0	0
70.01	07001	NEUROMEG	0	0	0.000000	0	0
70.02	07002	SLEEP LAB	145,614	9,985,292	0.014583	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	266,678	90,457,743	0.002948	28,961	85
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	519,721	101,091,842	0.005141	23,925	123
73.00	07300	DRUGS CHARGED TO PATIENTS	286,635	211,153,917	0.001357	4,580,403	6,216
74.00	07400	RENAL DIALYSIS	28,815	8,589,272	0.003355	989,548	3,320
76.97	07697	CARDIAC REHABILITATION	181,916	1,017,927	0.178712	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	386,355	19,563,987	0.019748	5,204	103
90.01	09001	DAY REHAB	60,113	13,117,809	0.004583	0	0
90.02	09002	IMAGING CENTERS	245,351	11,755,795	0.020871	0	0
90.03	09003	COUMADIN CLINIC	14,637	1,139,644	0.012843	0	0
90.04	09004	WOUND CLINIC	163,108	18,874,464	0.008642	0	0
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	1,357,808	80,079,396	0.016956	0	0
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	20,524	792,976	0.025882	0	0
91.00	09100	EMERGENCY	523,735	101,820,422	0.005144	10,453	54
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	23,287,982	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
200.00	Total (lines 50 through 199)		22,696,969	1,961,315,559		35,361,625	176,942

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:12 pm	
			Component CCN:14-T258					
			Title XVIII		Subprovider - IR#		PPS	
Cost Center Description			Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
			Anesthetist Cost	Post-Stepdown Adjustments		Post-Stepdown Adjustments		
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	0	50.01
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	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	PET SCAN	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	0	54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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	DAY REHAB	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.06
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
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:12 pm	
			Component CCN:14-T258					
			Title XVIII		Subprovider - IR#		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	175,932,911	0.000000	50.00
50.01	05001	GAMMA KNIFE	0	0	0	12,272,121	0.000000	50.01
50.02	03330	ENDOSCOPY	0	0	0	56,910,104	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	23,721,622	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,216,519	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	69,261,047	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	41,581,726	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	26,242,568	0.000000	54.01
54.02	05401	PET SCAN	0	0	0	11,339,839	0.000000	54.02
54.03	03480	ONCOLOGY	0	0	0	48,938,806	0.000000	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	18,461,819	0.000000	54.04
56.00	05600	RADIOISOTOPE	0	0	0	17,977,720	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	102,040,486	0.000000	57.00
58.00	05800	MRI	0	0	0	40,374,274	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	184,638,732	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	233,469,900	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	11,329,643	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,342,979	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	45,406,321	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	41,466,991	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	11,639,604	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	20,758,942	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,973,167	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,289,250	0.000000	70.00
70.01	07001	NEUROMEG	0	0	0	0	0.000000	70.01
70.02	07002	SLEEP LAB	0	0	0	9,985,292	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	90,457,743	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	101,091,842	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	211,153,917	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,589,272	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,017,927	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	19,563,987	0.000000	90.00
90.01	09001	DAY REHAB	0	0	0	13,117,809	0.000000	90.01
90.02	09002	IMAGING CENTERS	0	0	0	11,755,795	0.000000	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	1,139,644	0.000000	90.03
90.04	09004	WOUND CLINIC	0	0	0	18,874,464	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	80,079,396	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	792,976	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	101,820,422	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	23,287,982	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	0	0	1,961,315,559		200.00

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/29/2021 1:12 pm	
				Component CCN:14-T258					
				Title XVIII		Subprovider - IR#		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	47,663	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0.000000	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0.000000	49,554	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	15,234	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	25,502	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	276,413	0	2,888	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	83,705	0	1,350	0	0	54.01
54.02	05401	PET SCAN	0.000000	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0.000000	122,929	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0.000000	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0.000000	22,221	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	290,579	0	0	0	0	57.00
58.00	05800	MRI	0.000000	93,381	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	157,536	0	178	0	0	59.00
60.00	06000	LABORATORY	0.000000	5,304,956	0	11,929	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	98,916	0	190	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	7,693	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	736,246	0	852	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	22,318,018	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.000000	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0.000000	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	72,585	0	1,277	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
70.01	07001	NEUROMEG	0.000000	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0.000000	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	28,961	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,925	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,580,403	0	13,069	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	989,548	0	21,456	0	0	74.00
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	5,204	0	0	0	0	90.00
90.01	09001	DAY REHAB	0.000000	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0.000000	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.000000	10,453	0	150	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)		35,361,625	0	53,339	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 1:12 pm
			Component CCN:14-T258		
			Title XVIII	Subprovider - IR#	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	0.179702	0	0	0	0 50.00
50.01 05001 GAMMA KNIFE	0.240966	0	0	0	0 50.01
50.02 03330 ENDOSCOPY	0.095346	0	0	0	0 50.02
51.00 05100 RECOVERY ROOM	0.131933	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.589561	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.013492	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.115309	2,888	0	0	333 54.00
54.01 03630 ULTRA SOUND	0.084105	1,350	0	0	114 54.01
54.02 05401 PET SCAN	0.092151	0	0	0	0 54.02
54.03 03480 ONCOLOGY	0.058583	0	0	0	0 54.03
54.04 03440 MAMMOGRAPHY	0.111710	0	0	0	0 54.04
56.00 05600 RADIOISOTOPE	0.114683	0	0	0	0 56.00
57.00 05700 CT SCAN	0.029011	0	0	0	0 57.00
58.00 05800 MRI	0.096154	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.143903	178	0	0	26 59.00
60.00 06000 LABORATORY	0.086555	11,929	0	0	1,033 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.153405	190	0	0	29 63.00
64.00 06400 INTRAVENOUS THERAPY	0.582513	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.102812	852	0	0	88 65.00
66.00 06600 PHYSICAL THERAPY	0.144746	0	0	0	0 66.00
66.01 06601 REHAB OUTPATIENT	0.274596	0	0	0	0 66.01
66.02 06602 REHAB MED SURGICAL	0.192164	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.040518	1,277	0	0	52 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.098112	0	0	0	0 70.00
70.01 07001 NEUROMEG	0.000000	0	0	0	0 70.01
70.02 07002 SLEEP LAB	0.150115	0	0	0	0 70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.240251	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.421239	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.194074	13,069	0	1,746	2,536 73.00
74.00 07400 RENAL DIALYSIS	0.260728	21,456	0	0	5,594 74.00
76.97 07697 CARDIAC REHABILITATION	0.924774	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99 07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.199941	0	0	0	0 90.00
90.01 09001 DAY REHAB	0.218525	0	0	0	0 90.01
90.02 09002 IMAGING CENTERS	0.101290	0	0	0	0 90.02
90.03 09003 COUMADIN CLINIC	0.320605	0	0	0	0 90.03
90.04 09004 WOUND CLINIC	0.091290	0	0	0	0 90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0.063054	0	0	0	0 90.05
90.06 09007 CONGESTIVE HEART FAILURE CLINIC	0.975257	0	0	0	0 90.06
91.00 09100 EMERGENCY	0.111891	150	0	0	17 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.305368	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
200.00 Subtotal (see instructions)		53,339	0	1,746	9,822 200.00
201.00 Less PBP Clinic Lab. Services-Program			0	0	0 201.00
202.00 Only Charges					
202.00 Net Charges (line 200 - line 201)		53,339	0	1,746	9,822 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/29/2021 1:12 pm
			Component CCN:14-T258		
			Title XVIII	Subprovider - IR#	PPS
Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	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	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	05401	PET SCAN	0	0	54.02
54.03	03480	ONCOLOGY	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	NEUROMEG	0	0	70.01
70.02	07002	SLEEP LAB	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	339	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
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	DAY REHAB	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
200.00		Subtotal (see instructions)	0	339	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	339	202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			66,098	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			66,098	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)			60,035	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)			25,330	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)			77,527,850	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)			77,527,850	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 27,527,850 minus line 36)			27,527,850	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)			1,172.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			29,710,064	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)			29,710,064	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:12 pm			
				Title XVIII		Hospital	PPS		
Cost Center Description				Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
				1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)			0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT			22,539,726	10,390	2,169.37	5,864	12,721,186	43.00
44.00	CORONARY CARE UNIT								44.00
45.00	BURN INTENSIVE CARE UNIT								45.00
46.00	SURGICAL INTENSIVE CARE UNIT								46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description									
								1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							54,977,413	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							97,408,663	49.00
PASS THROUGH COST ADJUSTMENTS									
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							1,174,012	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							3,370,897	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							6,544,909	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							90,863,754	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							6,063	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							1,172.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							7,111,414	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:12 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,807,506	77,527,850	0.074909	7,111,414	532,709	90.00
91.00 Nursing School cost	0	77,527,850	0.000000	7,111,414	0	91.00
92.00 Allied health cost	532,112	77,527,850	0.006863	7,111,414	48,806	92.00
93.00 All other Medical Education	0	77,527,850	0.000000	7,111,414	0	93.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0258	Period: From 07/01/2020	Worksheet D-1	
		Component CCN:14-T258	To 06/30/2021	Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Subprovider - IR#	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			20,289	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			20,289	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)			20,289	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)			10,944	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)			48,211,790	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			48,211,790	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			48,211,790	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)			2,376.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			26,005,680	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)			26,005,680	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0258 Component CCN:14-T258	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/29/2021 1:12 pm
Title XVIII			Subprovider - IR# 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)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,058,519
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,064,199
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and II)					1072,293
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					176,942
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,249,235
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,814,964
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0258

Period:

Worksheet D-1

Component CCN:14-T258

From 07/01/2020
To 06/30/2021Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,808,136	48,211,790	0.037504	0	0	90.00
91.00	Nursing School cost	0	48,211,790	0.000000	0	0	91.00
92.00	Allied health cost	179,829	48,211,790	0.003730	0	0	92.00
93.00	All other Medical Education	0	48,211,790	0.000000	0	0	93.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/29/2021 1:12 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		74,571,077	30.00
31.00	03100	INTENSIVE CARE UNIT		18,976,183	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180561	31,346,197	50.00
50.01	05001	GAMMA KNIFE	0.245047	0	50.01
50.02	03330	ENDOSCOPY	0.095346	5,133,070	50.02
51.00	05100	RECOVERY ROOM	0.131933	4,249,663	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.589561	3,896	52.00
53.00	05300	ANESTHESIOLOGY	0.013492	11,166,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115309	8,797,972	54.00
54.01	03630	ULTRA SOUND	0.084105	3,902,830	54.01
54.02	05401	PET SCAN	0.092151	4,492	54.02
54.03	03480	ONCOLOGY	0.058583	681,544	54.03
54.04	03440	MAMMOGRAPHY	0.111710	22,014	54.04
56.00	05600	RADIOISOTOPE	0.114683	3,211,899	56.00
57.00	05700	CT SCAN	0.029011	17,933,199	57.00
58.00	05800	MRI	0.096154	4,587,195	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143903	34,596,561	59.00
60.00	06000	LABORATORY	0.086555	53,880,116	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.153405	3,248,836	63.00
64.00	06400	INTRAVENOUS THERAPY	0.582513	962,090	64.00
65.00	06500	RESPIRATORY THERAPY	0.102812	18,216,485	65.00
66.00	06600	PHYSICAL THERAPY	0.144746	0	66.00
66.01	06601	REHAB OUTPATIENT	0.274596	8,464	66.01
66.02	06602	REHAB MED SURGICAL	0.192164	9,900,685	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040518	13,731,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.098112	613,061	70.00
70.01	07001	NEUROMEG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.150115	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.240251	16,076,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421239	32,596,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194074	45,056,591	73.00
74.00	07400	RENAL DIALYSIS	0.260728	3,698,709	74.00
76.97	07697	CARDIAC REHABILITATION	0.924774	175	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.199941	230,770	90.00
90.01	09001	DAY REHAB	0.218525	32,783	90.01
90.02	09002	IMAGING CENTERS	0.101290	18,183	90.02
90.03	09003	COUMADIN CLINIC	0.320605	973	90.03
90.04	09004	WOUND CLINIC	0.091290	98,979	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.063054	181,865	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.975257	17,498	90.06
91.00	09100	EMERGENCY	0.112055	15,949,434	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.305368	3,660,367	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		343,861,562	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		343,861,562	202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3
			Component CCN:14-T258	Date/Time Prepared: 11/29/2021 1:12 pm	
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		27,321,679	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180561	47,663	50.00
50.01	05001	GAMMA KNIFE	0.245047	0	50.01
50.02	03330	ENDOSCOPY	0.095346	49,554	50.02
51.00	05100	RECOVERY ROOM	0.131933	15,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.589561	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013492	25,502	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115309	276,413	54.00
54.01	03630	ULTRA SOUND	0.084105	83,705	54.01
54.02	05401	PET SCAN	0.092151	0	54.02
54.03	03480	ONCOLOGY	0.058583	122,929	54.03
54.04	03440	MAMMOGRAPHY	0.111710	0	54.04
56.00	05600	RADIOISOTOPE	0.114683	22,221	56.00
57.00	05700	CT SCAN	0.029011	290,579	57.00
58.00	05800	MRI	0.096154	93,381	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.143903	157,536	59.00
60.00	06000	LABORATORY	0.086555	5,304,956	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.153405	98,916	63.00
64.00	06400	INTRAVENOUS THERAPY	0.582513	7,693	64.00
65.00	06500	RESPIRATORY THERAPY	0.102812	736,246	65.00
66.00	06600	PHYSICAL THERAPY	0.144746	22,318,018	66.00
66.01	06601	REHAB OUTPATIENT	0.274596	0	66.01
66.02	06602	REHAB MED SURGICAL	0.192164	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040518	72,585	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.098112	0	70.00
70.01	07001	NEUROMEG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.150115	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.240251	28,961	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.421239	23,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194074	4,580,403	73.00
74.00	07400	RENAL DIALYSIS	0.260728	989,548	74.00
76.97	07697	CARDIAC REHABILITATION	0.924774	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.199941	5,204	90.00
90.01	09001	DAY REHAB	0.218525	0	90.01
90.02	09002	IMAGING CENTERS	0.101290	0	90.02
90.03	09003	COUMADIN CLINIC	0.320605	0	90.03
90.04	09004	WOUND CLINIC	0.091290	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.063054	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.975257	0	90.06
91.00	09100	EMERGENCY	0.112055	10,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.305368	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		35,361,625	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		35,361,625	202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			17,605,122	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			54,014,774	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)			781,155	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			1,690,204	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)			265.39	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)			2.21	30.00
31.00	Percentage of Medicaid patient days (see instructions)			15.47	31.00
32.00	Sum of lines 30 and 31			17.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.24	33.00
34.00	Disproportionate share adjustment (see instructions)			759,171	34.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT			Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:12 pm
			Title XVIII	Hospital	PPS
				Prior to 10/1	On/After 10/1
				1.00	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
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)	3,640,401	2,343,575		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	915,073	1,752,865		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,667,938			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 and 685. (see instructions)	0	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	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 and 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)	77,518,364			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)		77,518,364		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,692,919		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		70,131		53.00
54.00	Special add-on payments for new technologies		667,965		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		255,862		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		7,672		58.00
59.00	Total (sum of amounts on lines 49 through 58)		84,212,913		59.00
60.00	Primary payer payments		102,827		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		84,110,086		61.00
62.00	Deductibles billed to program beneficiaries		5,467,836		62.00
63.00	Coinsurance billed to program beneficiaries		286,231		63.00
64.00	Allowable bad debts (see instructions)		1,687,137		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,096,639		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		569,104		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		79,452,658		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		91,992		70.93
70.94	HRR adjustment amount (see instructions)		-10,564		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/29/2021 1:12 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		79,534,086	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		78,381,580	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,152,506	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,017,900	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 1:12 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,605,122	0	17,605,122		17,605,122	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	54,014,774	0		54,014,774	54,014,774	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	781,155	0	781,155		781,155	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,690,204	0		1,690,204	1,690,204	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	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	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	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	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0424	0.0424	0.0424	0.0424		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	759,171	0	186,614	572,557	759,171	11.00
11.01	Uncompensated care payments	36.00	2,667,938	0	580,956	2,212,670	2,793,626	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	77,518,364	0	19,153,847	58,364,517	77,518,364	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	77,518,364	0	19,153,847	58,364,517	77,518,364	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,692,919	0	1,443,796	4,249,123	5,692,919	16.00
17.00	Special add-on payments for new technologies	54.00	667,965	0	0	667,965	667,965	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2021 1:12 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	20,597,643	63,281,605	83,879,248	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	5,539,036	0	1,393,984	4,145,052	5,539,036	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	153,883	0	49,812	104,071	153,883	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	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,692,919	0	1,443,796	4,249,123	5,692,919	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 1:12 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,605,122	17,605,122		17,605,122	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	54,014,774		54,014,774	54,014,774	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	781,155	781,155		781,155	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,690,204		1,690,204	1,690,204	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	0.0424	0.0424	0.0424		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	759,171	186,614	572,557	759,171	11.00
11.01	Uncompensated care payments	36.00	2,667,938	580,956	2,212,670	2,793,626	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	77,518,364	19,153,847	58,364,517	77,518,364	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	77,518,364	19,153,847	58,364,517	77,518,364	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,692,919	1,443,796	4,249,123	5,692,919	16.00
17.00	Special add-on payments for new technologies	54.00	667,965	0	667,965	667,965	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			20,597,643	63,281,605	83,879,248	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2021 1:12 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,539,036	1,393,984	4,145,052	5,539,036	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	153,883	49,812	104,071	153,883	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	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,692,919	1,443,796	4,249,123	5,692,919	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	91,992	-15,879	107,871	91,992	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	-10,564	-10,564	0	-10,564	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Hospital	PPS	
			1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		5,016	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,059,192	2.00	
3.00	OPPS payments		45,955,368	3.00	
4.00	Outlier payment (see instructions)		79,846	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		7,585	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,016	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		25,847	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)		25,847	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		25,847	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		20,831	19.00	
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00	
21.00	Lesser of cost or charges (see instructions)		5,016	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)		46,042,799	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		8	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,519,338	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)		38,528,469	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)		38,528,469	30.00	
31.00	Primary payer payments		1,557	31.00	
32.00	Subtotal (line 30 minus line 31)		38,526,912	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)		1,456,703	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		946,857	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		609,739	36.00	
37.00	Subtotal (see instructions)		39,473,769	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		10	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)		39,473,759	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		38,997,515	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)		476,244	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	

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2020	Worksheet E	
		Component CCN:14-T258	To 06/30/2021	Part B Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Subprovider - IR#	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			339	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			9,822	2.00
3.00	OPPS payments			8,067	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			339	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			1,746	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)			1,746	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			1,746	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			1,407	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)			339	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)			8,067	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			1,285	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)			7,121	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)			7,121	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			7,121	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			7,121	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			7,121	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			7,177	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)			-56	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:14-0258

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/29/2021 1:12 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		77,767,859		38,515,715	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		613,721		481,800	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)		78,381,580		38,997,515	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		1,152,506		476,244	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		79,534,086		39,473,759	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part I Date/Time Prepared: 11/29/2021 1:12 pm	
		Component CCN:14-T258	Title XVIII	Subprovider - IR#	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		23,164,702		7,177
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		118,431		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		23,283,133		7,177
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		19,994		0
6.02	SETTLEMENT TO PROGRAM		0		56
7.00	Total Medicare program liability (see instructions)		23,303,127		7,121
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/29/2021 1:12 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days 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

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2020	Worksheet E-3	
		Component CCN:14-T258	To 06/30/2021	Part III Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			19,847,610	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0217	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			706,575	3.00
4.00	Outlier Payments			2,908,631	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5.01
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00	9.00
10.00	Average Daily Census (see instructions)			55.586301	10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000	11.00
12.00	Teaching Adjustment (see instructions)			0	12.00
13.00	Total PPS Payment (see instructions)			23,462,816	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0	16.00
17.00	Subtotal (see instructions)			23,462,816	17.00
18.00	Primary payer payments			0	18.00
19.00	Subtotal (line 17 less line 18).			23,462,816	19.00
20.00	Deductibles			46,500	20.00
21.00	Subtotal (line 19 minus line 20)			23,416,316	21.00
22.00	Coinsurance			239,705	22.00
23.00	Subtotal (line 21 minus line 22)			23,176,611	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			45,465	24.00
25.00	Adjusted reimbursable bad debts (see instructions)			29,552	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			20,416	26.00
27.00	Subtotal (sum of lines 23 and 25)			23,206,163	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0	28.00
29.00	Other pass through costs (see instructions)			96,964	29.00
30.00	Outlier payments reconciliation			0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	31.50
31.99	Demonstration payment adjustment amount before sequestration			0	31.99
32.00	Total amount payable to the provider (see instructions)			23,303,127	32.00
32.01	Sequestration adjustment (see instructions)			0	32.01
32.02	Demonstration payment adjustment amount after sequestration			0	32.02
33.00	Interim payments			23,283,133	33.00
34.00	Tentative settlement (for contractor use only)			0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			19,994	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			2,908,631	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3, column 2)	02, 42,138	16,198		26.00
27.00	Total Inpatient Days (see instructions)	91,567	91,567		27.00
28.00	Ratio of inpatient days to total inpatient days	0.460188	0.176898		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			8,589,272	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			128,472,862	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			102,827	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			128,370,035	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			45,081,954	42.00
43.00	Primary payer payments (see instructions)			3,122	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			45,078,832	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			173,448,867	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.740103	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.259897	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN:14-0258

Period:

Worksheet G

From 07/01/2020

Date/Time Prepared:

To 06/30/2021

11/29/2021 1:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	27,169,869	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	212,989,127	0	0	0	4.00
5.00	Other receivable	126,925,823	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-139,327,962	0	0	0	6.00
7.00	Inventory	9,516,798	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	10,590,426	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)	247,864,081	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,100,000	0	0	0	12.00
13.00	Land improvements	1,938,887	0	0	0	13.00
14.00	Accumulated depreciation	-1,000,118	0	0	0	14.00
15.00	Buildings	222,665,338	0	0	0	15.00
16.00	Accumulated depreciation	-75,986,688	0	0	0	16.00
17.00	Leasehold improvements	1,268,255	0	0	0	17.00
18.00	Accumulated depreciation	-973,936	0	0	0	18.00
19.00	Fixed equipment	2,397,841	0	0	0	19.00
20.00	Accumulated depreciation	-1,559,776	0	0	0	20.00
21.00	Automobiles and trucks	295,320	0	0	0	21.00
22.00	Accumulated depreciation	-295,320	0	0	0	22.00
23.00	Major movable equipment	89,218,056	0	0	0	23.00
24.00	Accumulated depreciation	-68,852,706	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	446,491	0	0	0	27.00
28.00	Accumulated depreciation	-239,584	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,990,163	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	182,412,223	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	2,549,817	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,549,817	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	432,826,121	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,305,143	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,557,798	0	0	0	38.00
39.00	Payroll taxes payable	1,433,212	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	203,374,460	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	226,670,613	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	6,436,419	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,436,419	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	233,107,032	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	199,719,089	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	199,719,089	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	432,826,121	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0258

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

Worksheet G-1

Date/Time Prepared:
11/29/2021 1:12 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		154,700,842		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		41,027,705				2.00
3.00	Total (sum of line 1 and line 2)		195,728,547		0		3.00
4.00	TRANSFER FROM AFFILIATES	3,990,542		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,990,542		0		10.00
11.00	Subtotal (line 3 plus line 10)		199,719,089		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO AFFILIATES	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		199,719,089		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	TRANSFER FROM AFFILIATES		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER TO AFFILIATES		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet G-2 Parts I & II Date/Time Prepared: 11/29/2021 1:12 pm	
Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	179,249,711		179,249,711	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	50,712,850		50,712,850	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)	229,962,561		229,962,561	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	53,103,110		53,103,110	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	53,103,110		53,103,110	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	283,065,671		283,065,671	17.00
18.00	Ancillary services	849,128,599	841,754,485	1,690,883,084	18.00
19.00	Outpatient services	43,785,033	226,647,443	270,432,476	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		13,209,757	13,209,757	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	0	11,299,140	11,299,140	26.00
27.00	PHYSICIAN	158,427	1,499,531	1,657,958	27.00
27.01	OTHER	0	1,247,220	1,247,220	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)	1,376,137,730	1,095,657,576	2,271,795,306	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		481,832,731		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ROUNDING	0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		481,832,731		43.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER	In Lieu of Form CMS-2552-10	
STATEMENT OF REVENUES AND EXPENSES		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet G-3 Date/Time Prepared: 11/29/2021 1:12 pm
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		2,271,795,306	1.00
2.00	Less contractual allowances and discounts on patients' accounts		1,781,576,965	2.00
3.00	Net patient revenues (line 1 minus line 2)		490,218,341	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		481,832,731	4.00
5.00	Net income from service to patients (line 3 minus line 4)		8,385,610	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		193,869	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		946,106	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		35,748	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		499,450	20.00
21.00	Rental of vending machines		48,726	21.00
22.00	Rental of hospital space		2,002,081	22.00
23.00	Governmental appropriations		0	23.00
24.00	CAPITATION		0	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTIO		29,304	24.01
24.02	REFERENCE LAB		0	24.02
24.03	REHAB		5,220	24.03
24.04	PATIENT INTEREST INCOME		170,861	24.04
24.05	INTERCOMPANY LAB		-76,250	24.05
24.06	MGMT INCENTIVE FEE		0	24.06
24.07	MEDICAL STAFF DUES		0	24.07
24.08	UNCLAIMED PROPERTY EXEMPTIONS		426,706	24.08
24.09	ACO SHARED SAVINGS		488,233	24.09
24.10	OTHER		279,565	24.10
24.11	OUTPATIENT PHARMACY		3,375,648	24.11
24.12	MISC INCOME		748,832	24.12
24.13	OTHER (SPECIFY)		0	24.13
24.14	ANSWERING SERVICE		0	24.14
24.15	MISC INCOME		0	24.15
24.50	COVID-19 PHE Funding		23,473,610	24.50
25.00	Total other income (sum of lines 6-24)		32,647,709	25.00
26.00	Total (line 5 plus line 25)		41,033,319	26.00
27.00	NON RECURRING EXPENSES		5,614	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		5,614	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		41,027,705	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS					Provider CCN:14-0258 HHA CCN: 14-7583	Period: From 07/01/2020 To 06/30/2021	Worksheet H Date/Time Prepared: 11/29/2021 1:12 pm	
						Home Health Agency I	PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Pur- chased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	3,634,681	264,360	210,925	61,825	643,679	4,815,470	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,307,294	95,083	0	0	0	1,402,377	6.00
7.00	Physical Therapy	1,053,522	76,626	0	0	0	1,130,148	7.00
8.00	Occupational Therapy	176,407	12,831	0	0	0	189,238	8.00
9.00	Speech Pathology	6,286	457	0	0	0	6,743	9.00
10.00	Medical Social Services	13,094	952	0	0	0	14,046	10.00
11.00	Home Health Aide	403,852	29,373	0	0	0	433,225	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,595,136	479,682	210,925	61,825	643,679	7,991,247	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-2,699	4,812,771	2	4,812,773			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	1,402,377	0	1,402,377			6.00
7.00	Physical Therapy	0	1,130,148	0	1,130,148			7.00
8.00	Occupational Therapy	0	189,238	0	189,238			8.00
9.00	Speech Pathology	0	6,743	0	6,743			9.00
10.00	Medical Social Services	0	14,046	0	14,046			10.00
11.00	Home Health Aide	0	433,225	0	433,225			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-2,699	7,988,548	2	7,988,550			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST				Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet H-1 Part I Date/Time Prepared: 11/29/2021 1:12 pm	
				HHA CCN: 14-7583		Home Health Agency I		PPS	
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
			Bldgs & Fixtures	Movable Equipment					
			0		1.00	2.00	3.00	4.00	4A.00
GENERAL SERVICE COST CENTERS									
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	0	4.00	
5.00	Administrative and General	4,812,773	0	0	0	0	4,812,773	5.00	
HHA REIMBURSABLE SERVICES									
6.00	Skilled Nursing Care	1,402,377	0	0	0	0	1,402,377	6.00	
7.00	Physical Therapy	1,130,148	0	0	0	0	1,130,148	7.00	
8.00	Occupational Therapy	189,238	0	0	0	0	189,238	8.00	
9.00	Speech Pathology	6,743	0	0	0	0	6,743	9.00	
10.00	Medical Social Services	14,046	0	0	0	0	14,046	10.00	
11.00	Home Health Aide	433,225	0	0	0	0	433,225	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES									
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	7,988,550	0	0	0	0	7,988,550	24.00	
		Administrative & General	Total (cols. 4A + 5)						
		5.00	6.00						
GENERAL SERVICE COST CENTERS									
1.00	Capital Related - Bldg. & Fixtures							1.00	
2.00	Capital Related - Movable Equipment							2.00	
3.00	Plant Operation & Maintenance							3.00	
4.00	Transportation							4.00	
5.00	Administrative and General	4,812,773						5.00	
HHA REIMBURSABLE SERVICES									
6.00	Skilled Nursing Care	2,125,252	3,527,629					6.00	
7.00	Physical Therapy	1,712,697	2,842,845					7.00	
8.00	Occupational Therapy	286,783	476,021					8.00	
9.00	Speech Pathology	10,219	16,962					9.00	
10.00	Medical Social Services	21,286	35,332					10.00	
11.00	Home Health Aide	656,536	1,089,761					11.00	
12.00	Supplies (see instructions)	0	0					12.00	
13.00	Drugs	0	0					13.00	
14.00	DME	0	0					14.00	
HHA NONREIMBURSABLE SERVICES									
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	0	0					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	0	0					19.00	
20.00	Day Care Program	0	0					20.00	
21.00	Home Delivered Meals Program	0	0					21.00	
22.00	Homemaker Service	0	0					22.00	
23.00	All Others (specify)	0	0					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		7,988,550					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN:14-0258

Period:

Worksheet H-1

HHA CCN: 14-7583

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:12 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-4,812,773	3,175,777
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,402,377	6.00
7.00	Physical Therapy	0	0	0	0	1,130,148	7.00
8.00	Occupational Therapy	0	0	0	0	189,238	8.00
9.00	Speech Pathology	0	0	0	0	6,743	9.00
10.00	Medical Social Services	0	0	0	0	14,046	10.00
11.00	Home Health Aide	0	0	0	0	433,225	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-4,812,773	3,175,777
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		4,812,773
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		1.515463

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:12 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	0	0	565,005	56,241	0	1.00
2.00	Skilled Nursing Care	3,527,629	0	0	203,216	0	0	2.00
3.00	Physical Therapy	2,842,845	0	0	163,768	0	0	3.00
4.00	Occupational Therapy	476,021	0	0	27,422	0	0	4.00
5.00	Speech Pathology	16,962	0	0	977	0	0	5.00
6.00	Medical Social Services	35,332	0	0	2,035	0	0	6.00
7.00	Home Health Aide	1,089,761	0	0	62,778	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	7,988,550	0	0	1,025,201	56,241	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	727	660	622,633	136,009	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,730,845	814,972	0	2.00
3.00	Physical Therapy	0	0	0	3,006,613	656,771	0	3.00
4.00	Occupational Therapy	0	0	0	503,443	109,973	0	4.00
5.00	Speech Pathology	0	0	0	17,939	3,919	0	5.00
6.00	Medical Social Services	0	0	0	37,367	8,163	0	6.00
7.00	Home Health Aide	0	0	0	1,152,539	251,763	0	7.00
8.00	Supplies (see instructions)	81	0	0	81	18	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	81	727	660	9,071,460	1,981,588	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:12 pmHome Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	
		14.00	15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:12 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	758,642	0	758,642				1.00
2.00	Skilled Nursing Care	4,545,817	0	4,545,817	335,000	4,880,817		2.00
3.00	Physical Therapy	3,663,384	0	3,663,384	269,973	3,933,357		3.00
4.00	Occupational Therapy	613,416	0	613,416	45,206	658,622		4.00
5.00	Speech Pathology	21,858	0	21,858	1,611	23,469		5.00
6.00	Medical Social Services	45,530	0	45,530	3,355	48,885		6.00
7.00	Home Health Aide	1,404,302	0	1,404,302	103,490	1,507,792		7.00
8.00	Supplies (see instructions)	99	0	99	7	106		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	11,053,048	0	11,053,048	758,642	11,053,048		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.073695			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS				Provider CCN:14-0258		Period: From 07/01/2020 To 06/30/2021		Worksheet H-2 Part II Date/Time Prepared: 11/29/2021 1:12 pm	
				HHA CCN: 14-7583		Home Health Agency I		PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	DATA PROCESSING (DATA PROCE SSING)	PURCHASING RECEIVING AND STORES (PURCHASING)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXP ENSE)						
		1.00	2.00						4.00
1.00	Administrative and General	0	0	3,634,681	98	0	0	1.00	
2.00	Skilled Nursing Care	0	0	1,307,294	0	0	0	2.00	
3.00	Physical Therapy	0	0	1,053,523	0	0	0	3.00	
4.00	Occupational Therapy	0	0	176,407	0	0	0	4.00	
5.00	Speech Pathology	0	0	6,286	0	0	0	5.00	
6.00	Medical Social Services	0	0	13,094	0	0	0	6.00	
7.00	Home Health Aide	0	0	403,852	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	386,340	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	0	0	6,595,137	98	0	386,340	20.00	
21.00	Total cost to be allocated	0	0	1,025,201	56,241	0	81	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.155448	573.887755	0.000000	0.000210	22.00	
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACCReconciliation UNTS RECEIVABLE (GROSS CHARGES)	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)			
		5.04	5.05	5A.06	5.06	6.00	7.00		
1.00	Administrative and General	13,209,757	13,209,757	0	622,633	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	3,730,845	0	0	2.00	
3.00	Physical Therapy	0	0	0	3,006,613	0	0	3.00	
4.00	Occupational Therapy	0	0	0	503,443	0	0	4.00	
5.00	Speech Pathology	0	0	0	17,939	0	0	5.00	
6.00	Medical Social Services	0	0	0	37,367	0	0	6.00	
7.00	Home Health Aide	0	0	0	1,152,539	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	81	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	13,209,757	13,209,757	0	9,071,460	0	0	20.00	
21.00	Total cost to be allocated	727	660	0	1,981,588	0	0	21.00	
22.00	Unit cost multiplier	0.000055	0.000050	0	0.218442	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS					Provider CCN:14-0258 HHA CCN: 14-7583	Period: From 07/01/2020 To 06/30/2021	Worksheet H-2 Part II Date/Time Prepared: 11/29/2021 1:12 pm
						Home Health Agency I	PPS
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
		8.00	9.00	10.00	11.00	13.00	14.00
1.00	Administrative and General	0	0	0	0	0	0
2.00	Skilled Nursing Care	0	0	0	0	0	0
3.00	Physical Therapy	0	0	0	0	0	0
4.00	Occupational Therapy	0	0	0	0	0	0
5.00	Speech Pathology	0	0	0	0	0	0
6.00	Medical Social Services	0	0	0	0	0	0
7.00	Home Health Aide	0	0	0	0	0	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0
21.00	Total cost to be allocated	0	0	0	0	0	0
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
		15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10				
APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN:14-0258 HHA CCN: 14-7583		Period: From 07/01/2020 To 06/30/2021		Worksheet H-3 Part I Date/Time Prepared: 11/29/2021 1:12 pm	
					Title XVIII		Home Health Agency I		PPS	
Cost Center Description			From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
			0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care		2.00	4,880,817		4,880,817	22,760	214.45	1.00	
2.00	Physical Therapy		3.00	3,933,357	0	3,933,357	20,996	187.34	2.00	
3.00	Occupational Therapy		4.00	658,622	0	658,622	8,653	76.11	3.00	
4.00	Speech Pathology		5.00	23,469	0	23,469	1,129	20.79	4.00	
5.00	Medical Social Services		6.00	48,885		48,885	306	159.75	5.00	
6.00	Home Health Aide		7.00	1,507,792		1,507,792	2,654	568.12	6.00	
7.00	Total (sum of lines 1-6)			11,052,942	0	11,052,942	56,498		7.00	
Cost Center Description			Cost Limits	CBSA No. (1)	Part A	Program Visits				
						Part B				
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
						0	1.00	2.00	3.00	4.00
Limitation Cost Computation										
8.00	Skilled Nursing Care			16974	0	6,734			8.00	
8.01	Skilled Nursing Care			16984	0	6,561			8.01	
8.02	Skilled Nursing Care			20994	0	2,101			8.02	
8.03	Skilled Nursing Care			29404	0	332			8.03	
9.00	Physical Therapy			16974	0	5,736			9.00	
9.01	Physical Therapy			16984	0	5,852			9.01	
9.02	Physical Therapy			20994	0	1,838			9.02	
9.03	Physical Therapy			29404	0	331			9.03	
10.00	Occupational Therapy			16974	0	2,660			10.00	
10.01	Occupational Therapy			16984	0	2,662			10.01	
10.02	Occupational Therapy			20994	0	686			10.02	
10.03	Occupational Therapy			29404	0	186			10.03	
11.00	Speech Pathology			16974	0	234			11.00	
11.01	Speech Pathology			16984	0	317			11.01	
11.02	Speech Pathology			20994	0	133			11.02	
11.03	Speech Pathology			29404	0	15			11.03	
12.00	Medical Social Services			16974	0	127			12.00	
12.01	Medical Social Services			16984	0	65			12.01	
12.02	Medical Social Services			20994	0	30			12.02	
12.03	Medical Social Services			29404	0	4			12.03	
13.00	Home Health Aide			16974	0	941			13.00	
13.01	Home Health Aide			16984	0	901			13.01	
13.02	Home Health Aide			20994	0	336			13.02	
13.03	Home Health Aide			29404	0	59			13.03	
14.00	Total (sum of lines 8-13)				0	38,841			14.00	
Cost Center Description			From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
			0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations										
15.00	Cost of Medical Supplies		8.00	106	0	106	0	0.000000	15.00	
16.00	Cost of Drugs		9.00	0	0	0	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
11/29/2021 1:12 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Visits		Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	15,728		0	3,372,870		1.00
2.00	Physical Therapy	0	13,757		0	2,577,236		2.00
3.00	Occupational Therapy	0	6,194		0	471,425		3.00
4.00	Speech Pathology	0	699		0	14,532		4.00
5.00	Medical Social Services	0	226		0	36,104		5.00
6.00	Home Health Aide	0	2,237		0	1,270,884		6.00
7.00	Total (sum of lines 1-6)	0	38,841		0	7,743,051		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges		Cost of Services				
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	340,552	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN:14-0258	Period: From 07/01/2020	Worksheet H-3
			HHA CCN: 14-7583	To 06/30/2021	Part I Date/Time Prepared: 11/29/2021 1:12 pm
			Title XVIII	Home Health Agency I	PPS
Cost Center Description		Total Program Cost (sum of cols. 9-10)			
		12.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	3,372,870			1.00
2.00	Physical Therapy	2,577,236			2.00
3.00	Occupational Therapy	471,425			3.00
4.00	Speech Pathology	14,532			4.00
5.00	Medical Social Services	36,104			5.00
6.00	Home Health Aide	1,270,884			6.00
7.00	Total (sum of lines 1-6)	7,743,051			7.00
Cost Center Description					
		12.00			
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
8.02	Skilled Nursing Care				8.02
8.03	Skilled Nursing Care				8.03
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
9.02	Physical Therapy				9.02
9.03	Physical Therapy				9.03
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
10.02	Occupational Therapy				10.02
10.03	Occupational Therapy				10.03
11.00	Speech Pathology				11.00
11.01	Speech Pathology		11.01		
11.02	Speech Pathology		11.02		
11.03	Speech Pathology		11.03		
12.00	Medical Social Services		12.00		
12.01	Medical Social Services		12.01		
12.02	Medical Social Services		12.02		
12.03	Medical Social Services		12.03		
13.00	Home Health Aide		13.00		
13.01	Home Health Aide		13.01		
13.02	Home Health Aide		13.02		
13.03	Home Health Aide		13.03		
14.00	Total (sum of lines 8-13)				14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:12 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.144746	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.274596	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.192164	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.240251	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.194074	0	0	col. 2, line 16.00	5.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2020	Worksheet H-4	
		HHA CCN: 14-7583	To 06/30/2021	Part I-II Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	1,565	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	-1,565	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	8,170,652	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	482,805	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	154,517	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	22,025	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	87,325	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	8,915,759	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	8,915,759	24.00
25.00	Coinsurance billed to program patients (from your records)		0	1,967	25.00
26.00	Net cost (line 24 minus line 25)		0	8,913,792	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	8,913,792	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	8,913,792	31.00
31.01	Sequestration adjustment (see instructions)		0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	8,913,792	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10		
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED PROGRAM BENEFICIARIES		Provider CCN:14-0258 HHA CCN: 14-7583		Period: From 07/01/2020 To 06/30/2021 Worksheet H-5 Date/Time Prepared: 11/29/2021 1:12 pm		
				Home Health Agency I PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		8,913,792	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		8,913,792	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		8,913,792	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10				
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS				Provider CCN:14-0258 Hospice CCN: 14-1632		Period: From 07/01/2020 To 06/30/2021		Worksheet 0 Date/Time Prepared: 11/29/2021 1:12 pm	
						Hospice I			
				SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
				1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT*			223,048		223,048	0	223,048	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*			43,551		43,551	-43,551	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*		0	340,604		340,604	0	340,604	3.00
4.00	ADMINISTRATIVE & GENERAL*	423,630		281,904		705,534	0	705,534	4.00
5.00	PLANT OPERATION & MAINTENANCE*		0	80,529		80,529	0	80,529	5.00
6.00	LAUNDRY & LINEN SERVICE*		0	20,436		20,436	0	20,436	6.00
7.00	HOUSEKEEPING*		0	114,600		114,600	0	114,600	7.00
8.00	DIETARY*		0	11,996		11,996	0	11,996	8.00
9.00	NURSING ADMINISTRATION*		0	0		0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*		0	8		8	0	8	10.00
11.00	MEDICAL RECORDS*		0	0		0	0	0	11.00
12.00	STAFF TRANSPORTATION*		0	66,245		66,245	0	66,245	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	44,550		0		44,550	0	44,550	13.00
14.00	PHARMACY*		0	0		0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	210,968		545,194		756,162	0	756,162	15.00
16.00	OTHER GENERAL SERVICE*		0	0		0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES								17.00
DIRECT PATIENT CARE SERVICE COST CENTERS									
25.00	INPATIENT CARE-CONTRACTED**			0		0	0	0	25.00
26.00	PHYSICIAN SERVICES**		0	0		0	0	0	26.00
27.00	NURSE PRACTITIONER**		0	0		0	0	0	27.00
28.00	REGISTERED NURSE**	2,455,521		0		2,455,521	0	2,455,521	28.00
29.00	LPN/LVN**	36,843		0		36,843	0	36,843	29.00
30.00	PHYSICAL THERAPY**	1,926		0		1,926	0	1,926	30.00
31.00	OCCUPATIONAL THERAPY**	295		0		295	0	295	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**		0	0		0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	101,334		0		101,334	0	101,334	33.00
34.00	SPIRITUAL COUNSELING**	376,400		0		376,400	0	376,400	34.00
35.00	DIETARY COUNSELING**		0	0		0	0	0	35.00
36.00	COUNSELING - OTHER**	19,645		0		19,645	0	19,645	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	556,650		0		556,650	0	556,650	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**		0	15,586		15,586	-15,586	0	38.00
39.00	PATIENT TRANSPORTATION**		0	40,012		40,012	0	40,012	39.00
40.00	IMAGING SERVICES**		0	0		0	0	0	40.00
41.00	LABS & DIAGNOSTICS**		0	0		0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**		0	263,095		263,095	-263,095	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**		0	141,840		141,840	-141,840	0	42.50
43.00	OUTPATIENT SERVICES**		0	0		0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**		0	0		0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**		0	0		0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**		0	2,621,916		2,621,916	0	2,621,916	46.00
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM *	48,180		0		48,180	0	48,180	60.00
61.00	VOLUNTEER PROGRAM *		0	0		0	0	0	61.00
62.00	FUNDRAISING*		0	0		0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*		0	0		0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	343,874		4,900		348,774	0	348,774	64.00
65.00	OTHER PHYSICIAN SERVICES*		0	0		0	0	0	65.00
66.00	RESIDENTIAL CARE*		0	0		0	0	0	66.00
67.00	ADVERTISING*		0	0		0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*		0	0		0	0	0	68.00
69.00	THRIFT STORE*		0	0		0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*		0	0		0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*		0	0		0	0	0	71.00
100.00	TOTAL	4,619,816		4,815,464		9,435,280	-464,072	8,971,208	100.00
* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.									
** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.									

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0

Hospice CCN: 14-1632

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

Date/Time Prepared:

11/29/2021 1:12 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	223,048	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	340,604	3.00
4.00	ADMINISTRATIVE & GENERAL*	-2	705,532	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	80,529	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	20,436	6.00
7.00	HOUSEKEEPING*	0	114,600	7.00
8.00	DIETARY*	0	11,996	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	8	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	66,245	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	44,550	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	756,162	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,455,521	28.00
29.00	LPN/LVN**	0	36,843	29.00
30.00	PHYSICAL THERAPY**	0	1,926	30.00
31.00	OCCUPATIONAL THERAPY**	0	295	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	101,334	33.00
34.00	SPIRITUAL COUNSELING**	0	376,400	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	19,645	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	556,650	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	40,012	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	2,621,916	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	48,180	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	348,774	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-2	8,971,206	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet 0-2
	Hospice CCN: 14-1632	Date/Time Prepared: 11/29/2021 1:12 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,610,345	0	1,610,345	0	1,610,345	28.00
29.00	LPN/LVN	24,162	0	24,162	0	24,162	29.00
30.00	PHYSICAL THERAPY	1,263	0	1,263	0	1,263	30.00
31.00	OCCUPATIONAL THERAPY	194	0	194	0	194	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	66,455	0	66,455	0	66,455	33.00
34.00	SPIRITUAL COUNSELING	246,845	0	246,845	0	246,845	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	12,883	0	12,883	0	12,883	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	365,054	0	365,054	0	365,054	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	10,221	10,221	-10,221	0	38.00
39.00	PATIENT TRANSPORTATION	0	26,240	26,240	0	26,240	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	172,539	172,539	-172,539	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	93,020	93,020	-93,020	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,719,468	1,719,468	0	1,719,468	46.00
100.00	TOTAL *	2,327,201	2,021,488	4,348,689	-275,780	4,072,909	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,610,345	28.00
29.00	LPN/LVN	0	24,162	29.00
30.00	PHYSICAL THERAPY	0	1,263	30.00
31.00	OCCUPATIONAL THERAPY	0	194	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	66,455	33.00
34.00	SPIRITUAL COUNSELING	0	246,845	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	12,883	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	365,054	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	26,240	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1,719,468	46.00
100.00	TOTAL *	0	4,072,909	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESIDENT PROVIDER CCN:14-0258 Period: From 07/01/2020 Worksheet 0-3
CARE Hospice CCN: 14-1632 To 06/30/2021 Date/Time Prepared: 11/29/2021 1:12 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	18,995	0	18,995	0	18,995	28.00
29.00	LPN/LVN	285	0	285	0	285	29.00
30.00	PHYSICAL THERAPY	15	0	15	0	15	30.00
31.00	OCCUPATIONAL THERAPY	2	0	2	0	2	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	784	0	784	0	784	33.00
34.00	SPIRITUAL COUNSELING	2,912	0	2,912	0	2,912	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	152	0	152	0	152	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	4,306	0	4,306	0	4,306	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	121	121	-121	0	38.00
39.00	PATIENT TRANSPORTATION	0	310	310	0	310	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	2,035	2,035	-2,035	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	1,097	1,097	-1,097	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	20,282	20,282	0	20,282	46.00
100.00	TOTAL *	27,451	23,845	51,296	-3,253	48,043	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	18,995	28.00
29.00	LPN/LVN	0	285	29.00
30.00	PHYSICAL THERAPY	0	15	30.00
31.00	OCCUPATIONAL THERAPY	0	2	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	784	33.00
34.00	SPIRITUAL COUNSELING	0	2,912	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	152	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	4,306	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	310	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	20,282	46.00
100.00	TOTAL *	0	48,043	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE
 Provider CCN: 14-0258
 Hospice CCN: 14-1632
 Period: From 07/01/2020 To 06/30/2021
 Worksheet 0-4
 Date/Time Prepared: 11/29/2021 1:12 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	826,181	0	826,181	0	826,181	28.00
29.00	LPN/LVN	12,396	0	12,396	0	12,396	29.00
30.00	PHYSICAL THERAPY	648	0	648	0	648	30.00
31.00	OCCUPATIONAL THERAPY	99	0	99	0	99	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	34,095	0	34,095	0	34,095	33.00
34.00	SPIRITUAL COUNSELING	126,643	0	126,643	0	126,643	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	6,610	0	6,610	0	6,610	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	187,290	0	187,290	0	187,290	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	5,244	5,244	-5,244	0	38.00
39.00	PATIENT TRANSPORTATION	0	13,462	13,462	0	13,462	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	88,521	88,521	-88,521	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	47,723	47,723	-47,723	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	882,166	882,166	0	882,166	46.00
100.00	TOTAL *	1,193,962	1,037,116	2,231,078	-141,488	2,089,590	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	826,181	28.00
29.00	LPN/LVN	0	12,396	29.00
30.00	PHYSICAL THERAPY	0	648	30.00
31.00	OCCUPATIONAL THERAPY	0	99	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	34,095	33.00
34.00	SPIRITUAL COUNSELING	0	126,643	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	6,610	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	187,290	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	13,462	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	882,166	46.00
100.00	TOTAL *	0	2,089,590	100.00

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

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES Provider CCN:14-0258 Period: From 07/01/2020 Worksheet 0-5
 FOR ALLOCATION Hospice CCN: 14-1632 To 06/30/2021 Date/Time Prepared: 11/29/2021 1:12 pm

Descriptions		HOSPICE DIRECT EXPENSES (see instructions)	Hospice I GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	223,048	0	223,048	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	134,369	134,369	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	340,604	718,141	1,058,745	3.00
4.00	ADMINISTRATIVE & GENERAL	705,532	2,147,495	2,853,027	4.00
5.00	PLANT OPERATION & MAINTENANCE	80,529	0	80,529	5.00
6.00	LAUNDRY & LINEN SERVICE	20,436	0	20,436	6.00
7.00	HOUSEKEEPING	114,600	0	114,600	7.00
8.00	DIETARY	11,996	0	11,996	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	8	0	8	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	66,245	0	66,245	12.00
13.00	VOLUNTEER SERVICE COORDINATION	44,550	0	44,550	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	756,162	0	756,162	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	4,072,909	0	4,072,909	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	48,043	0	48,043	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,089,590	0	2,089,590	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	48,180	0	48,180	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	348,774	0	348,774	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	8,971,206	3,000,005	11,971,211	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2020
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Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	223,048	223,048					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	134,369		134,369				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,058,745	0	0	1,058,745			3.00
4.00	ADMINISTRATIVE & GENERAL	2,853,027	0	0	97,085	2,950,112		4.00
5.00	PLANT OPERATION & MAINTENANCE	80,529	0	0	0	80,529		5.00
6.00	LAUNDRY & LINEN SERVICE	20,436	0	0	0	20,436		6.00
7.00	HOUSEKEEPING	114,600	0	0	0	114,600		7.00
8.00	DIETARY	11,996	0	0	0	11,996		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	8	0	0	0	8		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	66,245	0	0	0	66,245		12.00
13.00	VOLUNTEER SERVICE COORDINATION	44,550	0	0	10,210	54,760		13.00
14.00	PHARMACY	0	0	0	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	756,162	0	0	48,349	804,511		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	4,072,909			533,335	4,606,244		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	48,043	22,126	0	6,291	76,460		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,089,590	200,922	134,369	273,626	2,698,507		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	48,180	0	0	11,042	59,222		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	348,774	0	0	78,807	427,581		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	11,971,211	223,048	134,369	1,058,745	11,971,211		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2020
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11/29/2021 1:12 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	2,950,112						4.00
5.00	PLANT OPERATION & MAINTENANCE	26,335	106,864					5.00
6.00	LAUNDRY & LINEN SERVICE	6,683	0	27,119				6.00
7.00	HOUSEKEEPING	37,477	0			152,077		7.00
8.00	DIETARY	3,923	0			0	15,919	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	3	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	21,664	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	17,908	0			0		13.00
14.00	PHARMACY	0	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	263,094	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,506,348						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	25,004	10,601	1,180	15,086	693		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	882,477	96,263	25,939	136,991	15,226		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	19,367	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	139,829	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0	0		0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	99.00
100.00	TOTAL	2,950,112	106,864	27,119	152,077	15,919		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2020
To 06/30/2021Part I
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Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	11				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			87,909		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0				72,668	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	10	0	87,909	66,216	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	281	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	1	0	0	6,171	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	11	0	87,909	72,668	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2020
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Descriptions		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	Hospice I PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	1,067,605				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	972,816	0		7,239,543	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	4,125	0	0	133,430	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	90,664	0	0	3,952,239	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		78,589	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		567,410	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	1,067,605	0	0	11,971,211	100.00

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

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2020
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Cost Center Descriptions		CAP REL BLDG & FIX (FIX (SQUARE FEET))	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	124,124					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,313				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,619,816			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	423,630	-2,950,112	9,021,099	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	80,529	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	20,436	6.00
7.00	HOUSEKEEPING	0	0	0	0	114,600	7.00
8.00	DIETARY	0	0	0	0	11,996	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	8	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	66,245	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	44,550	0	54,760	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	210,968	0	804,511	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			2,327,203	0	4,606,244	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	12,313	0	27,450	0	76,460	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	111,811	11,313	1,193,961	0	2,698,507	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	48,180	0	59,222	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	343,874	0	427,581	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	223,048	134,369	1,058,745		2,950,112	100.00
101.00	UNIT COST MULTIPLIER	1.796977	11.877398	0.229175		0.327024	101.00

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

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	124,124					5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,240				6.00
7.00	HOUSEKEEPING	0		124,124			7.00
8.00	DIETARY	0		0	3,240		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	12,313	141	12,313	141	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	111,811	3,099	111,811	3,099	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	106,864	27,119	152,077	15,919	0	100.00
101.00	UNIT COST MULTIPLIER	0.860946	8.370062	1.225202	4.913272	0.000000	101.00

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

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2020
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Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	36,492					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			33,252			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	36,492		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	33,252	0	33,252	33,252	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	141	0	0	141	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,099	0	0	3,099	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	11	0	87,909	72,668	0	100.00
101.00	UNIT COST MULTIPLIER	0.000301	0.000000	2.643721	1.991341	0.000000	101.00

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

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
11/29/2021 1:12 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	36,492				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	33,252	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	141	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,099	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,067,605	0	0		100.00
101.00	UNIT COST MULTIPLIER	29.255864	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE	Provider CCN:14-0258 Hospice CCN: 14-1632	Period: From 07/01/2020 To 06/30/2021	Worksheet 0-7 Date/Time Prepared: 11/29/2021 1:12 pm
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			Hospice I				
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.144746	0	0	0	1.00
1.01	REHAB OUTPATIENT	66.01	0.274596	0	0	0	1.01
1.02	REHAB MED SURGICAL	66.02	0.192164	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.194074	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.086555	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.240251	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.97	CARDIAC REHABILITATION	76.97	0.924774	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP		HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	
		5.00		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	REHAB OUTPATIENT	0	0	0	0	0	1.01
1.02	REHAB MED SURGICAL	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST	Provider CCN:14-0258 Hospice CCN: 14-1632	Period: From 07/01/2020 To 06/30/2021	Worksheet 0-8 Date/Time Prepared: 11/29/2021 1:12 pm
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		Hospice I		
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL
		1.00	2.00	3.00
HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)			
5.00	Program cost (line 3 times line 4)	0	0	0
HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			7,239,543
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			33,252
8.00	Total average cost per diem (line 6 divided by line 7)			217.72
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	29,381	2,016	
10.00	Program cost (line 8 times line 9)	6,396,831	438,924	
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			133,430
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			141
13.00	Total average cost per diem (line 11 divided by line 12)			946.31
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	129	0	
15.00	Program cost (line 13 times line 14)	122,074	0	
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			3,952,239
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,099
18.00	Total average cost per diem (line 16 divided by line 17)			1,275.33
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,459	281	
20.00	Program cost (line 18 times line 19)	3,136,036	358,368	
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			11,325,212
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			36,492
23.00	Average cost per diem (line 21 divided by line 22)			310.35

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0258	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/29/2021 1:12 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		5,539,036	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01	
2.00	Capital DRG outlier payments		153,883	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)		195.28	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)		0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00	
9.00	Sum of lines 7 and 8		0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)		0	11.00	
12.00	Total prospective capital payments (see instructions)		5,692,919	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	