

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 SETTLEMENT SUMMARY	Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/24/2022 9:52 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report	Date:5/24/2022 Time: 9:52 am	
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE GOOD SAMARITAN HOSPITAL (14-0288) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	77,264	-12,014	0	0	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	77,264	-12,014	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:14-0288		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 9:52 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street:3815 HIGHLAND AVENUE			PO Box:				1.00	
2.00	City: DOWNERS GROVE			State: IL		Zip Code:60515-		County: DUPAGE 2.00	
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, 0, or N)
								V	XVIII
									XIX
				1.00	2.00	3.00	4.00	5.00	6.00 7.00 8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVOCATE GOOD SAMARITAN HOSPITAL	140288	29404	1	10/11/1976	N P 0 3.00
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF								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
10.01	ICF/IID								10.01
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								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
17.10	Hospital-Based (CORF) I								17.10
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)							01/01/2021	12/31/2021 20.00
21.00	Type of Control (see instructions)							1	21.00
								1.00	2.00 3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	N 22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N	N 22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0288

Period:
From 01/01/2021
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Part I
Date/Time Prepared:
5/24/2022 9:52 am

	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.	626	3,681	3	29	8,835	94	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.	0	0	0	0	0		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.					1		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.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
				Beginning:	Ending:		
				1.00	2.00		
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
				Y/N	Y/N		
				1.00	2.00		
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	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)					Y	N	45.00
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	48.00
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	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	3	60.01
				Y/N	IME	Direct GME	
				1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
				Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
				1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.					0.00	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	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

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Date/Time Prepared:
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	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		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 9:52 am	
			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.				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0		76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y			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			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			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			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			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			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			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			98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0288		Period: From 01/01/2021 To 12/31/2021 Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 9:52 am	
		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	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00	
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N 110.00	
				1.00 2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N 111.00	
				1.00 2.00 3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	2,298,027	1,307,635	539,676 118.01	
				1.00 2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N 120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0288		Period: From 01/01/2021 To 12/31/2021	
				Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 9:52 am	
		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)	14H036		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.					
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name:NGS		Contractor's Number:00130	
142.00	Street:3075 HIGHLAND PARKWAY	PO Box:			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
		1.00		2.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
		1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			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	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	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:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/24/2022 9:52 am
			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		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 9:52 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/21/2022	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				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
				Date	Date
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2022	Y	03/31/2022
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0288		Period: From 01/01/2021 To 12/31/2021	
		Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 9:52 am			
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT	SMALL		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764	ROBERT.SMALL@AAH.ORG		43.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/24/2022 9:52 am	
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 9:52 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	229	83,585	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)		229	83,585	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	64	23,360	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		293	106,945	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	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/IID	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		293				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:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 9:52 am

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)	21,455	3,536	58,722			1.00
2.00 HMO and other (see instructions)	14,382	8,835				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,455	3,536	58,722			7.00
8.00 INTENSIVE CARE UNIT	2,277	752	13,913			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		51	2,971			13.00
14.00 Total (see instructions)	23,732	4,339	75,606	0.00	1,196.00	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	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
20.01 ICF/IID	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,196.00	27.00
28.00 Observation Bed Days		162	8,645			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	94	287			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:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/24/2022 9:52 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,659	458	15,487	1.00
2.00 HMO and other (see instructions)			2,662	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,659	458	15,487	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	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
20.01 ICF/IID	0.00	0	0	0	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 9:52 am

	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	105,072,746	0	105,072,746	2,462,512.00	42.67
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		312	0	312	7.00	44.57
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)		1,042,254	37,777	1,080,031	22,380.00	48.26
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,261,189	0	3,261,189	28,740.00	113.47
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		2,893,252	0	2,893,252	17,520.00	165.14
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		20,027,777	0	20,027,777	468,351.00	42.76
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,316,947	0	28,316,947		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		117,627	0	117,627		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		79	0	79		
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)		6,021,267	0	6,021,267		
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:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/24/2022 9:52 am

		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	2,348,391	-2,134,164	214,227	5,179.00	41.36	26.00
27.00	Administrative & General	5.00	9,981,751	1,086,773	11,068,524	279,261.00	39.64	27.00
28.00	Administrative & General under contract (see inst.)		1,142,068	0	1,142,068	5,403.00	211.38	28.00
29.00	Maintenance & Repairs	6.00	0	27,949	27,949	0.00	0.00	29.00
30.00	Operation of Plant	7.00	16	0	16	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	26,079	26,079	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	28,464	28,464	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,499,591	140,743	2,640,334	59,738.00	44.20	38.00
39.00	Central Services and Supply	14.00	737,537	16,728	754,265	51,646.00	14.60	39.00
40.00	Pharmacy	15.00	4,359,717	84,128	4,443,845	139,963.00	31.75	40.00
41.00	Medical Records & Medical Records Library	16.00	745,861	0	745,861	15,829.00	47.12	41.00
42.00	Social Service	17.00	323	8,779	9,102	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/24/2022 9:52 am

	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)	106,214,502	0	106,214,502	2,467,908.00	43.04	1.00
2.00	Excluded area salaries (see instructions)	1,042,254	37,777	1,080,031	22,380.00	48.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,172,248	-37,777	105,134,471	2,445,528.00	42.99	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,182,218	0	26,182,218	514,611.00	50.88	4.00
5.00	Subtotal wage-related costs (see inst.)	34,338,214	0	34,338,214	0.00	32.66	5.00
6.00	Total (sum of lines 3 thru 5)	165,692,680	-37,777	165,654,903	2,960,139.00	55.96	6.00
7.00	Total overhead cost (see instructions)	21,815,255	-714,521	21,100,734	557,019.00	37.88	7.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL	In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2022 9:52 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,381,864	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		42,105	6.00
7.00	Employee Managed Care Program Administration Fees		906,441	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)		6,549,780	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,527,572	9.00
10.00	Dental, Hearing and Vision Plan		411,520	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		76,355	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)		934,761	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,819,200	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,512,091	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		173,027	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))		99,290	21.00
22.00	Day Care Cost and Allowances		824,252	22.00
23.00	Tuition Reimbursement		584,755	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,843,013	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:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,261,189	27,843,013	1.00
2.00	Hospital	3,261,189	27,843,013	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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/24/2022 9:52 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.224225	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			30,912,082	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			186,250,355	6.00
7.00	Medicaid cost (line 1 times line 6)			41,761,986	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)			<10,849,904	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, 10, 12, 14, 16 and 17)			810,149,904	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)	20,291,285	1,370,587	21,661,872	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,549,813	1,370,587	5,920,400	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)	4,549,813	1,370,587	5,920,400	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)			15,119,997	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			561,503	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			863,851	27.01
28.00	Non-Medicare bad debt expense (see instructions)			14,256,146	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,498,932	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,419,332	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,269,236	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0288

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

Worksheet A

Date/Time Prepared:
5/24/2022 9:52 am

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	12,908,395	12,908,395	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,763,088	7,763,088	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,348,391	18,925,227	21,273,618	992,307	22,265,925	4.00
5.01	00540	NONPATIENT TELEPHONES	414,344	680,955	1,095,299	-17,472	1,077,827	5.01
5.02	00550	DATA PROCESSING	0	136,290	136,290	-152,835	-16,545	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	4,783	4,783	-4,783	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	62,920	29,761,488	29,824,408	32,084	29,856,492	5.05
5.06	00590	OTHER ADMIN AND GENERAL	9,504,487	66,939,785	76,444,272	-12,571,235	63,873,037	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	16,896,162	16,896,162	-451,162	16,445,000	6.00
7.00	00700	OPERATION OF PLANT	16	14	30	-13	17	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,464,826	1,464,826	107,103	1,571,929	8.00
9.00	00900	HOUSEKEEPING	0	4,458,023	4,458,023	-1,983	4,456,040	9.00
10.00	01000	DIETARY	0	4,954,054	4,954,054	-7,817	4,946,237	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,499,591	360,643	2,860,234	22,675	2,882,909	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	737,537	1,090,398	1,827,935	-358,932	1,469,003	14.00
15.00	01500	PHARMACY	4,359,717	14,038,087	18,397,804	-527,588	17,870,216	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	745,861	74,336	820,197	-10	820,187	16.00
17.00	01700	SOCIAL SERVICE	323	195	518	8,618	9,136	17.00
23.00	02300	PARAMED ED PRGM- EMS	428,065	237,682	665,747	-6,396	659,351	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,658,080	7,985,860	38,643,940	-5,598,431	33,045,509	30.00
31.00	03100	INTENSIVE CARE UNIT	10,010,915	6,382,275	16,393,190	-2,925,483	13,467,707	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,046,484	1,284,292	3,330,776	-351,624	2,979,152	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,974,039	35,344,768	44,318,807	-33,542,424	10,776,383	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,352,795	175,073	1,527,868	-44,829	1,483,039	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,763,987	2,505,433	6,269,420	-507,660	5,761,760	52.00
53.00	05300	ANESTHESIOLOGY	198,577	1,303,418	1,501,995	-1,195,010	306,985	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,253,187	22,996,426	32,249,613	-19,042,364	13,207,249	54.00
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	11,499,389	11,499,389	-1,733,844	9,765,545	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,451,437	967,719	3,419,156	-735,098	2,684,058	65.00
66.00	06600	PHYSICAL THERAPY	4,248,788	840,211	5,088,999	-69,539	5,019,460	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	1,825,904	895,939	2,721,843	-458,054	2,263,789	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	123,377	64,984	188,361	-27,124	161,237	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	40,387,558	40,387,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,888,521	19,888,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	603,779	280,240	884,019	-111,617	772,402	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	304,205	49,782	353,987	-12,100	341,887	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	648,082	521,175	1,169,257	-480,653	688,604	90.02
91.00	09100	EMERGENCY	6,893,669	5,298,054	12,191,723	-1,175,955	11,015,768	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0288

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

Worksheet A

Date/Time Prepared:
5/24/2022 9:52 am

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	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	104,458,557	258,417,986	362,876,543	-1,686	362,874,857	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	-25,132	-25,132	190.00
190.01	19001 OTHER NONREIMBURSABLE	614,189	927,868	1,542,057	26,818	1,568,875	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	TOTAL (SUM OF LINES 118 through 199)	105,072,746	259,345,854	364,418,600	0	364,418,600	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0288

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

Worksheet A

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,509,575	14,417,970	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,169,937	9,933,025	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,529,022	27,794,947	4.00
5.01	00540	NONPATIENT TELEPHONES	-20,392	1,057,435	5.01
5.02	00550	DATA PROCESSING	14,807,773	14,791,228	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	29,856,492	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-49,364,333	14,508,704	5.06
6.00	00600	MAINTENANCE & REPAIRS	-41,137	16,403,863	6.00
7.00	00700	OPERATION OF PLANT	0	17	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,571,929	8.00
9.00	00900	HOUSEKEEPING	-6,600	4,449,440	9.00
10.00	01000	DIETARY	-376,338	4,569,899	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-3,786,606	-903,697	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,469,003	14.00
15.00	01500	PHARMACY	-10,681	17,859,535	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-102	820,085	16.00
17.00	01700	SOCIAL SERVICE	0	9,136	17.00
23.00	02300	PARAMED ED PRGM- EMS	-157,552	501,799	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-308,405	32,737,104	30.00
31.00	03100	INTENSIVE CARE UNIT	-413,991	13,053,716	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-877,870	2,101,282	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/IID	0	0	45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,428,379	9,348,004	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,483,039	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,475,367	4,286,393	52.00
53.00	05300	ANESTHESIOLOGY	-2,633	304,352	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-111,335	13,095,914	54.00
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	9,765,545	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	-13,254	2,670,804	65.00
66.00	06600	PHYSICAL THERAPY	0	5,019,460	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	-215,404	2,048,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-27,166	134,071	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,387,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,888,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	-604	771,798	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-884	341,003	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	90.01
90.02	09002	WOUND CARE CLINIC	-622,766	65,838	90.02
91.00	09100	EMERGENCY	-1,827,079	9,188,689	91.00
91.01	09101	CHEMOTHERAPY	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORE	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0288

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

Worksheet A

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			Adjustments	Net Expenses	
			(See A-8)	For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		-37,072,571	325,802,286	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-25,132	190.00
190.01	19001	OTHER NONREIMBURSABLE	-1,108,918	459,957	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	TOTAL (SUM OF LINES 118 through 199)		-38,181,489	326,237,111	200.00

Increases					
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - VACATION ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	238,628	1.00
	TOTALS		0	238,628	
B - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	107,103	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
	TOTALS		0	107,103	
C - EQUIPMENT CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,763,088	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
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
	TOTALS		0	7,763,088	
D - INCENTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,492	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	4,052	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	33,687	0	3.00
4.00	OTHER ADMIN AND GENERAL	5.06	1,049,034	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	27,949	0	5.00
6.00	HOUSEKEEPING	9.00	26,079	0	6.00
7.00	DIETARY	10.00	28,464	0	7.00
8.00	NURSING ADMINISTRATION	13.00	140,743	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	16,728	0	9.00
10.00	PHARMACY	15.00	84,128	0	10.00
11.00	SOCIAL SERVICE	17.00	8,779	0	11.00
12.00	PARAMED ED PRGM- EMS	23.00	2,545	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	204,771	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	86,339	0	14.00
15.00	NURSERY	43.00	14,227	0	15.00
16.00	OPERATING ROOM	50.00	108,625	0	16.00
17.00	RECOVERY ROOM	51.00	5,038	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	19,477	0	18.00
19.00	ANESTHESIOLOGY	53.00	2,077	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	85,775	0	20.00
21.00	RESPIRATORY THERAPY	65.00	16,308	0	21.00
22.00	PHYSICAL THERAPY	66.00	19,423	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	12,985	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	468	0	24.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
25.00	RENAL DIALYSIS	74.00	1,974	0		25.00
26.00	CARDIAC REHABILITATION	76.97	2,856	0		26.00
27.00	WOUND CARE CLINIC	90.02	23,431	0		27.00
28.00	EMERGENCY	91.00	72,970	0		28.00
29.00	OTHER NONREIMBURSABLE	190.01	35,232	0		29.00
	TOTALS		2,144,656	0		
E - GL BLDG CAPITAL DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,908,395		1.00
	TOTALS		0	12,908,395		
F - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	60,276,079		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
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
	TOTALS		0	60,276,079		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,888,521		1.00
	TOTALS		0	19,888,521		
H - FAMILY CARE UNIT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,887,935		1.00
	TOTALS		0	2,887,935		
500.00	Grand Total: Increases		2,144,656	104,069,749		500.00

RECLASSIFICATIONS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
5/24/2022 9:52 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - VACATION ACCRUAL								
1.00	OTHER ADMIN AND GENERAL	5.06	0	238,628	0		1.00	
	TOTALS		0	238,628				
B - LAUNDRY COSTS								
1.00	ADULTS & PEDIATRICS	30.00	0	6,991	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	57,979	0		2.00	
3.00	PHYSICAL THERAPY	66.00	0	29,801	0		3.00	
4.00	ELECTROCARDIOLOGY	69.00	0	1,581	0		4.00	
5.00	EMERGENCY	91.00	0	10,751	0		5.00	
	TOTALS		0	107,103				
C - EQUIPMENT CAPITAL DEPRECIATION								
1.00	NONPATIENT TELEPHONES	5.01	0	9	9		1.00	
2.00	DATA PROCESSING	5.02	0	152,814	9		2.00	
3.00	OTHER ADMIN AND GENERAL	5.06	0	210,716	9		3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	479,050	9		4.00	
5.00	HOUSEKEEPING	9.00	0	27,995	9		5.00	
6.00	DIETARY	10.00	0	36,281	9		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	97,625	9		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,336	9		8.00	
9.00	PHARMACY	15.00	0	206,208	9		9.00	
10.00	PARAMED ED PRGM- EMS	23.00	0	1,132	9		10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	884,518	9		11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	750,336	9		12.00	
13.00	NURSERY	43.00	0	177,047	9		13.00	
14.00	OPERATING ROOM	50.00	0	2,008,618	9		14.00	
15.00	RECOVERY ROOM	51.00	0	482	9		15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	109,372	9		16.00	
17.00	ANESTHESIOLOGY	53.00	0	82,259	9		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,898,480	9		18.00	
19.00	LABORATORY	60.00	0	443	9		19.00	
20.00	RESPIRATORY THERAPY	65.00	0	140,308	9		20.00	
21.00	PHYSICAL THERAPY	66.00	0	32,946	9		21.00	
22.00	CARDIAC REHABILITATION	76.97	0	1,683	9		22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	271,691	9		23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,138	9		24.00	
25.00	RENAL DIALYSIS	74.00	0	10,147	9		25.00	
26.00	EMERGENCY	91.00	0	120,297	9		26.00	
27.00	WOUND CARE CLINIC	90.02	0	12,743	9		27.00	
28.00	OTHER NONREIMBURSABLE	190.01	0	8,414	9		28.00	
29.00		0.00	0	0	9		29.00	
30.00		0.00	0	0	9		30.00	
31.00		0.00	0	0	9		31.00	
32.00		0.00	0	0	9		32.00	
33.00		0.00	0	0	9		33.00	
34.00		0.00	0	0	9		34.00	
35.00		0.00	0	0	9		35.00	
36.00		0.00	0	0	9		36.00	
37.00		0.00	0	0	9		37.00	
	TOTALS		0	7,763,088				
D - INCENTIVE COMPENSATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,144,656	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
24.00		0.00	0	0	0		24.00	

	Decreases				wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
TOTALS			2,144,656	0			
E - GL BLDG CAPITAL DEPRECIATION							
1.00	OTHER ADMIN AND GENERAL	5.06	0	12,908,395	9		1.00
TOTALS			0	12,908,395			
F - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	92	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	21,515	0		2.00
3.00	DATA PROCESSING	5.02	0	21	0		3.00
4.00	ADMITTING	5.04	0	4,783	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,603	0		5.00
6.00	OTHER ADMIN AND GENERAL	5.06	0	262,530	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	61	0		7.00
8.00	OPERATION OF PLANT	7.00	0	13	0		8.00
9.00	HOUSEKEEPING	9.00	0	67	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	20,443	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	353,324	0		11.00
12.00	PHARMACY	15.00	0	405,508	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	10	0		13.00
14.00	SOCIAL SERVICE	17.00	0	161	0		14.00
15.00	PARAMED ED PRGM- EMS	23.00	0	7,809	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	2,023,758	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	2,261,486	0		17.00
19.00	NURSERY	43.00	0	188,804	0		19.00
20.00	OPERATING ROOM	50.00	0	31,642,431	0		20.00
21.00	RECOVERY ROOM	51.00	0	49,385	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	417,765	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,114,828	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,171,680	0		24.00
25.00	LABORATORY	60.00	0	1,733,401	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	611,098	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	26,215	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	197,767	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,454	0		29.00
30.00	RENAL DIALYSIS	74.00	0	103,444	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	13,273	0		31.00
32.00	WOUND CARE CLINIC	90.02	0	491,341	0		32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	25,132	0		33.00
34.00	EMERGENCY	91.00	0	1,117,877	0		34.00
TOTALS			0	60,276,079			
G - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,888,521	0		1.00
TOTALS			0	19,888,521			
H - FAMILY CARE UNIT							
1.00	ADULTS & PEDIATRICS	30.00	0	2,887,935	0		1.00
TOTALS			0	2,887,935			
500.00	Grand Total: Decreases		2,144,656	104,069,749			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/24/2022 9:52 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,056,313	0	0	0	0	1.00	
2.00	Land Improvements	6,878,134	0	0	0	56,115	2.00	
3.00	Buildings and Fixtures	337,713,444	5,984,469	0	5,984,469	2,732,897	3.00	
4.00	Building Improvements	5,044,090	12,296	0	12,296	33,822	4.00	
5.00	Fixed Equipment	94,487,853	-88,240,210	0	-88,240,210	15,526	5.00	
6.00	Movable Equipment	1,287,831	90,853,889	0	90,853,889	5,666,294	6.00	
7.00	HIT designated Assets	544,031	5,490,072	0	5,490,072	271,622	7.00	
8.00	Subtotal (sum of lines 1-7)	451,011,696	14,100,516	0	14,100,516	8,776,276	8.00	
9.00	Reconciling Items	-2,698,682	2,294,555	0	2,294,555	0	9.00	
10.00	Total (line 8 minus line 9)	453,710,378	11,805,961	0	11,805,961	8,776,276	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,056,313	0				1.00	
2.00	Land Improvements	6,822,019	1,759,564				2.00	
3.00	Buildings and Fixtures	340,965,016	98,880,255				3.00	
4.00	Building Improvements	5,022,564	3,347,227				4.00	
5.00	Fixed Equipment	6,232,117	3,070,960				5.00	
6.00	Movable Equipment	86,475,426	39,370,530				6.00	
7.00	HIT designated Assets	5,762,481	1,718,939				7.00	
8.00	Subtotal (sum of lines 1-7)	456,335,936	148,147,475				8.00	
9.00	Reconciling Items	-404,127	0				9.00	
10.00	Total (line 8 minus line 9)	456,740,063	148,147,475				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/24/2022 9:52 am

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:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5	0	5	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	5	0	5	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	14,417,970	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,933,025	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,350,995	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	14,417,970	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,933,025	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	24,350,995	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0288

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0			0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-20,392		NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,026,851				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	-5,026,781				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests		0			0.00	0	14.00
15.00	Rental of quarters to employees and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts		0			0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,118,564		CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	174,652		CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0		*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0		ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (8)		0			0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0288

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 9:52 am

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
34.02	PERINATAL	A	-77,124	NURSERY		43.00	0 34.02
35.00	INTEREST EXPS	A	-3,766,521	NURSING ADMINISTRATION		13.00	0 35.00
38.00	00R	B	-376,338	DIETARY		10.00	0 38.00
39.00	00R	B	-2,867	NURSING ADMINISTRATION		13.00	0 39.00
40.00	00R	B	-962,986	OTHER NONREIMBURSABLE		190.01	0 40.00
43.00	00R	B	-145,274	PARAMED ED PRGM- EMS		23.00	0 43.00
44.00	00R	B	-216,412	ADULTS & PEDIATRICS		30.00	0 44.00
44.01	00R	B	-2,348	INTENSIVE CARE UNIT		31.00	0 44.01
44.02	00R	B	0			0.00	0 44.02
44.03	00R	B	-62,173	NURSERY		43.00	0 44.03
44.04	00R	B	-1,581,355	OTHER ADMIN AND GENERAL		5.06	0 44.04
44.05	00R	B	-200	DELIVERY ROOM & LABOR ROOM		52.00	0 44.05
45.00	00R	B	-1,112	RADIOLOGY-DIAGNOSTIC		54.00	0 45.00
45.01	00R	B	-39,885	MAINTENANCE & REPAIRS		6.00	0 45.01
45.02	00R	B	-240	RESPIRATORY THERAPY		65.00	0 45.02
45.03	00R	B	-500	ELECTROCARDIOLOGY		69.00	0 45.03
45.04	00R	B	-6,600	HOUSEKEEPING		9.00	0 45.04
45.05	00R	B	-47,934	EMERGENCY		91.00	0 45.05
45.06	00R	B	-618,967	WOUND CARE CLINIC		90.02	0 45.06
45.07	00R	B	0			0.00	0 45.07
45.08	00R	B	0			0.00	0 45.08
45.09	00R	B	0			0.00	0 45.09
45.10	00R	B	0			0.00	0 45.10
45.11	00R	B	0			0.00	0 45.11
45.12	00R	B	0			0.00	0 45.12
45.13	00R	B	0			0.00	0 45.13
45.14	00R	B	0			0.00	0 45.14
45.15	00R	B	0			0.00	0 45.15
45.16	00R	B	0			0.00	0 45.16
45.17	AHA LOBBYING	A	-58,739	OTHER ADMIN AND GENERAL		5.06	0 45.17
45.18	PA ASSESSMENT EXPENSE	A	-16,581,931	OTHER ADMIN AND GENERAL		5.06	0 45.18
45.19	PHO	A	-2,596,230	OTHER ADMIN AND GENERAL		5.06	0 45.19
45.20	NONALLOWABLE	A	-796,206	OTHER ADMIN AND GENERAL		5.06	0 45.20
45.21	NONALLOWABLE	A	-1,252	MAINTENANCE & REPAIRS		6.00	0 45.21
45.22	NONALLOWABLE	A	-17,218	NURSING ADMINISTRATION		13.00	0 45.22
45.23	NONALLOWABLE	A	-10,681	PHARMACY		15.00	0 45.23
45.24	NONALLOWABLE	A	-102	MEDICAL RECORDS & LIBRARY		16.00	0 45.24
45.25	NONALLOWABLE	A	-12,278	PARAMED ED PRGM- EMS		23.00	0 45.25
45.26	NONALLOWABLE	A	-38,056	ADULTS & PEDIATRICS		30.00	0 45.26
45.27	NONALLOWABLE	A	-40,843	INTENSIVE CARE UNIT		31.00	0 45.27
45.28	NONALLOWABLE	A	0			0.00	0 45.28
45.29	NONALLOWABLE	A	-23,440	NURSERY		43.00	0 45.29
45.30	NONALLOWABLE	A	-71,883	OPERATING ROOM		50.00	0 45.30
45.31	NONALLOWABLE	A	-11,777	DELIVERY ROOM & LABOR ROOM		52.00	0 45.31
45.32	NONALLOWABLE	A	-2,633	ANESTHESIOLOGY		53.00	0 45.32
45.33	NONALLOWABLE	A	-9,243	RADIOLOGY-DIAGNOSTIC		54.00	0 45.33
45.34	NONALLOWABLE	A	-13,014	RESPIRATORY THERAPY		65.00	0 45.34
45.35	NONALLOWABLE	A	-17,903	ELECTROCARDIOLOGY		69.00	0 45.35
45.36	NONALLOWABLE	A	-27,166	ELECTROENCEPHALOGRAPHY		70.00	0 45.36
45.37	NONALLOWABLE	A	-604	RENAL DIALYSIS		74.00	0 45.37
45.38	NONALLOWABLE	A	-884	CARDIAC REHABILITATION		76.97	0 45.38
45.39	NONALLOWABLE	A	-3,799	WOUND CARE CLINIC		90.02	0 45.39
45.40	NONALLOWABLE	A	-10,031	EMERGENCY		91.00	0 45.40
45.41	NONALLOWABLE	A	-145,932	OTHER NONREIMBURSABLE		190.01	0 45.41
45.42	NONALLOWABLE	A	0			0.00	0 45.42
45.43	NONALLOWABLE	A	0			0.00	0 45.43
45.44	NONALLOWABLE	A	0			0.00	0 45.44
45.46	NONALLOWABLE	A	0			0.00	0 45.46
45.47	NONALLOWABLE	A	0			0.00	0 45.47
45.48	NONALLOWABLE	A	0			0.00	0 45.48
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,181,489				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.

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0288

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

Worksheet A-8

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

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:14-0288

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

Worksheet A-8-1
Date/Time Prepared:
5/24/2022 9:52 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	5,529,022	0	1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	14,807,773	0	2.00
3.00	5.06	OTHER ADMIN AND GENERAL	ADMINISTRATIVE	8,192,372	35,942,244	3.00
4.00	0.00		BUSINESS OFFICE	0	0	4.00
4.01	0.00		OLD ME	0	0	4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	NEW B&F	391,011	0	4.02
4.03	2.00	CAP REL COSTS-MVBLE EQUIP	NEW ME	1,995,285	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,915,463	35,942,244	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	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		0.00	ADVOCATE HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8-1 Date/Time Prepared: 5/24/2022 9:52 am
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	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	5,529,022	0	1.00
2.00	14,807,773	0	2.00
3.00	-27,749,872	0	3.00
4.00	0	0	4.00
4.01	0	0	4.01
4.02	391,011	9	4.02
4.03	1,995,285	9	4.03
5.00	-5,026,781		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	HEALTHCARE	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:14-0288

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2022 9:52 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	53,937	312	53,625	154	1	1.00
2.00	31.00	INTENSIVE CARE UNIT	370,800	0	370,800	208	1	2.00
3.00	43.00	NURSERY	715,133	0	715,133	200	1	3.00
4.00	50.00	OPERATING ROOM	1,356,496	0	1,356,496	225	1	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,463,390	153,252	1,310,138	208	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	100,980	0	100,980	208	1	6.00
7.00	69.00	ELECTROCARDIOLOGY	197,001	0	197,001	208	1	7.00
8.00	91.00	EMERGENCY	1,769,114	12,000	1,757,114	208	1	8.00
9.00	0.00		0	0	0	208	1	9.00
10.00	0.00		0	0	0	0	1	10.00
11.00	0.00		0	0	0	0	1	11.00
12.00	0.00		0	0	0	0	1	12.00
200.00			6,026,851	165,564	5,861,287		12	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	0.00		0	0	0	0	0	11.00
12.00	0.00		0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	53,625	53,937		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	370,800	370,800		2.00
3.00	43.00	NURSERY	0	0	715,133	715,133		3.00
4.00	50.00	OPERATING ROOM	0	0	1,356,496	1,356,496		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	1,310,138	1,463,390		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	100,980	100,980		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	197,001	197,001		7.00
8.00	91.00	EMERGENCY	0	0	1,757,114	1,769,114		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
11.00	0.00		0	0	0	0		11.00
12.00	0.00		0	0	0	0		12.00
200.00			0	0	5,861,287	6,026,851		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 9:52 am

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	14,417,970	14,417,970			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,933,025		9,933,025		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,794,947	26,194	18,046	27,839,187	4.00
5.01	00540	NONPATIENT TELEPHONES	1,057,435	85,352	58,802	112,290	5.01
5.02	00550	DATA PROCESSING	14,791,228	46,883	32,299	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	14,934	10,289	0	5.03
5.04	00570	ADMITTING	0	12,980	8,942	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	29,856,492	17,655	12,163	17,052	5.05
5.06	00590	OTHER ADMIN AND GENERAL	14,508,704	2,158,161	1,486,829	2,575,783	5.06
6.00	00600	MAINTENANCE & REPAIRS	16,403,863	3,342,900	2,303,037	0	6.00
7.00	00700	OPERATION OF PLANT	17	0	0	4	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,571,929	9,570	6,593	0	8.00
9.00	00900	HOUSEKEEPING	4,449,440	67,275	46,348	0	9.00
10.00	01000	DIETARY	4,569,899	282,783	194,819	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-903,697	91,920	63,327	677,407	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,469,003	333,325	229,639	199,878	14.00
15.00	01500	PHARMACY	17,859,535	91,623	63,122	1,181,514	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	820,085	42,973	29,606	202,134	16.00
17.00	01700	SOCIAL SERVICE	9,136	0	0	88	17.00
23.00	02300	PARAMED ED PRGM- EMS	501,799	0	0	116,009	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,737,104	2,730,716	1,881,283	8,308,557	30.00
31.00	03100	INTENSIVE CARE UNIT	13,053,716	873,166	601,554	2,713,028	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,101,282	65,398	45,055	554,611	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,348,004	1,241,036	854,991	2,432,027	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,483,039	99,708	68,692	366,617	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,286,393	247,300	170,373	1,020,067	52.00
53.00	05300	ANESTHESIOLOGY	304,352	4,770	3,286	53,816	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,095,914	876,481	603,838	2,507,678	54.00
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	9,765,545	215,868	148,718	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,670,804	22,550	15,536	664,357	65.00
66.00	06600	PHYSICAL THERAPY	5,019,460	36,468	25,124	1,151,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	2,048,385	213,710	147,232	494,833	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	134,071	0	0	33,436	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,387,558	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,888,521	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	771,798	64,820	44,656	163,628	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	341,003	51,387	35,402	82,442	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	65,838	96,737	66,645	175,797	90.02
91.00	09100	EMERGENCY	9,188,689	319,360	220,018	1,868,233	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 9:52 am

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	
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	325,802,286	13,784,003	9,496,264	27,672,737	1,299,100	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-25,132	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	459,957	633,967	436,761	166,450	14,779	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	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)	326,237,111	14,417,970	9,933,025	27,839,187	1,313,879	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS 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	14,898,491				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	25,962			5.03
5.04	00570	ADMITTING	0	1	36,702		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	29,910,752	5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	245	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	13	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	188	0	0	14.00
15.00	01500	PHARMACY	0	168	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	4	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,028,387	1,051	7,348	4,072,334	30.00
31.00	03100	INTENSIVE CARE UNIT	501,652	1,042	1,886	1,007,152	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	261,354	123	982	524,714	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,506,740	13,061	2,924	3,025,039	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	208,112	20	381	417,821	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	341,611	197	1,062	685,843	52.00
53.00	05300	ANESTHESIOLOGY	234,878	455	505	471,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,785,346	7,531	4,191	5,591,539	54.00
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	1,225,130	665	3,132	2,459,658	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	426,069	324	1,501	855,407	65.00
66.00	06600	PHYSICAL THERAPY	274,038	5	518	550,178	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	300,563	67	519	603,432	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,548	4	50	55,307	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	554,252	0	1,272	1,112,756	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	921,596	0	2,710	1,850,261	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,533,449	0	4,838	3,078,662	73.00
74.00	07400	RENAL DIALYSIS	49,848	57	187	100,079	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	24,197	7	0	48,579	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	48,132	165	0	96,633	90.02
91.00	09100	EMERGENCY	1,626,401	541	2,663	3,265,277	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0288

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,879,303	25,936	36,669	29,872,229	324,492,559	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	-25,132	190.00
190.01	19001	OTHER NONREIMBURSABLE	19,188	26	33	38,523	1,769,684	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	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)	14,898,491	25,962	36,702	29,910,752	326,237,111	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMIN AND	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		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	OTHER ADMIN AND GENERAL	20,944,022				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,517,667	23,644,319			6.00
7.00	00700	OPERATION OF PLANT	154	0	2,393		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	108,927	25,972	3	1,722,994	8.00
9.00	00900	HOUSEKEEPING	313,791	182,565	18	0	9.00
10.00	01000	DIETARY	347,475	767,391	78	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	249,446	25	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	154,160	904,548	92	20,598	14.00
15.00	01500	PHARMACY	1,318,526	248,639	25	1,552	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	75,092	116,617	12	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	42,376	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,569,418	7,410,374	749	558,218	30.00
31.00	03100	INTENSIVE CARE UNIT	1,292,820	2,369,520	240	220,254	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	244,344	177,472	18	13,966	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,272,256	3,367,811	341	302,871	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	182,190	270,579	27	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	466,067	671,101	68	50,155	52.00
53.00	05300	ANESTHESIOLOGY	73,792	12,943	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,757,855	2,378,517	241	101,415	54.00
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	950,360	585,802	59	11,637	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	319,646	61,194	6	0	65.00
66.00	06600	PHYSICAL THERAPY	484,969	98,963	10	89	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	262,306	579,946	59	53,988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,176	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,884,610	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,554,461	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	316,677	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	82,021	175,902	18	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	40,344	139,448	14	10,916	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	38,430	262,516	27	0	90.02
91.00	09100	EMERGENCY	1,134,729	866,651	88	377,335	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN AND	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
			GENERAL	REPAIRS	PLANT	LINEN SERVICE		
			5.06	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,822,639	21,923,917	2,219	1,722,994	4,698,983	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	121,383	1,720,402	174	0	372,277	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	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)	20,944,022	23,644,319	2,393	1,722,994	5,071,260	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
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	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,346,974					10.00
11.00	01100	CAFETERIA	1,916,556	1,916,556				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	1,800	1,800			12.00
13.00	01300	NURSING ADMINISTRATION	0	52,188	39	307,553		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,395	20	0	3,546,099	14.00
15.00	01500	PHARMACY	0	75,582	163	1,326	23,309	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,597	1	4,640	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	17	0	27	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	12,597	5	0	504	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,584,667	701,838	256	131,241	146,139	30.00
31.00	03100	INTENSIVE CARE UNIT	608,852	223,148	194	56,341	144,797	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	46,789	27	14,582	17,064	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	156,564	157	27,176	1,816,073	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	21,595	17	6,628	2,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	73,783	40	18,559	27,434	52.00
53.00	05300	ANESTHESIOLOGY	0	5,399	7	0	63,212	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	161,962	176	6,628	1,046,940	54.00
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	82	0	92,471	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	52,188	33	0	44,974	65.00
66.00	06600	PHYSICAL THERAPY	209,036	71,983	22	0	747	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	34,192	27	3,314	9,250	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,800	5	0	562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	165	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	170	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	27	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,198	6	1,988	7,967	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,399	6	663	1,010	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	10,797	3	0	22,068	90.02
91.00	09100	EMERGENCY	27,863	152,965	113	32,479	75,266	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,346,974	1,905,759	1,778	305,565	3,542,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	10,797	22	1,988	3,564	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	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)	6,346,974	1,916,556	1,800	307,553	3,546,099	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	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	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	20,946,229					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,328,993				16.00
17.00	01700	SOCIAL SERVICE	0	0	13,702			17.00
23.00	02300	PARAMED ED PRGM- EMS	6,705	0	0	679,999		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,761,194	137,244	12,020	0	73,658,561	30.00
31.00	03100	INTENSIVE CARE UNIT	3,400,915	242,806	260	0	27,921,409	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	177,792	45,748	388	0	4,338,980	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,429,524	81,176	0	0	29,731,415	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	106,489	1,249	0	0	3,306,259	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	663,979	12,949	388	0	8,924,709	52.00
53.00	05300	ANESTHESIOLOGY	1,381,412	2,366	0	0	2,617,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	847,616	51,467	0	0	32,495,943	54.00
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	146	239,125	0	0	15,862,108	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	15,967	4,404	0	0	5,171,897	65.00
66.00	06600	PHYSICAL THERAPY	0	31,222	0	0	7,988,999	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	808,978	106,877	0	0	5,808,690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	329	0	0	270,288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	44,940,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	24,217,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	63,298	0	0	4,996,951	73.00
74.00	07400	RENAL DIALYSIS	377,944	1,315	0	0	1,888,234	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,216	0	0	0	823,381	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	552,539	0	129	0	1,503,608	90.02
91.00	09100	EMERGENCY	5,403,721	307,418	517	679,999	25,790,326	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0288

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,942,137	1,328,993	13,702	679,999	322,257,860	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	-25,132	190.00
190.01	19001	OTHER NONREIMBURSABLE	4,092	0	0	0	4,004,383	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,946,229	1,328,993	13,702	679,999	326,237,111	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0288

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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	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM- EMS		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 73,658,561	30.00
31.00	03100	INTENSIVE CARE UNIT	0 27,921,409	31.00
32.00	03200	CORONARY CARE UNIT	0 0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
41.00	04100	SUBPROVIDER - IRF	0 0	41.00
42.00	04200	SUBPROVIDER	0 0	42.00
43.00	04300	NURSERY	0 4,338,980	43.00
44.00	04400	SKILLED NURSING FACILITY	0 0	44.00
45.00	04500	NURSING FACILITY	0 0	45.00
45.01	04510	ICF/IID	0 0	45.01
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 29,731,415	50.00
50.01	05001	OPERATING ROOM	0 0	50.01
51.00	05100	RECOVERY ROOM	0 3,306,259	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 8,924,709	52.00
53.00	05300	ANESTHESIOLOGY	0 2,617,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 32,495,943	54.00
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 15,862,108	60.00
60.01	06001	BLOOD LABORATORY	0 0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0 0	62.00
65.00	06500	RESPIRATORY THERAPY	0 5,171,897	65.00
66.00	06600	PHYSICAL THERAPY	0 7,988,999	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
69.00	06900	ELECTROCARDIOLOGY	0 5,808,690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 270,288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 44,940,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 24,217,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 4,996,951	73.00
74.00	07400	RENAL DIALYSIS	0 1,888,234	74.00
76.00	03140	CARDIOLOGY	0 0	76.00
76.97	07697	CARDIAC REHABILITATION	0 823,381	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0 0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0 0	89.00
90.00	09000	CLINIC	0 0	90.00
90.01	09001	SPORTS MEDICINE	0 0	90.01
90.02	09002	WOUND CARE CLINIC	0 1,503,608	90.02
91.00	09100	EMERGENCY	0 25,790,326	91.00
91.01	09101	CHEMOTHERAPY	0 0	91.01
91.02	09102	PAIN CLINIC	0 0	91.02
91.03	09103	INFUSION CLINIC	0 0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0 0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	322,257,860	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-25,132	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	4,004,383	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	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	326,237,111	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0288

Period:
From 01/01/2021
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Part II
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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		
	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	26,194	18,046	44,240	44,240	4.00	
5.01	00540	NONPATIENT TELEPHONES	0	85,352	58,802	144,154	179	5.01	
5.02	00550	DATA PROCESSING	0	46,883	32,299	79,182	0	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	0	14,934	10,289	25,223	0	5.03	
5.04	00570	ADMITTING	0	12,980	8,942	21,922	0	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	26	17,655	12,163	29,844	27	5.05	
5.06	00590	OTHER ADMIN AND GENERAL	1,519,799	2,158,161	1,486,829	5,164,789	4,096	5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	3,342,900	2,303,037	5,645,937	0	6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,570	6,593	16,163	0	8.00	
9.00	00900	HOUSEKEEPING	0	67,275	46,348	113,623	0	9.00	
10.00	01000	DIETARY	0	282,783	194,819	477,602	0	10.00	
11.00	01100	CAFETERIA	0	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	91,920	63,327	155,247	1,077	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	37	333,325	229,639	563,001	318	14.00	
15.00	01500	PHARMACY	2,845	91,623	63,122	157,590	1,879	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,717	42,973	29,606	75,296	321	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00	
23.00	02300	PARAMED ED PRGM- EMS	91,896	0	0	91,896	184	23.00	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	987	2,730,716	1,881,283	4,612,986	13,180	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	873,166	601,554	1,474,720	4,315	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	65,398	45,055	110,453	882	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
45.01	04510	ICF/IID	0	0	0	0	0	45.01	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	157,071	1,241,036	854,991	2,253,098	3,868	50.00	
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	91	99,708	68,692	168,491	583	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	109,732	247,300	170,373	527,405	1,622	52.00	
53.00	05300	ANESTHESIOLOGY	0	4,770	3,286	8,056	86	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	672,400	876,481	603,838	2,152,719	3,988	54.00	
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	215,868	148,718	364,586	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	22,550	15,536	38,086	1,057	65.00	
66.00	06600	PHYSICAL THERAPY	375,652	36,468	25,124	437,244	1,831	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
69.00	06900	ELECTROCARDIOLOGY	0	213,710	147,232	360,942	787	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	53	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	538	64,820	44,656	110,014	260	74.00	
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	51,387	35,402	86,789	131	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01	
90.02	09002	WOUND CARE CLINIC	0	96,737	66,645	163,382	280	90.02	
91.00	09100	EMERGENCY	548,848	319,360	220,018	1,088,226	2,971	91.00	
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01	
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02	
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0288

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,482,639	13,784,003	9,496,264	26,762,906	43,975	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	87,957	633,967	436,761	1,158,685	265	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,570,596	14,417,970	9,933,025	27,921,591	44,240	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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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	144,333				5.01
5.02	00550	DATA PROCESSING	3,085	82,267			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	81	0	25,304		5.03
5.04	00570	ADMITTING	1,624	0	1	23,547	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	812	0	0	30,683	5.05
5.06	00590	OTHER ADMIN AND GENERAL	23,541	0	239	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	8,442	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	244	0	1	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,299	0	0	0	9.00
10.00	01000	DIETARY	2,029	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,516	0	13	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,705	0	183	0	14.00
15.00	01500	PHARMACY	3,004	0	163	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1	0	16.00
17.00	01700	SOCIAL SERVICE	487	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	4	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,197	11,203	1,024	4,977	30.00
31.00	03100	INTENSIVE CARE UNIT	10,472	2,771	1,015	1,193	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	974	1,444	120	622	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,719	8,322	12,734	1,850	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,299	1,149	19	241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,627	1,887	192	672	52.00
53.00	05300	ANESTHESIOLOGY	244	1,297	443	319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,128	15,364	7,338	2,652	54.00
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	4,059	6,767	648	1,981	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	406	2,353	315	949	65.00
66.00	06600	PHYSICAL THERAPY	1,461	1,514	5	327	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	1,705	1,660	65	328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	152	4	31	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,061	0	805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,090	0	1,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,469	0	3,061	73.00
74.00	07400	RENAL DIALYSIS	81	275	56	119	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	568	134	7	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	1,136	266	161	0	90.02
91.00	09100	EMERGENCY	5,764	8,983	528	1,685	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0288

Period:
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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	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	142,709	82,161	25,279	23,526	30,643	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,624	106	25	21	40	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	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)	144,333	82,267	25,304	23,547	30,683	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OTHER ADMIN AND	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		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	OTHER ADMIN AND GENERAL	5,192,665				5.06
6.00	00600	MAINTENANCE & REPAIRS	376,264	6,030,643			6.00
7.00	00700	OPERATION OF PLANT	38	0	283		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,006	6,624	0	49,793	8.00
9.00	00900	HOUSEKEEPING	77,796	46,564	2	0	9.00
10.00	01000	DIETARY	86,147	195,728	9	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	63,623	3	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,220	230,711	11	595	14.00
15.00	01500	PHARMACY	326,892	63,417	3	45	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,617	29,744	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	10,506	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	885,109	1,890,067	91	16,132	30.00
31.00	03100	INTENSIVE CARE UNIT	320,519	604,362	28	6,365	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	60,578	45,265	2	404	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	315,421	858,983	40	8,753	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	45,169	69,013	3	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	115,548	171,169	8	1,449	52.00
53.00	05300	ANESTHESIOLOGY	18,295	3,301	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	435,812	606,657	28	2,931	54.00
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	235,616	149,413	7	336	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	79,247	15,608	1	0	65.00
66.00	06600	PHYSICAL THERAPY	120,235	25,241	1	3	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	65,032	147,919	7	1,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,258	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	715,160	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	385,386	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,511	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,335	44,865	2	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,002	35,567	2	315	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	9,528	66,957	3	0	90.02
91.00	09100	EMERGENCY	281,325	221,045	10	10,905	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0288

Period:
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Cost Center Description		OTHER ADMIN AND	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,162,572	5,591,843	262	49,793	221,718
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	30,093	438,800	21	0	17,566
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	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)	5,192,665	6,030,643	283	49,793	239,284

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
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	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	769,350					10.00
11.00	01100	CAFETERIA	232,316	232,316				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	218	218			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,326	6	58,745		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,836	3	0	846,819	14.00
15.00	01500	PHARMACY	0	9,162	23	253	5,566	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,527	0	886	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2	0	7	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	1,527	1	0	120	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	434,517	85,072	-3	25,068	34,899	30.00
31.00	03100	INTENSIVE CARE UNIT	73,802	27,049	28	10,761	34,578	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,672	4	2,785	4,075	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,978	22	5,191	433,679	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,618	2	1,266	650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,944	6	3,545	6,551	52.00
53.00	05300	ANESTHESIOLOGY	0	654	1	0	15,095	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,632	25	1,266	250,016	54.00
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	12	0	22,083	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,326	5	0	10,740	65.00
66.00	06600	PHYSICAL THERAPY	25,338	8,725	3	0	178	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	4,145	4	633	2,209	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	218	1	0	134	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	24	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	24	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	873	1	380	1,903	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	654	1	127	241	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	1,309	0	0	5,270	90.02
91.00	09100	EMERGENCY	3,377	18,542	16	6,204	17,974	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	769,350	231,007	215	58,365	845,968	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	1,309	3	380	851	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	172,613	0	201.00
202.00		TOTAL (sum lines 118 through 201)	769,350	232,316	218	231,358	846,819	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	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	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	570,536					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	127,584				16.00
17.00	01700	SOCIAL SERVICE	0	0	496			17.00
23.00	02300	PARAMED ED PRGM- EMS	183	0	0	104,421		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,448	13,175	435		8,240,439	30.00
31.00	03100	INTENSIVE CARE UNIT	92,635	23,310	9		2,713,164	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		0	41.00
42.00	04200	SUBPROVIDER	0	0	0		0	42.00
43.00	04300	NURSERY	4,843	4,392	14		244,882	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
45.01	04510	ICF/IID	0	0	0		0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,414	7,793	0		4,073,372	50.00
50.01	05001	OPERATING ROOM	0	0	0		0	50.01
51.00	05100	RECOVERY ROOM	2,901	120	0		296,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,086	1,243	14		870,528	52.00
53.00	05300	ANESTHESIOLOGY	37,627	227	0		86,263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,087	4,941	0		3,573,463	54.00
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	4	22,956	0		816,986	60.00
60.01	06001	BLOOD LABORATORY	0	0	0		0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		0	62.00
65.00	06500	RESPIRATORY THERAPY	435	423	0		157,458	65.00
66.00	06600	PHYSICAL THERAPY	0	2,997	0		626,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		0	67.00
69.00	06900	ELECTROCARDIOLOGY	22,035	10,260	0		625,835	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32	0		4,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		720,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		394,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,077	0		99,298	73.00
74.00	07400	RENAL DIALYSIS	10,294	126	0		191,483	74.00
76.00	03140	CARDIOLOGY	0	0	0		0	76.00
76.97	07697	CARDIAC REHABILITATION	197	0	0		136,209	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	89.00
90.00	09000	CLINIC	0	0	0		0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0		0	90.01
90.02	09002	WOUND CARE CLINIC	15,050	0	5		266,127	90.02
91.00	09100	EMERGENCY	147,186	29,512	19		1,856,490	91.00
91.01	09101	CHEMOTHERAPY	0	0	0		0	91.01
91.02	09102	PAIN CLINIC	0	0	0		0	91.02
91.03	09103	INFUSION CLINIC	0	0	0		0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0		0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- EMS	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	570,425	127,584	496	0	25,994,657	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
190.01	19001	OTHER NONREIMBURSABLE	111	0	0		1,649,900	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
200.00		Cross Foot Adjustments				104,421	104,421	200.00
201.00		Negative Cost Centers	0	0	0	0	172,613	201.00
202.00		TOTAL (sum lines 118 through 201)	570,536	127,584	496	104,421	27,921,591	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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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	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM- EMS		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,240,439	31.00
32.00	03200	CORONARY CARE UNIT	2,713,164	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	244,882	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
45.01	04510	ICF/IID	0	45.01
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,073,372	50.00
50.01	05001	OPERATING ROOM	0	50.01
51.00	05100	RECOVERY ROOM	296,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	870,528	52.00
53.00	05300	ANESTHESIOLOGY	86,263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,573,463	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	816,986	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	157,458	65.00
66.00	06600	PHYSICAL THERAPY	626,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
69.00	06900	ELECTROCARDIOLOGY	625,835	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	720,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	394,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,298	73.00
74.00	07400	RENAL DIALYSIS	191,483	74.00
76.00	03140	CARDIOLOGY	0	76.00
76.97	07697	CARDIAC REHABILITATION	136,209	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	SPORTS MEDICINE	0	90.01
90.02	09002	WOUND CARE CLINIC	266,127	90.02
91.00	09100	EMERGENCY	1,856,490	91.00
91.01	09101	CHEMOTHERAPY	0	91.01
91.02	09102	PAIN CLINIC	0	91.02
91.03	09103	INFUSION CLINIC	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	25,994,657	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	0	1,649,900	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments	0	104,421	200.00
201.00	Negative Cost Centers	0	172,613	201.00
202.00	TOTAL (sum lines 118 through 201)	0	27,921,591	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)		
			BLDG & FIXT (SQUARE FEET 2)	MVBLE EQUIP (SQUARE FEET 2)					
			1.00	2.00					4.00
	GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	921,980					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		921,980				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,675	1,675	102,724,955			4.00	
5.01	00540	NONPATIENT TELEPHONES	5,458	5,458	414,344	1,778		5.01	
5.02	00550	DATA PROCESSING	2,998	2,998	0	38	1,142,867,772	5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	955	955	0	1	0	5.03	
5.04	00570	ADMITTING	830	830	0	20	0	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,129	1,129	62,920	10	0	5.05	
5.06	00590	OTHER ADMIN AND GENERAL	138,007	138,007	9,504,487	290	0	5.06	
6.00	00600	MAINTENANCE & REPAIRS	213,767	213,767	0	104	0	6.00	
7.00	00700	OPERATION OF PLANT	0	0	16	3	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	612	612	0	0	0	8.00	
9.00	00900	HOUSEKEEPING	4,302	4,302	0	16	0	9.00	
10.00	01000	DIETARY	18,083	18,083	0	25	0	10.00	
11.00	01100	CAFETERIA	0	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	5,878	5,878	2,499,591	31	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	21,315	21,315	737,537	21	0	14.00	
15.00	01500	PHARMACY	5,859	5,859	4,359,717	37	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,748	2,748	745,861	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	323	6	0	17.00	
23.00	02300	PARAMED ED PRGM- EMS	0	0	428,065	0	0	23.00	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,620	174,620	30,658,080	372	155,598,898	30.00	
31.00	03100	INTENSIVE CARE UNIT	55,836	55,836	10,010,915	129	38,482,049	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	4,182	4,182	2,046,484	12	20,048,663	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
45.01	04510	ICF/IID	0	0	0	0	0	45.01	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	79,360	79,360	8,974,039	169	115,583,035	50.00	
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	6,376	6,376	1,352,795	16	15,964,416	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,814	15,814	3,763,987	57	26,205,205	52.00	
53.00	05300	ANESTHESIOLOGY	305	305	198,577	3	18,017,666	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,048	56,048	9,253,187	211	213,660,511	54.00	
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	13,804	13,804	0	50	93,980,531	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	1,442	1,442	2,451,437	5	32,684,062	65.00	
66.00	06600	PHYSICAL THERAPY	2,332	2,332	4,248,788	18	21,021,631	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
69.00	06900	ELECTROCARDIOLOGY	13,666	13,666	1,825,904	21	23,056,379	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	123,377	0	2,113,199	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	42,517,042	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	70,696,198	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	117,631,897	73.00	
74.00	07400	RENAL DIALYSIS	4,145	4,145	603,779	1	3,823,894	74.00	
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	3,286	3,286	304,205	7	1,856,132	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01	
90.02	09002	WOUND CARE CLINIC	6,186	6,186	648,682	14	3,692,213	90.02	
91.00	09100	EMERGENCY	20,422	20,422	6,893,669	71	124,762,236	91.00	
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01	
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02	
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
			BLDG & FIXT (SQUARE FEET 2)	MVBLE EQUIP (SQUARE FEET 2)				
			1.00	2.00	4.00	5.01	5.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	99.10
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	881,440	881,440	102,110,766	1,758	1,141,395,857	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	40,540	40,540	614,189	20	1,471,915	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	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)	14,417,970	9,933,025	27,839,187	1,313,879	14,898,491	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.638051	10.773580	0.271007	738.964567	0.013036	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			44,240	144,333	82,267	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000431	81.177165	0.000072	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:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN 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	47,465,115				5.03
5.04	00570	ADMITTING	1,827	754,640,123			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,142,867,772		5.05
5.06	00590	OTHER ADMIN AND GENERAL	448,209	0	0	-20,944,022	305,352,685
6.00	00600	MAINTENANCE & REPAIRS	56	0	0	0	22,126,652
7.00	00700	OPERATION OF PLANT	1,872	0	0	0	2,239
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,588,092
9.00	00900	HOUSEKEEPING	0	0	0	0	4,574,886
10.00	01000	DIETARY	0	0	0	0	5,065,975
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	24,659	0	0	48,122	0
14.00	01400	CENTRAL SERVICES & SUPPLY	343,465	0	0	0	2,247,551
15.00	01500	PHARMACY	306,510	0	0	0	19,223,304
16.00	01600	MEDICAL RECORDS & LIBRARY	1,805	0	0	0	1,094,799
17.00	01700	SOCIAL SERVICE	161	0	0	-13,658	0
23.00	02300	PARAMED ED PRGM- EMS	6,630	0	0	0	617,812
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,921,740	155,598,898	155,598,898	0	52,041,675
31.00	03100	INTENSIVE CARE UNIT	1,904,090	38,482,049	38,482,049	0	18,848,522
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	224,399	20,048,663	20,048,663	0	3,562,387
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/IID	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,881,583	59,683,277	115,583,035	0	18,548,707
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	35,783	7,766,043	15,964,416	0	2,656,213
52.00	05200	DELIVERY ROOM & LABOR ROOM	360,762	21,667,542	26,205,205	0	6,794,967
53.00	05300	ANESTHESIOLOGY	831,246	10,296,771	18,017,666	0	1,075,837
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,767,380	85,535,700	213,660,511	0	25,628,440
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1,215,998	63,913,389	93,980,531	0	13,855,664
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	591,412	30,623,425	32,684,062	0	4,660,243
66.00	06600	PHYSICAL THERAPY	9,826	10,564,207	21,021,631	0	7,070,543
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	121,644	10,596,158	23,056,379	0	3,824,259
70.00	07000	ELECTROENCEPHALOGRAPHY	7,391	1,014,136	2,113,199	0	250,416
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,968,269	42,517,042	0	42,055,838
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,303,402	70,696,198	0	22,663,088
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,735,077	117,631,897	0	4,616,949
74.00	07400	RENAL DIALYSIS	104,770	3,823,894	3,823,894	0	1,195,812
76.00	03140	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	13,283	0	1,856,132	0	588,190
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SPORTS MEDICINE	0	0	0	0	0
90.02	09002	WOUND CARE CLINIC	301,996	0	3,692,213	0	560,293
91.00	09100	EMERGENCY	989,754	54,344,923	124,762,236	0	16,543,648
91.01	09101	CHEMOTHERAPY	0	0	0	0	0
91.02	09102	PAIN CLINIC	0	0	0	0	0
91.03	09103	INFUSION CLINIC	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	47,418,251	753,965,823	1,141,395,857	-20,909,558	303,583,001	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	25,132	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	46,864	674,300	1,471,915	0	1,769,684	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	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)	25,962	36,702	29,910,752		20,944,022	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000547	0.000049	0.026172		0.068590	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,304	23,547	30,683		5,192,665	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000533	0.000031	0.000027		0.017005	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:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
			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	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	557,161					6.00
7.00	00700	OPERATION OF PLANT	0	557,161				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	612	612	1,478,441			8.00
9.00	00900	HOUSEKEEPING	4,302	4,302	0	552,247		9.00
10.00	01000	DIETARY	18,083	18,083	0	18,083	297,953	10.00
11.00	01100	CAFETERIA	0	0	0	0	89,971	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,878	5,878	0	5,878	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,315	21,315	17,674	21,315	0	14.00
15.00	01500	PHARMACY	5,859	5,859	1,332	5,859	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,748	2,748	0	2,748	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,620	174,620	478,988	174,620	168,279	30.00
31.00	03100	INTENSIVE CARE UNIT	55,836	55,836	188,992	55,836	28,582	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,182	4,182	11,984	4,182	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	79,360	79,360	259,883	79,360	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,376	6,376	0	6,376	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,814	15,814	43,036	15,814	0	52.00
53.00	05300	ANESTHESIOLOGY	305	305	0	305	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,048	56,048	87,021	56,048	0	54.00
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	13,804	13,804	9,985	13,804	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,442	1,442	0	1,442	0	65.00
66.00	06600	PHYSICAL THERAPY	2,332	2,332	76	2,332	9,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	13,666	13,666	46,325	13,666	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,145	4,145	0	4,145	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,286	3,286	9,367	3,286	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	6,186	6,186	0	6,186	0	90.02
91.00	09100	EMERGENCY	20,422	20,422	323,778	20,422	1,308	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	516,621	516,621	1,478,441	511,707	297,953	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	40,540	40,540	0	40,540	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	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)	23,644,319	2,393	1,722,994	5,071,260	6,346,974	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	42.437139	0.004295	1.165413	9.182956	21.301930	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,030,643	283	49,793	239,284	769,350	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.823879	0.000508	0.033679	0.433292	2.582119	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:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
			11.00	12.00	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	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,065					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	1	259,014,818				12.00
13.00	01300	NURSING ADMINISTRATION	29	5,639,977	464			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13	2,907,120	0	46,631,624		14.00
15.00	01500	PHARMACY	42	23,296,312	2	306,510	1,146,559	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7	86,304	7	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,456,708	0	359	0	17.00
23.00	02300	PARAMED ED PRGM- EMS	7	719,345	0	6,630	367	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	390	38,405,032	198	1,921,740	205,881	30.00
31.00	03100	INTENSIVE CARE UNIT	124	27,726,208	85	1,904,090	186,160	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	26	3,844,707	22	224,399	9,732	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87	22,402,070	41	23,881,583	187,726	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	12	2,497,417	10	35,783	5,829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41	5,758,463	28	360,762	36,345	52.00
53.00	05300	ANESTHESIOLOGY	3	981,826	0	831,246	75,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	90	25,197,734	10	13,767,380	46,397	54.00
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	11,663,060	0	1,215,998	8	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	29	4,650,881	0	591,412	874	65.00
66.00	06600	PHYSICAL THERAPY	40	3,093,596	0	9,826	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	19	3,834,251	5	121,644	44,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	653,878	0	7,391	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,540,355	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,309,708	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,831,285	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4	896,752	3	104,770	20,688	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3	870,509	1	13,283	395	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	6	482,579	0	290,200	30,245	90.02
91.00	09100	EMERGENCY	85	16,167,385	49	989,754	295,790	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,059	255,913,462	461	46,584,760	1,146,335	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	6	3,101,356	3	46,864	224	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	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)	1,916,556	1,800	307,553	3,546,099	20,946,229	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,799.583099	0.000007	662.829741	0.076045	18.268776	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	232,316	218	231,358	846,819	570,536	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	218.137089	0.000001	126.605603	0.018160	0.497607	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:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
		16.00	17.00	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	OTHER ADMIN AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,219		16.00
17.00	01700	SOCIAL SERVICE	0	12,763	17.00
23.00	02300	PARAMED ED PRGM- EMS	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,088	11,197	30.00
31.00	03100	INTENSIVE CARE UNIT	3,694	242	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	696	361	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/IID	0	0	45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,235	0	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	19	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	197	361	52.00
53.00	05300	ANESTHESIOLOGY	36	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	783	0	54.00
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	3,638	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	67	0	65.00
66.00	06600	PHYSICAL THERAPY	475	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	1,626	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	0	70.00
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	963	0	73.00
74.00	07400	RENAL DIALYSIS	20	0	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	120	90.02
91.00	09100	EMERGENCY	4,677	482	91.00
91.01	09101	CHEMOTHERAPY	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0288

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

Worksheet B-1

Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM- EMS (ASSIGNED TIME)	
			16.00	17.00	23.00	
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,219	12,763	28,740	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	190.01
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)	1,328,993	13,702	679,999	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	65.729908	1.073572	23.660369	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	127,584	496	104,421	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.310104	0.038862	3.633299	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 9:52 am

			Title XVIII	Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs	
					Total Costs	Total Costs
					RCE Disallowance	
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,658,561		73,658,561	53,625
31.00	03100	INTENSIVE CARE UNIT	27,921,409		27,921,409	370,800
32.00	03200	CORONARY CARE UNIT	0		0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0
40.00	04000	SUBPROVIDER - IPF	0		0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0
42.00	04200	SUBPROVIDER	0		0	0
43.00	04300	NURSERY	4,338,980		4,338,980	715,133
44.00	04400	SKILLED NURSING FACILITY	0		0	0
45.00	04500	NURSING FACILITY	0		0	0
45.01	04510	ICF/IID	0		0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,731,415		29,731,415	1,356,496
50.01	05001	OPERATING ROOM	0		0	0
51.00	05100	RECOVERY ROOM	3,306,259		3,306,259	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,924,709		8,924,709	1,310,138
53.00	05300	ANESTHESIOLOGY	2,617,770		2,617,770	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,495,943		32,495,943	100,980
57.00	05700	CT SCAN	0		0	0
58.00	05800	MRI	0		0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0
60.00	06000	LABORATORY	15,862,108		15,862,108	0
60.01	06001	BLOOD LABORATORY	0		0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0
65.00	06500	RESPIRATORY THERAPY	5,171,897	0	5,171,897	0
66.00	06600	PHYSICAL THERAPY	7,988,999	0	7,988,999	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,808,690		5,808,690	197,001
70.00	07000	ELECTROENCEPHALOGRAPHY	270,288		270,288	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,940,613		44,940,613	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,217,719		24,217,719	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,996,951		4,996,951	0
74.00	07400	RENAL DIALYSIS	1,888,234		1,888,234	0
76.00	03140	CARDIOLOGY	0		0	0
76.97	07697	CARDIAC REHABILITATION	823,381		823,381	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0
90.00	09000	CLINIC	0		0	0
90.01	09001	SPORTS MEDICINE	0		0	0
90.02	09002	WOUND CARE CLINIC	1,503,608		1,503,608	0
91.00	09100	EMERGENCY	25,790,326		25,790,326	1,757,114
91.01	09101	CHEMOTHERAPY	0		0	0
91.02	09102	PAIN CLINIC	0		0	0
91.03	09103	INFUSION CLINIC	0		0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,459,273		9,459,273	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0
111.00	11100	ISLET ACQUISITION	0		0	0
113.00	11300	INTEREST EXPENSE	0		0	0
200.00		Subtotal (see instructions)	331,717,133	0	331,717,133	5,861,287
201.00		Less Observation Beds	9,459,273		9,459,273	0
202.00		Total (see instructions)	322,257,860	0	322,257,860	5,861,287

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 9:52 am

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	183,538,957		183,538,957		30.00
31.00	03100	INTENSIVE CARE UNIT	42,192,842		42,192,842		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	14,885,675		14,885,675		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/IID	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,074,398	77,287,178	154,361,576	0.192609	0.000000
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	9,667,986	10,823,961	20,491,947	0.161344	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,961,518	5,044,905	26,006,423	0.343173	0.000000
53.00	05300	ANESTHESIOLOGY	12,634,265	10,507,341	23,141,606	0.113120	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,451,887	174,980,675	277,432,562	0.117131	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	74,547,933	38,598,621	113,146,554	0.140191	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	40,472,631	3,143,056	43,615,687	0.118579	0.000000
66.00	06600	PHYSICAL THERAPY	12,266,485	14,926,352	27,192,837	0.293791	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,740,666	16,771,800	30,512,466	0.190371	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	968,275	1,586,001	2,554,276	0.105818	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,115,100	27,200,270	58,315,370	0.770648	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,147,300	24,443,268	95,590,568	0.253348	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	117,574,568	25,108,929	142,683,497	0.035021	0.000000
74.00	07400	RENAL DIALYSIS	5,176,927	0	5,176,927	0.364740	0.000000
76.00	03140	CARDIOLOGY	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	0	3,084,365	3,084,365	0.266953	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.01	09001	SPORTS MEDICINE	0	0	0	0.000000	0.000000
90.02	09002	WOUND CARE CLINIC	0	5,708,084	5,708,084	0.263417	0.000000
91.00	09100	EMERGENCY	59,528,099	83,214,364	142,742,463	0.180677	0.000000
91.01	09101	CHEMOTHERAPY	0	0	0	0.000000	0.000000
91.02	09102	PAIN CLINIC	0	0	0	0.000000	0.000000
91.03	09103	INFUSION CLINIC	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,993,363	14,839,934	24,833,297	0.380911	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	899,938,875	537,269,104	1,437,207,979		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	899,938,875	537,269,104	1,437,207,979		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/IID			45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201397		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.161344		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.393551		52.00
53.00	05300	ANESTHESIOLOGY	0.113120		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117495		54.00
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	0.140191		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.118579		65.00
66.00	06600	PHYSICAL THERAPY	0.293791		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
69.00	06900	ELECTROCARDIOLOGY	0.196827		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105818		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.770648		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.253348		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.035021		73.00
74.00	07400	RENAL DIALYSIS	0.364740		74.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.266953		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0.263417		90.02
91.00	09100	EMERGENCY	0.192987		91.00
91.01	09101	CHEMOTHERAPY	0.000000		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
91.03	09103	INFUSION CLINIC	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.380911		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/24/2022 9:52 am	
					Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,658,561		73,658,561	53,625	73,712,186	30.00
31.00	03100	INTENSIVE CARE UNIT	27,921,409		27,921,409	370,800	28,292,209	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,338,980		4,338,980	715,133	5,054,113	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/IID	0		0	0	0	45.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,731,415		29,731,415	1,356,496	31,087,911	50.00
50.01	05001	OPERATING ROOM	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,306,259		3,306,259	0	3,306,259	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,924,709		8,924,709	1,310,138	10,234,847	52.00
53.00	05300	ANESTHESIOLOGY	2,617,770		2,617,770	0	2,617,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,495,943		32,495,943	100,980	32,596,923	54.00
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	15,862,108		15,862,108	0	15,862,108	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,171,897	0	5,171,897	0	5,171,897	65.00
66.00	06600	PHYSICAL THERAPY	7,988,999	0	7,988,999	0	7,988,999	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	5,808,690		5,808,690	197,001	6,005,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	270,288		270,288	0	270,288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,940,613		44,940,613	0	44,940,613	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,217,719		24,217,719	0	24,217,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,996,951		4,996,951	0	4,996,951	73.00
74.00	07400	RENAL DIALYSIS	1,888,234		1,888,234	0	1,888,234	74.00
76.00	03140	CARDIOLOGY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	823,381		823,381	0	823,381	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0		0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	1,503,608		1,503,608	0	1,503,608	90.02
91.00	09100	EMERGENCY	25,790,326		25,790,326	1,757,114	27,547,440	91.00
91.01	09101	CHEMOTHERAPY	0		0	0	0	91.01
91.02	09102	PAIN CLINIC	0		0	0	0	91.02
91.03	09103	INFUSION CLINIC	0		0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,459,273		9,459,273	0	9,459,273	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	331,717,133	0	331,717,133	5,861,287	337,578,420	200.00
201.00		Less Observation Beds	9,459,273		9,459,273	0	9,459,273	201.00
202.00		Total (see instructions)	322,257,860	0	322,257,860	5,861,287	328,119,147	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 9:52 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	183,538,957		183,538,957		30.00
31.00	03100	INTENSIVE CARE UNIT	42,192,842		42,192,842		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	14,885,675		14,885,675		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/IID	0		0		45.01
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,074,398	77,287,178	154,361,576	0.192609	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,667,986	10,823,961	20,491,947	0.161344	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,961,518	5,044,905	26,006,423	0.343173	52.00
53.00	05300	ANESTHESIOLOGY	12,634,265	10,507,341	23,141,606	0.113120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,451,887	174,980,675	277,432,562	0.117131	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	74,547,933	38,598,621	113,146,554	0.140191	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	40,472,631	3,143,056	43,615,687	0.118579	65.00
66.00	06600	PHYSICAL THERAPY	12,266,485	14,926,352	27,192,837	0.293791	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	13,740,666	16,771,800	30,512,466	0.190371	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	968,275	1,586,001	2,554,276	0.105818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,115,100	27,200,270	58,315,370	0.770648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,147,300	24,443,268	95,590,568	0.253348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,574,568	25,108,929	142,683,497	0.035021	73.00
74.00	07400	RENAL DIALYSIS	5,176,927	0	5,176,927	0.364740	74.00
76.00	03140	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,084,365	3,084,365	0.266953	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0.000000	90.01
90.02	09002	WOUND CARE CLINIC	0	5,708,084	5,708,084	0.263417	90.02
91.00	09100	EMERGENCY	59,528,099	83,214,364	142,742,463	0.180677	91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0.000000	91.01
91.02	09102	PAIN CLINIC	0	0	0	0.000000	91.02
91.03	09103	INFUSION CLINIC	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,993,363	14,839,934	24,833,297	0.380911	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	899,938,875	537,269,104	1,437,207,979		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	899,938,875	537,269,104	1,437,207,979		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
45.01	04510	ICF/IID			45.01
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	OPERATING ROOM	0.000000		50.01
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
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
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03140	CARDIOLOGY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SPORTS MEDICINE	0.000000		90.01
90.02	09002	WOUND CARE CLINIC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	CHEMOTHERAPY	0.000000		91.01
91.02	09102	PAIN CLINIC	0.000000		91.02
91.03	09103	INFUSION CLINIC	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/24/2022 9:52 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,240,439	0	8,240,439	67,367	122.32	30.00
31.00	INTENSIVE CARE UNIT	2,713,164		2,713,164	13,913	195.01	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	244,882		244,882	2,971	82.42	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/IID	0		0	0	0.00	45.01
200.00	Total (lines 30 through 199)	11,198,485		11,198,485	84,251		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	21,455	2,624,376				
31.00	INTENSIVE CARE UNIT	2,277	444,038				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/IID	0	0				
200.00	Total (lines 30 through 199)	23,732	3,068,414				

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/24/2022 9:52 am		
				Title XVIII	Hospital	PPS		
Cost Center Description		Capital Related	Total Charges	Ratio of Cost	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		Cost (from Wkst. B, Part II, col. 26)	(from Wkst. C, Part I, col. 8)	to Charges (col. 1 ÷ col. 2)				
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,073,372	154,361,576	0.026389	22,977,538	606,354	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	296,718	20,491,947	0.014480	3,044,628	44,086	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	870,528	26,006,423	0.033474	0	0	52.00
53.00	05300	ANESTHESIOLOGY	86,263	23,141,606	0.003728	3,274,927	12,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,573,463	277,432,562	0.012880	43,039,656	554,351	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	816,986	113,146,554	0.007221	25,231,272	182,195	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	157,458	43,615,687	0.003610	16,216,489	58,542	65.00
66.00	06600	PHYSICAL THERAPY	626,681	27,192,837	0.023046	5,330,468	122,846	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	625,835	30,512,466	0.020511	6,026,032	123,600	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,940	2,554,276	0.001934	266,836	516	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	720,198	58,315,370	0.012350	13,844,807	170,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	394,123	95,590,568	0.004123	28,115,056	115,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,298	142,683,497	0.000696	40,941,994	28,496	73.00
74.00	07400	RENAL DIALYSIS	191,483	5,176,927	0.036988	2,948,169	109,047	74.00
76.00	03140	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	136,209	3,084,365	0.044161	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0.000000	0	0	90.01
90.02	09002	WOUND CARE CLINIC	266,127	5,708,084	0.046623	0	0	90.02
91.00	09100	EMERGENCY	1,856,490	142,742,463	0.013006	20,155,836	262,147	91.00
91.01	09101	CHEMOTHERAPY	0	0	0.000000	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0.000000	0	0	91.02
91.03	09103	INFUSION CLINIC	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,057,471	24,833,297	0.042583	4,071,529	173,378	92.00
200.00		Total (lines 50 through 199)	15,853,643	1,196,590,505		235,485,237	2,564,668	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/24/2022 9:52 am	
				Title XVIII	Hospital	PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
			1A	1.00	2A	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/IID	0	0	0	0	45.01
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
			4.00	5.00	6.00	7.00	8.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	67,367	0.00	21,455
31.00	03100	INTENSIVE CARE UNIT		0	13,913	0.00	2,277
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0
42.00	04200	SUBPROVIDER	0	0	0	0.00	0
43.00	04300	NURSERY		0	2,971	0.00	0
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0
45.00	04500	NURSING FACILITY		0	0	0.00	0
45.01	04510	ICF/IID		0	0	0.00	0
200.00		Total (lines 30 through 199)		0	84,251		23,732
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			9.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				
31.00	03100	INTENSIVE CARE UNIT	0				
32.00	03200	CORONARY CARE UNIT	0				
33.00	03300	BURN INTENSIVE CARE UNIT	0				
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				
40.00	04000	SUBPROVIDER - IPF	0				
41.00	04100	SUBPROVIDER - IRF	0				
42.00	04200	SUBPROVIDER	0				
43.00	04300	NURSERY	0				
44.00	04400	SKILLED NURSING FACILITY	0				
45.00	04500	NURSING FACILITY	0				
45.01	04510	ICF/IID	0				
200.00		Total (lines 30 through 199)	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0288

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2022 9:52 am

Cost Center Description			Title XVIII		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0 50.01
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
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03140	CARDIOLOGY	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	0	0 90.02
91.00	09100	EMERGENCY	0	0	0	0	679,999 91.00
91.01	09101	CHEMOTHERAPY	0	0	0	0	0 91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0 91.02
91.03	09103	INFUSION CLINIC	0	0	0	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50 through 199)	0	0	0	0	679,999 200.00

Health Financial Systems			ADVOCATE GOOD SAMARITAN HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0288		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/24/2022 9:52 am	
				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	154,361,576	0.000000	50.00	
50.01	05001	OPERATING ROOM	0	0	0	0	0.000000	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	20,491,947	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,006,423	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	23,141,606	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	277,432,562	0.000000	54.00	
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00	
58.00	05800	MRI	0	0	0	0	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	113,146,554	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	43,615,687	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	27,192,837	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	30,512,466	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,554,276	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	58,315,370	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	95,590,568	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	142,683,497	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	5,176,927	0.000000	74.00	
76.00	03140	CARDIOLOGY	0	0	0	0	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,084,365	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00	
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
90.01	09001	SPORTS MEDICINE	0	0	0	0	0.000000	90.01	
90.02	09002	WOUND CARE CLINIC	0	0	0	5,708,084	0.000000	90.02	
91.00	09100	EMERGENCY	0	679,999	679,999	142,742,463	0.004764	91.00	
91.01	09101	CHEMOTHERAPY	0	0	0	0	0.000000	91.01	
91.02	09102	PAIN CLINIC	0	0	0	0	0.000000	91.02	
91.03	09103	INFUSION CLINIC	0	0	0	0	0.000000	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	24,833,297	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	679,999	679,999	1,196,590,505		200.00	

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0288		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/24/2022 9:52 am	
			Title XVIII		Hospital	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	22,977,538	0	14,779,200	0 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0.000000	3,044,628	0	2,014,663	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,274,927	0	1,932,407	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	43,039,656	0	49,788,783	0 54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0 57.00
58.00	05800	MRI	0.000000	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	25,231,272	0	8,836,262	0 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	16,216,489	0	723,303	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,330,468	0	2,965,732	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,026,032	0	5,198,863	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	266,836	0	260,725	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	13,844,807	0	9,232,156	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	28,115,056	0	6,724,995	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	40,941,994	0	5,316,986	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,948,169	0	0	0 74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	1,214,381	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.000000	0	0	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.000000	0	0	3,193,264	0 90.02
91.00	09100	EMERGENCY	0.004764	20,155,836	96,022	16,567,290	78,927 91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	0	0	0 91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0 91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,071,529	0	4,002,991	0 92.00
200.00		Total (lines 50 through 199)		235,485,237	96,022	132,752,001	78,927 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/24/2022 9:52 am
			Title XVIII	Hospital	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.192609	14,779,200	0	0	2,846,607 50.00
50.01 05001 OPERATING ROOM	0.000000	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	0.161344	2,014,663	0	0	325,054 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.343173	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.113120	1,932,407	0	0	218,594 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.117131	49,788,783	0	0	5,831,810 54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MRI	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000 LABORATORY	0.140191	8,836,262	0	804	1,238,764 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
65.00 06500 RESPIRATORY THERAPY	0.118579	723,303	0	0	85,769 65.00
66.00 06600 PHYSICAL THERAPY	0.293791	2,965,732	0	0	871,305 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
69.00 06900 ELECTROCARDIOLOGY	0.190371	5,198,863	0	0	989,713 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.105818	260,725	0	0	27,589 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.770648	9,232,156	0	0	7,114,743 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.253348	6,724,995	0	0	1,703,764 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.035021	5,316,986	0	51,922	186,206 73.00
74.00 07400 RENAL DIALYSIS	0.364740	0	0	0	0 74.00
76.00 03140 CARDIOLOGY	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.266953	1,214,381	0	0	324,183 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.01 09001 SPORTS MEDICINE	0.000000	0	0	0	0 90.01
90.02 09002 WOUND CARE CLINIC	0.263417	3,193,264	0	0	841,160 90.02
91.00 09100 EMERGENCY	0.180677	16,567,290	0	0	2,993,328 91.00
91.01 09101 CHEMOTHERAPY	0.000000	0	0	0	0 91.01
91.02 09102 PAIN CLINIC	0.000000	0	0	0	0 91.02
91.03 09103 INFUSION CLINIC	0.000000	0	0	0	0 91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.380911	4,002,991	0	0	1,524,783 92.00
200.00 Subtotal (see instructions)		132,752,001	0	52,726	27,123,372 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00 Net Charges (line 200 - line 201)		132,752,001	0	52,726	27,123,372 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 9:52 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	OPERATING ROOM	0	0		50.01
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
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	113		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
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	1,818		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03140	CARDIOLOGY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	SPORTS MEDICINE	0	0		90.01
90.02	09002	WOUND CARE CLINIC	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	CHEMOTHERAPY	0	0		91.01
91.02	09102	PAIN CLINIC	0	0		91.02
91.03	09103	INFUSION CLINIC	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	1,931		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	1,931		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0288		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/24/2022 9:52 am	
				Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs		
					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	0.192609	0	378,696	0	0	0	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.161344	0	69,004	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343173	0	67,565	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.113120	0	56,195	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117131	0	1,338,813	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.140191	0	618,771	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.118579	0	47,598	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.293791	0	190,787	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.190371	0	181,019	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105818	0	8,201	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.770648	0	29,655	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.253348	0	58,783	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.035021	0	272,312	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.364740	0	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.266953	0	1,935	0	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.000000	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0.263417	0	13,902	0	0	0	90.02
91.00	09100	EMERGENCY	0.180677	0	1,721,144	0	0	0	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	0	0	0	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.380911	0	269,436	0	0	0	92.00
200.00		Subtotal (see instructions)		0	5,323,816	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	5,323,816	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
5/24/2022 9:52 am

			Title XIX		Hospital	Cost
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	72,940	0		50.00
50.01	05001	OPERATING ROOM	0	0		50.01
51.00	05100	RECOVERY ROOM	11,133	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,186	0		52.00
53.00	05300	ANESTHESIOLOGY	6,357	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	156,817	0		54.00
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	86,746	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	5,644	0		65.00
66.00	06600	PHYSICAL THERAPY	56,052	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
69.00	06900	ELECTROCARDIOLOGY	34,461	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	868	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,854	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,893	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,537	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03140	CARDIOLOGY	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	517	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	SPORTS MEDICINE	0	0		90.01
90.02	09002	WOUND CARE CLINIC	3,662	0		90.02
91.00	09100	EMERGENCY	310,971	0		91.00
91.01	09101	CHEMOTHERAPY	0	0		91.01
91.02	09102	PAIN CLINIC	0	0		91.02
91.03	09103	INFUSION CLINIC	0	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	102,631	0		92.00
200.00		Subtotal (see instructions)	919,269	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	919,269	0		202.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 9:52 am	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			67,367	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			67,367	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)			58,722	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)			21,455	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)			73,712,186	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)			73,712,186	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)			23,712,186	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)			1,094.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			23,475,846	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)			23,475,846	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/24/2022 9:52 am	
			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	28,292,209	13,913	2,033.51	2,277	4,630,302	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					44,528,956	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					72,635,104	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 II)					1,068,414	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,660,690	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,729,104	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,906,000	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)					8,645	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,094.19	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,459,273	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0288

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

Worksheet D-1

Date/Time Prepared:
5/24/2022 9:52 am

		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	8,240,439	73,712,186	0.111792	9,459,273	1,057,471
91.00	Nursing Program cost	0	73,712,186	0.000000	9,459,273	0
92.00	Allied health cost	0	73,712,186	0.000000	9,459,273	0
93.00	All other Medical Education	0	73,712,186	0.000000	9,459,273	0

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 9:52 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		56,011,405	30.00
31.00	03100	INTENSIVE CARE UNIT		14,609,293	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201397	22,977,538	50.00
50.01	05001	OPERATING ROOM	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.161344	3,044,628	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.393551	0	52.00
53.00	05300	ANESTHESIOLOGY	0.113120	3,274,927	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117495	43,039,656	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.140191	25,231,272	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.118579	16,216,489	65.00
66.00	06600	PHYSICAL THERAPY	0.293791	5,330,468	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.196827	6,026,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105818	266,836	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.770648	13,844,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.253348	28,115,056	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.035021	40,941,994	73.00
74.00	07400	RENAL DIALYSIS	0.364740	2,948,169	74.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.266953	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SPORTS MEDICINE	0.000000	0	90.01
90.02	09002	WOUND CARE CLINIC	0.263417	0	90.02
91.00	09100	EMERGENCY	0.192987	20,155,836	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.380911	4,071,529	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		235,485,237	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)		235,485,237	202.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/24/2022 9:52 am
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,369,693	30.00
31.00	03100	INTENSIVE CARE UNIT		2,581,006	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,321,351	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.192609	2,079,150	50.00
50.01	05001	OPERATING ROOM	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.161344	158,065	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.343173	214,362	52.00
53.00	05300	ANESTHESIOLOGY	0.113120	344,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.117131	2,908,249	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.140191	3,013,048	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.118579	1,656,532	65.00
66.00	06600	PHYSICAL THERAPY	0.293791	352,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0.190371	361,269	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.105818	57,996	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.770648	573,605	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.253348	1,195,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.035021	4,424,985	73.00
74.00	07400	RENAL DIALYSIS	0.364740	167,548	74.00
76.00	03140	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.266953	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SPORTS MEDICINE	0.000000	0	90.01
90.02	09002	WOUND CARE CLINIC	0.263417	0	90.02
91.00	09100	EMERGENCY	0.180677	2,051,302	91.00
91.01	09101	CHEMOTHERAPY	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0.000000	0	91.02
91.03	09103	INFUSION CLINIC	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.380911	198,338	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		19,757,201	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)		19,757,201	202.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 9:52 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			42,980,558	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			326,853	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)			1,384,468	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			461,489	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)			269.32	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)			2.59	30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.48	31.00
32.00	Sum of lines 30 and 31			20.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)			5.80	33.00
34.00	Disproportionate share adjustment (see instructions)			830,957	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 9:52 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.000257509	0.000329987
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,134,757	2,373,269
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,596,681	598,194
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,194,875	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		495.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		62,179,200	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		62,179,200	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,049,161	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		1	53.00
54.00	Special add-on payments for new technologies		0	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).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		96,022	58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,324,384	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,324,384	61.00
62.00	Deductibles billed to program beneficiaries		4,795,152	62.00
63.00	Coinsurance billed to program beneficiaries		204,098	63.00
64.00	Allowable bad debts (see instructions)		598,832	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		389,241	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		406,640	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,714,375	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)		332,640	70.93
70.94	HRR adjustment amount (see instructions)		-318,429	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/24/2022 9:52 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		502,137	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		62,226,449	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		62,149,185	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)		77,264	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		958,123	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)		2,874,943	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/24/2022 9:52 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			1,931	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			27,044,445	2.00
3.00	OPPS payments			21,465,839	3.00
4.00	Outlier payment (see instructions)			97,293	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			78,927	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			1,931	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			52,726	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)			52,726	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)			52,726	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			50,795	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)			1,931	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)			21,642,059	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)			3,269,974	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)			18,374,016	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)			18,374,016	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			18,374,016	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)			265,019	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			172,262	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			177,504	36.00
37.00	Subtotal (see instructions)			18,546,278	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)			18,546,278	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			18,558,292	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)			-12,014	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)			74,560	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0288		Period: From 01/01/2021 To 12/31/2021	
		Title XVIII		Hospital	
		Inpatient Part A		Part B	
		mm/dd/yyyy		mm/dd/yyyy	
		Amount		Amount	
		1.00		2.00	
		3.00		4.00	
1.00	Total interim payments paid to provider		62,273,485		18,666,427
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		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	10/20/2021	94,554	10/20/2021	108,135
3.51		04/27/2021	29,746		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)		-124,300		-108,135
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)		62,149,185		18,558,292
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		77,264		0
6.02	SETTLEMENT TO PROGRAM		0		12,014
7.00	Total Medicare program liability (see instructions)		62,226,449		18,546,278
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor	STEPHEN BOOTH		00130	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0288

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/24/2022 9:52 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN:14-0288

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

Worksheet G

Date/Time Prepared:
5/24/2022 9:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	703,725,000	0	0	0	1.00
2.00	Temporary investments	139,742,000	1,002,000	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,838,859,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	724,803,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	3,407,129,000	1,002,000	0	0	11.00
FIXED ASSETS						
12.00	Land	470,257,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	8,448,955,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,554,215,000	0	0	0	23.00
24.00	Accumulated depreciation	5,530,416,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,943,011,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	12,394,605,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,393,816,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,788,421,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	23,138,561,000	1,002,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,562,089,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,296,458,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	68,247,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	786,501,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,713,295,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	3,298,508,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,795,779,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,094,287,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,807,582,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	14,330,979,000				52.00
53.00	Specific purpose fund		1,002,000			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	14,330,979,000	1,002,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	23,138,561,000	1,002,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0288

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

Worksheet G-1

Date/Time Prepared:
5/24/2022 9:52 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		14,275,480,117		1,002,000		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		55,498,883				2.00
3.00	Total (sum of line 1 and line 2)		14,330,979,000		1,002,000		3.00
4.00	FUNDING RECEIVED	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		14,330,979,000		1,002,000		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		14,330,979,000		1,002,000		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	FUNDING RECEIVED		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

Health Financial Systems		ADVOCATE GOOD SAMARITAN HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet G-2 Parts I & II Date/Time Prepared: 5/24/2022 9:52 am
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		143,279,601		143,279,601 1.00
2.00	SUBPROVIDER - IPF		40,259,355		40,259,355 2.00
3.00	SUBPROVIDER - IRF		0		0 3.00
4.00	SUBPROVIDER		0		0 4.00
5.00	Swing bed - SNF		0		0 5.00
6.00	Swing bed - NF		0		0 6.00
7.00	SKILLED NURSING FACILITY		0		0 7.00
8.00	NURSING FACILITY		0		0 8.00
8.01	ICF/IID		0		0 8.01
9.00	OTHER LONG TERM CARE				0 9.00
10.00	Total general inpatient care services (sum of lines 1-9)		183,538,956		183,538,956 10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		42,192,842		42,192,842 11.00
12.00	CORONARY CARE UNIT		0		0 12.00
13.00	BURN INTENSIVE CARE UNIT		0		0 13.00
14.00	SURGICAL INTENSIVE CARE UNIT		0		0 14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				0 15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		42,192,842		42,192,842 16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)		225,731,798		225,731,798 17.00
18.00	Ancillary services		614,678,676	448,346,655	1,063,025,331 18.00
19.00	Outpatient services		60,258,407	90,112,794	150,371,201 19.00
20.00	RURAL HEALTH CLINIC		0	0	0 20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0 21.00
22.00	HOME HEALTH AGENCY				0 22.00
23.00	AMBULANCE SERVICES				0 23.00
24.00	CMHC				0 24.00
24.10	CORF		0	0	0 24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				0 25.00
26.00	HOSPICE				0 26.00
27.00	OTHER (SPECIFY)		0	0	0 27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)		630,668,881	538,459,449	1,439,128,330 28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			364,418,600	364,418,600 29.00
30.00	ADD (SPECIFY)		0		0 30.00
31.00			0		0 31.00
32.00			0		0 32.00
33.00			0		0 33.00
34.00			0		0 34.00
35.00			0		0 35.00
36.00	Total additions (sum of lines 30-35)			0	0 36.00
37.00	DEDUCT (SPECIFY)		0		0 37.00
38.00			0		0 38.00
39.00			0		0 39.00
40.00			0		0 40.00
41.00			0		0 41.00
42.00	Total deductions (sum of lines 37-41)			0	0 42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)			364,418,600	364,418,600 43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0288

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

Worksheet G-3

Date/Time Prepared:
5/24/2022 9:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,439,128,330	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,023,475,288	2.00
3.00	Net patient revenues (line 1 minus line 2)	415,653,042	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	364,418,600	4.00
5.00	Net income from service to patients (line 3 minus line 4)	51,234,442	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,264,441	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	4,264,441	25.00
26.00	Total (line 5 plus line 25)	55,498,883	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	55,498,883	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0288	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/24/2022 9:52 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,848,436	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		199.79	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.59	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.48	8.00
9.00	Sum of lines 7 and 8		20.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.14	10.00
11.00	Disproportionate share adjustment (see instructions)		200,725	11.00
12.00	Total prospective capital payments (see instructions)		5,049,161	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