

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND PROVIDER CCN:14-0304		Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/23/2022 3:40 pm
SETTLEMENT SUMMARY			

PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		Date:5/23/2022 Time: 3:40 pm
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☒ Initial Report for this Provider CCN 9. ☒ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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 ADVENTIST BOLINGBROOK HOSPITAL (14-0304) 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		
Jared Brown		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	Jared Brown		2
3	Signatory Title	CFO		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	112,710	280,430	0	0	1.00
2.00	Subprovider - IPF	0	32,721	76		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	145,431	280,506	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:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:40 pm
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street:500 REMINGTON BLVD			PO Box:							1.00
2.00	City: BOLINGBROOK			State: IL		Zip Code:60440-		County:WILL			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVENTIST BOLINGBROOK HOSPITAL	140304	16984	1	01/13/2008	N	P	O	3.00
4.00	Subprovider - IPF		ADVENTIST BOLINGBROOK HOSPITAL PSYCH	14S304	16984	4	01/01/2016	N	P	T	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
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
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	Y	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

Worksheet S-2

Worksheet 3-2
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

MCRIF32 - 17.4.174.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:40 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	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	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

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

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:40 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			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		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		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		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		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
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			V	XIX	
			1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N
			1.00	2.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		110.00
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
			1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N		112.00
<u>Miscellaneous Cost Reporting Information</u>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:		2,907,171	0	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		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
<u>Transplant Center Information</u>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:40 pm		
						1.00		2.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00		
133.00	Removed and reserved							133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00		
All Providers										
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)					Y		HF8013		
						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: ADVENTHEALTH		Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00			
142.00	Street: 900 HOPE WAY		PO Box:				142.00			
143.00	City: ALTAMONTE SPRINGS		State: FL		Zip Code: 32714		143.00			
						1.00				
144.00	Are provider based physicians' costs included in Worksheet A?					Y		144.00		
						1.00		2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient dialysis 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				
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		155.00	
156.00	Subprovider - IPF		N		N		N		156.00	
157.00	Subprovider - IRF		N		N		N		157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF		N		N		N		159.00	
160.00	HOME HEALTH AGENCY		N		N		N		160.00	
161.00	CMHC				N		N		161.00	
						1.00				
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					Enter N		165.00		
Name County State Zip Code CBSA FTE/Campus										
0 1.00 2.00 3.00 4.00 5.00										
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00		
						1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y		167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99		169.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			0171.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021	
		Worksheet S-2 Part II		Date/Time Prepared: 5/23/2022 3:40 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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		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			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.		Y		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/06/2022	Y	04/06/2022
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		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021	
		Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:40 pm			
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MIKE	THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338	MIKE.M.THOMPSON@ADVENTHEALTH.COM		43.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:40 pm
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER REIMBURSEMENT SERVICES			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:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	98	35,770	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)		98	35,770	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		110	40,150	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,760		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		134				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:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,892	659	16,712			1.00
2.00	HMO and other (see instructions)	3,738	4,243				2.00
3.00	HMO IPF Subprovider	1,461	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	4,892	659	16,712			7.00
8.00	INTENSIVE CARE UNIT	736	278	3,114			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		271	1,843			13.00
14.00	Total (see instructions)	5,628	1,208	21,669	0.00	504.89	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	4,136	0	6,135	0.00	39.30	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			164			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	544.19	27.00
28.00	Observation Bed Days		0	3,220			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	46	313			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:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,312	181	5,461	1.00
2.00 HMO and other (see instructions)			740	1,020		2.00
3.00 HMO IPF Subprovider				12		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	1,312	181	5,461	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	281	0	503	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/23/2022 3:40 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	44,308,037	0	44,308,037	1,131,906.00	39.14
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		193,568	0	193,568	1,437.00	134.70
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		539,750	0	539,750	4,007.00	134.70
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)		3,383,840	0	3,383,840	103,005.00	32.85
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,135,368	0	6,135,368	61,354.00	100.00
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		278,255	0	278,255	2,094.00	132.88
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		10,112,946	0	10,112,946	205,558.08	49.20
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)		7,620,502	0	7,620,502		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		721,508	0	721,508		
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		27,325	0	27,325		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		76,200	0	76,200		
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)		3,607,350	0	3,607,350		
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:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/23/2022 3:40 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	9,024	0	9,024	1,157.00	7.80	26.00
27.00	Administrative & General	5.00	2,631,573	0	2,631,573	52,435.00	50.19	27.00
28.00	Administrative & General under contract (see inst.)		49,520	0	49,520	282.97	175.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,358,616	0	1,358,616	47,877.00	28.38	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,326,686	0	2,326,686	97,748.00	23.80	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,821,371	0	1,821,371	68,364.12	26.64	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	902,583	0	902,583	16,149.00	55.89	38.00
39.00	Central Services and Supply	14.00	151,588	0	151,588	6,168.00	24.58	39.00
40.00	Pharmacy	15.00	2,438,640	0	2,438,640	52,162.00	46.75	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	109,531	0	109,531	3,619.00	30.27	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/23/2022 3:40 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	47,965,864	0	47,965,864	1,294,294.09	37.06	1.00
2.00	Excluded area salaries (see instructions)	3,383,840	0	3,383,840	103,005.00	32.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	44,582,024	0	44,582,024	1,191,289.09	37.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,526,569	0	16,526,569	269,006.08	61.44	4.00
5.00	Subtotal wage-related costs (see inst.)	11,255,177	0	11,255,177	0.00	25.25	5.00
6.00	Total (sum of lines 3 thru 5)	72,363,770	0	72,363,770	1,460,295.17	49.55	6.00
7.00	Total overhead cost (see instructions)	11,799,132	0	11,799,132	345,962.09	34.11	7.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2022 3:40 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		1,524,960	1.00	
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00	
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00	
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00	
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)					
5.00	401K/TSA Plan Administration fees		0	5.00	
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00	
7.00	Employee Managed Care Program Administration Fees		0	7.00	
HEALTH AND INSURANCE COST					
8.00	Health Insurance (Purchased or Self Funded)		0	8.00	
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01	
8.02	Health Insurance (Self Funded with a Third Party Administrator)		3,125,662	8.02	
8.03	Health Insurance (Purchased)		0	8.03	
9.00	Prescription Drug Plan		0	9.00	
10.00	Dental, Hearing and Vision Plan		61,627	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		-80,483	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)		217,062	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		293,489	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		3,215,527	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		-5,924	19.00	
20.00	State or Federal Unemployment Taxes		0	20.00	
OTHER					
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00	
22.00	Day Care Cost and Allowances		0	22.00	
23.00	Tuition Reimbursement		93,615	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,445,535	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:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/23/2022 3:40 pm	
Cost Center Description			Contract Labor	Benefit Cost	
			1.00	2.00	
	PART V - Contract Labor and Benefit Cost				
	Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		6,135,368	8,445,535	1.00
2.00	Hospital		6,135,368	7,620,502	2.00
3.00	Subprovider - IPF		0	572,553	3.00
4.00	Subprovider - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF				8.00
9.00	Hospital-Based NF				9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA				11.00
12.00	Separately Certified ASC				12.00
13.00	Hospital-Based Hospice				13.00
14.00	Hospital-Based Health Clinic RHC				14.00
15.00	Hospital-Based Health Clinic FQHC				15.00
16.00	Hospital-Based-CMHC				16.00
17.00	Renal Dialysis		0	0	17.00
18.00	Other		0	252,480	18.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/23/2022 3:40 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.226331	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			23,013,545	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			138,457,398	6.00
7.00	Medicaid cost (line 1 times line 6)			31,337,201	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			8,323,656	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12, 13, 14, 15, 16 and 17)			8,323,656	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)	16,780,752	2,500,897	19,281,649	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,798,004	2,500,897	6,298,901	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)	3,798,004	2,500,897	6,298,901	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)			2,474,248	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			671,476	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,033,041	27.01
28.00	Non-Medicare bad debt expense (see instructions)			1,441,207	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			687,755	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,986,656	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,310,312	31.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL			In Lieu of Form CMS-2552-10		
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/23/2022 3:40 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	6,778,403	6,778,403	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2,720,476	2,720,476	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,024	5,250,807	5,259,831	-35,070	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,631,573	43,535,414	46,166,987	-255,610	5.00
7.00	00700	OPERATION OF PLANT	1,358,616	3,611,541	4,970,157	-84,796	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	298,391	298,391	8.00
9.00	00900	HOUSEKEEPING	0	2,866,980	2,866,980	-302,590	9.00
10.00	01000	DIETARY	0	2,611,098	2,611,098	-1,992,240	10.00
11.00	01100	CAFETERIA	0	0	1,989,066	1,989,066	11.00
13.00	01300	NURSING ADMINISTRATION	902,583	412,228	1,314,811	-300,438	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	151,588	207,163	358,751	18,700	14.00
15.00	01500	PHARMACY	2,438,640	31,732,039	34,170,679	-31,395,287	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	60,704	60,704	-307	16.00
17.00	01700	SOCIAL SERVICE	109,531	56,352	165,883	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,088,477	2,707,537	11,796,014	-1,576,744	30.00
31.00	03100	INTENSIVE CARE UNIT	2,457,652	1,431,990	3,889,642	-623,268	31.00
40.00	04000	SUBPROVIDER - IPF	2,624,823	382,298	3,007,121	-77,808	40.00
43.00	04300	NURSERY	141	29,867	30,008	889,551	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,950,067	12,090,978	17,041,045	-7,016,115	50.00
51.00	05100	RECOVERY ROOM	604,329	68,087	672,416	-18,231	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,493,467	725,529	2,218,996	-164,500	52.00
53.00	05300	ANESTHESIOLOGY	85,200	295,116	380,316	-280,544	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,143,340	1,917,020	4,060,360	-751,683	54.00
56.00	05600	RADIOISOTOPE	162,406	29,334	191,740	10,016	56.00
57.00	05700	CT SCAN	536,013	278,865	814,878	194,862	57.00
58.00	05800	MRI	258,911	36,124	295,035	42,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	546,324	1,018,544	1,564,868	-521,006	59.00
60.00	06000	LABORATORY	0	7,094,257	7,094,257	-144,910	60.00
65.00	06500	RESPIRATORY THERAPY	1,126,445	598,943	1,725,388	-304,887	65.00
66.00	06600	PHYSICAL THERAPY	987,098	6,348,775	7,335,873	-564,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	79,484	79,484	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,552	3,552	0	68.00
69.00	06900	ELECTROCARDIOLOGY	526,299	382,955	909,254	-38,169	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,064	345,494	509,558	-828	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,502,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,531,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,134,522	73.00
74.00	07400	RENAL DIALYSIS	0	522,447	522,447	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	5,558	5,558	0	76.01
76.97	07697	CARDIAC REHABILITATION	113,879	14,073	127,952	-2,386	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,319,284	676,932	1,996,216	-506,482	90.00
90.01	09001	ACI	2,692,406	762,834	3,455,240	-143,027	90.01
91.00	09100	EMERGENCY	4,066,840	1,931,411	5,998,251	-831,248	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		6,631,410	6,631,410	-6,162,917	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,549,020	136,753,740	180,302,760	14,930	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,748	14,323	115,071	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,896,584	2,896,584	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	41,732	41,732	-14,930	194.02
194.03	07953	OP PHARMACY	515,239	10,711,111	11,226,350	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	143,030	170,207	313,237	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	44,308,037	150,587,697	194,895,734	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0304

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

Worksheet A

Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-901,842	5,876,561	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	669,478	3,389,954	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-532,230	4,692,531	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,780,605	47,691,982	5.00
7.00	00700	OPERATION OF PLANT	-58,455	4,826,906	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	298,391	8.00
9.00	00900	HOUSEKEEPING	0	2,564,390	9.00
10.00	01000	DIETARY	0	618,858	10.00
11.00	01100	CAFETERIA	-346,708	1,642,358	11.00
13.00	01300	NURSING ADMINISTRATION	-44	1,014,329	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	667,584	1,045,035	14.00
15.00	01500	PHARMACY	152,834	2,928,226	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,276	100,673	16.00
17.00	01700	SOCIAL SERVICE	-40,855	125,028	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-245,052	9,974,218	30.00
31.00	03100	INTENSIVE CARE UNIT	-169,679	3,096,695	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,929,313	40.00
43.00	04300	NURSERY	0	919,559	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-553,300	9,471,630	50.00
51.00	05100	RECOVERY ROOM	-136	654,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-379,144	1,675,352	52.00
53.00	05300	ANESTHESIOLOGY	-9,478	90,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-378,996	2,929,681	54.00
56.00	05600	RADIOISOTOPE	0	201,756	56.00
57.00	05700	CT SCAN	0	1,009,740	57.00
58.00	05800	MRI	0	337,733	58.00
59.00	05900	CARDIAC CATHETERIZATION	-11,529	1,032,333	59.00
60.00	06000	LABORATORY	-796	6,948,551	60.00
65.00	06500	RESPIRATORY THERAPY	-4,911	1,415,590	65.00
66.00	06600	PHYSICAL THERAPY	-582	6,770,366	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	79,484	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,552	68.00
69.00	06900	ELECTROCARDIOLOGY	-206,558	664,527	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-304,851	203,879	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,502,325	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,531,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-31,497	31,103,025	73.00
74.00	07400	RENAL DIALYSIS	0	522,447	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	0	5,558	76.01
76.97	07697	CARDIAC REHABILITATION	0	125,566	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-14,998	1,474,736	90.00
90.01	09001	ACI	0	3,312,213	90.01
91.00	09100	EMERGENCY	-456,816	4,710,187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-468,493	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,806,173	178,511,517	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	115,071	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,896,584	0	192.00
194.00	07950	FOUNDATION	0	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	26,802	194.02
194.03	07953	OP PHARMACY	0	11,226,350	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	313,237	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-4,702,757	190,192,977	200.00

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - CAFETERIA					
1.00 CAFETERIA	11.00	0	1,989,066		1.00
0		0	1,989,066		
B - NURSERY					
1.00 NURSERY	43.00	825,921	87,288		1.00
2.00 DELIVERY ROOM & LABOR ROOM	52.00	36,384	0		2.00
0		862,305	87,288		
C - PROPERTY					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	109,770		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
0		0	109,770		
D - RADIOLOGY ADMIN					
1.00 RADIOISOTOPE	56.00	15,593	3,960		1.00
2.00 CT SCAN	57.00	181,788	46,171		2.00
3.00 MRI	58.00	45,579	11,576		3.00
0		242,960	61,707		
E - INTEREST RECLASS					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	1,098,091		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	370,206		2.00
3.00 ADMINISTRATIVE & GENERAL	5.00	0	93		3.00
0		0	1,468,390		
F - DEPRECIATION					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	4,270,232		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	1,592,017		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
0		0	5,862,249		
H - BILLABLE SUPPLIES					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,502,325		1.00
2.00 ADMINISTRATIVE & GENERAL	5.00	0	36,679		2.00
3.00 CENTRAL SERVICES & SUPPLY	14.00	0	56,060		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

		Increases				
Cost Center		Line #	Salary	Other		
27.00	2.00	3.00	4.00	5.00		
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
			0	5,595,064		
I - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,134,522		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,830		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
			0	31,138,352		
J - RENT AND LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,077,817		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	741,453		2.00
3.00	NURSING ADMINISTRATION	13.00	0	216		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
			0	1,819,486		
K - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	222,493		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	16,800		2.00
			0	239,293		
L - IMPLANTIBLES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,531,936		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
			0	4,531,936		
M - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	298,391		1.00
	TOTALS		0	298,391		
500.00	Grand Total: Increases		1,105,265	53,200,992		500.00

RECLASSIFICATIONS

Provider CCN:14-0304

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

Worksheet A-6

Date/Time Prepared:
5/23/2022 3:40 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - CAFETERIA						1.00
	DIETARY	10.00	0	1,989,066	0		
	0		0	1,989,066			
B - NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	39,630	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	862,305	47,658	0		2.00
	0		862,305	87,288			
C - PROPERTY							
1.00	INTEREST EXPENSE	113.00	0	56,875	13		1.00
2.00	PHYSICAL THERAPY	66.00	0	7,500	0		2.00
3.00	CLINIC	90.00	0	30,465	0		3.00
4.00	PROF OFFICE BUILDINGS	194.02	0	14,930	0		4.00
	0		0	109,770			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	242,960	61,707	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		242,960	61,707			
E - INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	1,468,390	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	0		0	1,468,390			
F - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	50,160	9		1.00
2.00	OPERATION OF PLANT	7.00	0	71,628	9		2.00
3.00	NURSING ADMINISTRATION	13.00	0	300,373	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,190	0		4.00
5.00	PHARMACY	15.00	0	30,406	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	8,407	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	5,044	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	10,279	0		8.00
9.00	NURSERY	43.00	0	1,051	0		9.00
10.00	OPERATING ROOM	50.00	0	532,212	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,761	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	77,662	0		12.00
13.00	RADIOISOTOPE	56.00	0	4,928	0		13.00
14.00	CT SCAN	57.00	0	3,160	0		14.00
15.00	MRI	58.00	0	4,140	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	27,816	0		16.00
17.00	LABORATORY	60.00	0	2,923	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	12,361	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	26,814	0		19.00
20.00	EMERGENCY	91.00	0	2,282	0		20.00
21.00	INTEREST EXPENSE	113.00	0	4,637,652	0		21.00
	0		0	5,862,249			
H - BILLABLE SUPPLIES							
1.00	OPERATION OF PLANT	7.00	0	12,448	0		1.00
2.00	HOUSEKEEPING	9.00	0	369	0		2.00
3.00	DIETARY	10.00	0	21	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	281	0		4.00
5.00	PHARMACY	15.00	0	212,928	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	307	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	634,485	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	616,466	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	67,374	0		9.00
10.00	NURSERY	43.00	0	21,658	0		10.00
11.00	OPERATING ROOM	50.00	0	2,310,110	0		11.00
12.00	RECOVERY ROOM	51.00	0	17,479	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	148,063	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	135,854	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,845	0		15.00
16.00	RADIOISOTOPE	56.00	0	4,549	0		16.00
17.00	CT SCAN	57.00	0	23,744	0		17.00
18.00	MRI	58.00	0	8,996	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	177,390	0		19.00
20.00	LABORATORY	60.00	0	30,270	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	73,522	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	2,309	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	10,226	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	828	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	2,386	0		25.00
26.00	CLINIC	90.00	0	96,735	0		26.00
27.00	ACI	90.01	0	129,607	0		27.00

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	EMERGENCY	91.00	0	795,814	0		28.00
	0		0	5,595,064			
	I - DRUGS CHARGED TO PATIENTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35,070	0		1.00
2.00	OPERATION OF PLANT	7.00	0	90	0		2.00
3.00	DIETARY	10.00	0	3,153	0		3.00
4.00	PHARMACY	15.00	0	30,885,865	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	4,831	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,758	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	155	0		7.00
8.00	NURSERY	43.00	0	21	0		8.00
9.00	OPERATING ROOM	50.00	0	25,748	0		9.00
10.00	RECOVERY ROOM	51.00	0	752	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,430	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	143,885	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,879	0		13.00
14.00	RADIOISOTOPE	56.00	0	60	0		14.00
15.00	CT SCAN	57.00	0	6,193	0		15.00
16.00	MRI	58.00	0	1,321	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,656	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	2	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	769	0		19.00
20.00	CLINIC	90.00	0	448	0		20.00
21.00	ACI	90.01	0	13,420	0		21.00
22.00	EMERGENCY	91.00	0	4,846	0		22.00
	0		0	31,138,352			
	J - RENT AND LEASES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,929	10		1.00
2.00	OPERATION OF PLANT	7.00	0	630	10		2.00
3.00	HOUSEKEEPING	9.00	0	3,830	0		3.00
4.00	PHARMACY	15.00	0	266,088	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	19,058	0		5.00
6.00	OPERATING ROOM	50.00	0	11,653	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	301,630	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	10,749	0		8.00
9.00	LABORATORY	60.00	0	111,717	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	219,002	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	555,116	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	360	0		12.00
13.00	CLINIC	90.00	0	304,474	0		13.00
14.00	EMERGENCY	91.00	0	12,250	0		14.00
	0		0	1,819,486			
	K - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	239,293	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	239,293			
	L - IMPLANTIBLES						
1.00	NURSERY	43.00	0	928	0		1.00
2.00	OPERATING ROOM	50.00	0	4,136,392	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	805	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	303,395	0		4.00
5.00	CLINIC	90.00	0	74,360	0		5.00
6.00	EMERGENCY	91.00	0	16,056	0		6.00
	0		0	4,531,936			
	M - LINEN						
1.00	HOUSEKEEPING	9.00	0	298,391	0		1.00
	TOTALS		0	298,391			
500.00	Grand Total: Decreases		1,105,265	53,200,992			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,750,000	0	0	0	0	1.00
2.00	Land Improvements	312,035	336,623	0	336,623	0	2.00
3.00	Buildings and Fixtures	112,922,065	0	0	0	55,219	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	23,403,183	0	0	0	4,268	5.00
6.00	Movable Equipment	43,655,251	3,687,920	0	3,687,920	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	184,042,534	4,024,543	0	4,024,543	59,487	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	184,042,534	4,024,543	0	4,024,543	59,487	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	3,750,000	0				1.00
2.00	Land Improvements	648,658	0				2.00
3.00	Buildings and Fixtures	112,866,846	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	23,398,915	0				5.00
6.00	Movable Equipment	47,343,171	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	188,007,590	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	188,007,590	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/23/2022 3:40 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	140,664,420	0	140,664,420	0.748185	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	47,343,170	0	47,343,170	0.251815	0	2.00
3.00	Total (sum of lines 1-2)	188,007,590	0	188,007,590	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	4,576,251	1,077,817	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,631,701	741,453	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,207,952	1,819,270	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	222,493	0	0	5,876,561	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,800	0	0	3,389,954	2.00
3.00	Total (sum of lines 1-2)	0	239,293	0	0	9,266,515	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0304

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

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00				3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,098,091	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-370,206	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00	Investment income - other (chapter 2)	B	-93	ADMINISTRATIVE & GENERAL		5.00	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	-49,224	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-25,113	OPERATION OF PLANT		7.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,420,037				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	4,897,224				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	DIETARY		10.00	0	14.00
15.00	Rental of quarters to employees and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.01
19.02	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.02
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0304

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

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				3.00	4.00		
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00	OTHER REVENUE	B	-260,561	ADMINISTRATIVE & GENERAL	5.00		0 33.00
33.01	OTHER REVENUE	B	-33,342	OPERATION OF PLANT	7.00		0 33.01
33.02	OTHER REVENUE	B	-346,708	CAFETERIA	11.00		9 33.02
33.03	OTHER REVENUE	B	-2,000	PHARMACY	15.00		0 33.03
33.04	OTHER REVENUE	B	-768	MEDICAL RECORDS & LIBRARY	16.00		0 33.04
33.05	OTHER REVENUE	B	-64,775	ADULTS & PEDIATRICS	30.00		0 33.05
33.06	OTHER REVENUE	B	-14,552	DELIVERY ROOM & LABOR ROOM	52.00		0 33.06
33.07	OTHER REVENUE	B	-2,102	RADIOLOGY-DIAGNOSTIC	54.00		0 33.07
33.08	OTHER REVENUE	B	-11,474	CARDIAC CATHETERIZATION	59.00		0 33.08
33.09	OTHER REVENUE	B	-12,251	EMERGENCY	91.00		0 33.09
33.11	CHARITY & COMMUNITY SERVICES	A	-58,076	ADMINISTRATIVE & GENERAL	5.00		0 33.11
33.12	CHARITY & COMMUNITY SERVICES	A	-40,855	SOCIAL SERVICE	17.00		0 33.12
33.13	ENTERTAINMENT	A	-1,442	ADMINISTRATIVE & GENERAL	5.00		0 33.13
33.14	ENTERTAINMENT	A	-198	PHARMACY	15.00		0 33.14
33.15	ENTERTAINMENT	A	-302	OPERATING ROOM	50.00		0 33.15
33.16	ENTERTAINMENT	A	-80	RECOVERY ROOM	51.00		0 33.16
33.17	ENTERTAINMENT	A	-109	RESPIRATORY THERAPY	65.00		0 33.17
33.19	DUES & LOBBYING	A	-44	NURSING ADMINISTRATION	13.00		0 33.19
33.20	DUES & LOBBYING	A	-262	ADULTS & PEDIATRICS	30.00		0 33.20
33.21	DUES & LOBBYING	A	-56	RECOVERY ROOM	51.00		0 33.21
33.22	ADVERTISING & MARKETING	A	-7,834	ADMINISTRATIVE & GENERAL	5.00		0 33.22
33.26	PROPERTY TAXES	A	-109,770	CAP REL COSTS-BLDG & FIXT	1.00		13 33.26
33.27	HOSPICE	A	-356	RADIOLOGY-DIAGNOSTIC	54.00		0 33.27
33.28	HOSPICE	A	-55	CARDIAC CATHETERIZATION	59.00		0 33.28
33.29	HOSPICE	A	-396	LABORATORY	60.00		0 33.29
33.30	HOSPICE	A	-2,990	RESPIRATORY THERAPY	65.00		0 33.30
33.31	HOSPICE	A	-31,497	DRUGS CHARGED TO PATIENTS	73.00		0 33.31
33.32	HOSPICE	A	-199	CLINIC	90.00		0 33.32
33.33	HOSPICE	A	-410	EMERGENCY	91.00		0 33.33
33.34	HOSPICE	A	-112,165	ADULTS & PEDIATRICS	30.00		0 33.34
33.35	HOSPICE	A	-68,641	INTENSIVE CARE UNIT	31.00		0 33.35
33.41	AMBULANCE	A	-5,307	ADMINISTRATIVE & GENERAL	5.00		0 33.41
33.42	AMBULANCE	A	-400	LABORATORY	60.00		0 33.42
33.43	AMBULANCE	A	-1,812	RESPIRATORY THERAPY	65.00		0 33.43
33.44	AMBULANCE	A	-8,167	EMERGENCY	91.00		0 33.44
33.45	CORPORATE SPONSORSHIP	A	-803	ADMINISTRATIVE & GENERAL	5.00		0 33.45
33.46	NON ALLOWABLE BORROWING	A	-1,554	INTEREST EXPENSE	113.00		0 33.46
33.47	SELF INSURANCE	A	-532,230	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.47
33.48	DUES & LOBBYING	A	-4,988	ELECTROCARDIOLOGY	69.00		0 33.48
33.49	DUES & LOBBYING	A	-66	CLINIC	90.00		0 33.49
33.50	ENTERTAINMENT	A	-582	PHYSICAL THERAPY	66.00		0 33.50
33.51	ENTERTAINMENT	A	-454	EMERGENCY	91.00		0 33.51
33.52	PHYSICIAN PART B SERVICES	A	-2,896,584	PHYSICIANS' PRIVATE OFFICES	192.00		0 33.52
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,702,757				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN:14-0304

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2022 3:40 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	11,213	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MIDWEST HOME OFFICE	5,712	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MIDWEST HOME OFFICE	20,397,907	22,849,123	3.00
3.01	14.00	CENTRAL SERVICES & SUPPLY	MIDWEST HOME OFFICE	667,584	0	3.01
3.02	15.00	PHARMACY	MIDWEST HOME OFFICE	155,032	0	3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	MIDWEST HOME OFFICE	101,339	0	3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	400,382	400,382	3.04
3.05	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	128,712	0	3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	1,033,972	0	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	4,806,069	8,248,173	3.07
4.00	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	65	60,360	4.00
4.01	113.00	INTEREST EXPENSE	AHS HOME OFFICE	1,469,944	1,936,883	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	8,771,031	0	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	166,094	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	AMITA HOME OFFICE	277,089	0	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			38,392,145	33,494,921	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
	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	ADVENTHEALTH	0.00	6.00
7.00	B		0.00	AMITA HEALTH	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:14-0304

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2022 3:40 pm

	Net Adjustment (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	11,213	9		1.00
2.00	5,712	9		2.00
3.00	-2,451,216	0		3.00
3.01	667,584	0		3.01
3.02	155,032	0		3.02
3.03	101,339	0		3.03
3.04	0	11		3.04
3.05	128,712	9		3.05
3.06	1,033,972	9		3.06
3.07	-3,442,104	0		3.07
4.00	-60,295	0		4.00
4.01	-466,939	0		4.01
4.02	8,771,031	0		4.02
4.03	166,094	9		4.03
4.04	277,089	0		4.04
5.00	4,897,224			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	HOME OFFICE		6.00
7.00	HOME OFFICE		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:14-0304

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2022 3:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,093,351	948,728	144,623	211,500	1,008	1.00
2.00	30.00	ADULTS & PEDIATRICS	67,850	67,850	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	101,038	101,038	0	0	0	3.00
4.00	50.00	OPERATING ROOM	667,313	533,157	134,156	246,400	965	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	364,592	364,592	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	26,857	2,857	24,000	239,400	151	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	376,538	376,538	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	8,699	0	8,699	211,500	95	8.00
9.00	69.00	ELECTROCARDIOLOGY	219,873	174,873	45,000	211,500	180	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	319,087	301,167	17,920	211,500	140	10.00
11.00	76.01	WOUND CARE	5,556	0	5,556	211,500	92	11.00
12.00	90.00	CLINIC	53,373	12,834	40,539	179,000	449	12.00
13.00	91.00	EMERGENCY	481,393	430,063	51,330	211,500	451	13.00
200.00			3,785,520	3,313,697	471,823		3,531	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	102,496	5,125	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	114,315	5,716	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	17,379	869	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	9,660	483	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	18,303	915	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	14,236	712	0	0	0	10.00
11.00	76.01	WOUND CARE	9,355	468	0	0	0	11.00
12.00	90.00	CLINIC	38,640	1,932	0	0	0	12.00
13.00	91.00	EMERGENCY	45,859	2,293	0	0	0	13.00
200.00			370,243	18,513	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	102,496	42,127	990,855		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	67,850		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	101,038		3.00
4.00	50.00	OPERATING ROOM	0	114,315	19,841	552,998		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	364,592		5.00
6.00	53.00	ANESTHESIOLOGY	0	17,379	6,621	9,478		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	376,538		7.00
8.00	65.00	RESPIRATORY THERAPY	0	9,660	0	0		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	18,303	26,697	201,570		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	14,236	3,684	304,851		10.00
11.00	76.01	WOUND CARE	0	9,355	0	0		11.00
12.00	90.00	CLINIC	0	38,640	1,899	14,733		12.00
13.00	91.00	EMERGENCY	0	45,859	5,471	435,534		13.00
200.00			0	370,243	106,340	3,420,037		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,876,561	5,876,561			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,389,954		3,389,954		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,692,531	0	4,692,531		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	47,691,982	245,041	141,354	278,760	48,357,137
7.00	00700	OPERATION OF PLANT	4,826,906	351,960	203,032	143,917	5,525,815
8.00	00800	LAUNDRY & LINEN SERVICE	298,391	0	0	0	298,391
9.00	00900	HOUSEKEEPING	2,564,390	28,198	16,266	0	2,608,854
10.00	01000	DIETARY	618,858	148,368	85,588	0	852,814
11.00	01100	CAFETERIA	1,642,358	55,326	31,916	0	1,729,600
13.00	01300	NURSING ADMINISTRATION	1,014,329	92,397	53,300	95,610	1,255,636
14.00	01400	CENTRAL SERVICES & SUPPLY	1,045,035	97,945	56,501	16,058	1,215,539
15.00	01500	PHARMACY	2,928,226	38,801	22,383	258,323	3,247,733
16.00	01600	MEDICAL RECORDS & LIBRARY	100,673	57,701	33,286	0	191,660
17.00	01700	SOCIAL SERVICE	125,028	12,233	7,056	11,603	155,920
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,974,218	1,053,235	607,570	871,370	12,506,393
31.00	03100	INTENSIVE CARE UNIT	3,096,695	200,589	115,712	260,337	3,673,333
40.00	04000	SUBPROVIDER - IPF	2,929,313	249,859	144,134	278,045	3,601,351
43.00	04300	NURSERY	919,559	61,078	35,233	87,504	1,103,374
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,471,630	618,124	356,571	524,356	10,970,681
51.00	05100	RECOVERY ROOM	654,049	60,331	34,803	64,016	813,199
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,675,352	215,078	124,070	162,056	2,176,556
53.00	05300	ANESTHESIOLOGY	90,294	10,570	6,097	9,025	115,986
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,929,681	391,474	225,826	201,305	3,748,286
56.00	05600	RADIOISOTOPE	201,756	123,920	71,484	18,855	416,015
57.00	05700	CT SCAN	1,009,740	22,192	12,801	76,036	1,120,769
58.00	05800	MRI	337,733	15,609	9,004	32,254	394,600
59.00	05900	CARDIAC CATHETERIZATION	1,032,333	19,087	11,010	57,872	1,120,302
60.00	06000	LABORATORY	6,948,551	67,304	38,825	0	7,054,680
65.00	06500	RESPIRATORY THERAPY	1,415,590	9,162	5,285	119,323	1,549,360
66.00	06600	PHYSICAL THERAPY	6,770,366	233,554	134,728	104,562	7,243,210
67.00	06700	OCCUPATIONAL THERAPY	79,484	16,186	9,337	0	105,007
68.00	06800	SPEECH PATHOLOGY	3,552	1,425	822	0	5,799
69.00	06900	ELECTROCARDIOLOGY	664,527	9,959	5,745	55,750	735,981
70.00	07000	ELECTROENCEPHALOGRAPHY	203,879	23,413	13,506	17,379	258,177
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,502,325	0	0	0	5,502,325
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,531,936	0	0	0	4,531,936
73.00	07300	DRUGS CHARGED TO PATIENTS	31,103,025	0	0	0	31,103,025
74.00	07400	RENAL DIALYSIS	522,447	0	0	0	522,447
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	5,558	0	0	0	5,558
76.97	07697	CARDIAC REHABILITATION	125,566	27,502	15,865	12,063	180,996
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,474,736	129,587	74,753	139,750	1,818,826
90.01	09001	ACI	3,312,213	914,826	527,727	285,204	5,039,970
91.00	09100	EMERGENCY	4,710,187	248,586	143,400	430,796	5,532,969
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	178,511,517	5,850,620	3,374,990	4,612,129	178,390,210
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,071	13,946	8,045	10,672	147,734
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FOUNDATION	0	8,025	4,629	0	12,654
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	PROF OFFICE BUILDINGS	26,802	0	0	0	26,802
194.03	07953	OP PHARMACY	11,226,350	3,970	2,290	54,579	11,287,189
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	313,237	0	0	15,151	328,388
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	190,192,977	5,876,561	3,389,954	4,692,531	190,192,977

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,357,137				5.00
7.00	00700	OPERATION OF PLANT	1,883,955	7,409,770			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	101,733	0	400,124		8.00
9.00	00900	HOUSEKEEPING	889,455	39,575	0	3,537,884	9.00
10.00	01000	DIETARY	290,756	208,232	0	99,957	10.00
11.00	01100	CAFETERIA	589,685	77,649	0	37,274	11.00
13.00	01300	NURSING ADMINISTRATION	428,093	129,678	0	62,249	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	414,422	137,464	0	65,986	14.00
15.00	01500	PHARMACY	1,107,272	54,457	0	26,141	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	65,344	80,983	0	38,874	16.00
17.00	01700	SOCIAL SERVICE	53,159	17,168	0	8,241	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,263,892	1,478,195	240,501	709,570	30.00
31.00	03100	INTENSIVE CARE UNIT	1,252,375	281,524	44,813	135,139	31.00
40.00	04000	SUBPROVIDER - IPF	1,227,834	350,673	88,288	168,332	40.00
43.00	04300	NURSERY	376,181	85,722	26,522	41,149	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,740,311	867,526	0	416,435	50.00
51.00	05100	RECOVERY ROOM	277,250	84,674	0	40,646	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	742,068	301,859	0	144,900	52.00
53.00	05300	ANESTHESIOLOGY	39,544	14,835	0	7,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,277,929	549,427	0	263,739	54.00
56.00	05600	RADIOISOTOPE	141,835	173,919	0	83,486	56.00
57.00	05700	CT SCAN	382,112	31,145	0	14,951	57.00
58.00	05800	MRI	134,534	21,907	0	10,516	58.00
59.00	05900	CARDIAC CATHETERIZATION	381,952	26,788	0	12,859	59.00
60.00	06000	LABORATORY	2,405,201	94,460	0	45,343	60.00
65.00	06500	RESPIRATORY THERAPY	528,234	12,858	0	6,172	65.00
66.00	06600	PHYSICAL THERAPY	2,469,478	327,790	0	157,347	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,801	22,716	0	10,904	67.00
68.00	06800	SPEECH PATHOLOGY	1,977	2,000	0	960	68.00
69.00	06900	ELECTROCARDIOLOGY	250,923	13,977	0	6,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	88,022	32,860	0	15,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,875,946	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,545,105	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,604,223	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	178,122	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.01	03950	WOUND CARE	1,895	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	61,708	38,599	0	18,528	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	620,105	181,873	0	87,304	90.00
90.01	09001	ACI	1,718,312	1,283,942	0	616,325	90.01
91.00	09100	EMERGENCY	1,886,394	348,887	0	167,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,333,137	7,373,362	400,124	3,520,407	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,368	19,573	0	9,396	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FOUNDATION	4,314	11,263	0	5,406	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	9,138	0	0	0	194.02
194.03	07953	OP PHARMACY	3,848,220	5,572	0	2,675	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	111,960	0	0	0	194.04
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)	48,357,137	7,409,770	400,124	3,537,884	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,434,208					11.00
13.00	01300	NURSING ADMINISTRATION	38,175	1,913,831				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,581	0	1,847,992			14.00
15.00	01500	PHARMACY	123,308	0	7,420	4,566,331		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	376,861	16.00
17.00	01700	SOCIAL SERVICE	8,555	0	409	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	545,267	555,474	23,871	0	16,429	30.00
31.00	03100	INTENSIVE CARE UNIT	123,272	125,579	7,579	0	3,641	31.00
40.00	04000	SUBPROVIDER - IPF	193,226	196,842	5,140	0	4,979	40.00
43.00	04300	NURSERY	45,059	45,902	3,376	0	1,162	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	291,086	296,533	377,255	0	37,843	50.00
51.00	05100	RECOVERY ROOM	24,984	25,452	386	0	3,579	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	82,806	84,356	6,204	0	2,111	52.00
53.00	05300	ANESTHESIOLOGY	5,603	5,707	306	0	10,910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	110,311	0	40,545	0	19,010	54.00
56.00	05600	RADIOISOTOPE	7,579	0	718	0	2,473	56.00
57.00	05700	CT SCAN	43,045	0	8,137	0	28,834	57.00
58.00	05800	MRI	18,025	0	148	0	7,229	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,043	28,568	35,479	0	3,359	59.00
60.00	06000	LABORATORY	0	0	24,754	0	41,530	60.00
65.00	06500	RESPIRATORY THERAPY	70,736	0	8,401	0	5,780	65.00
66.00	06600	PHYSICAL THERAPY	56,935	0	38	0	12,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	578	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	23	0	154	68.00
69.00	06900	ELECTROCARDIOLOGY	30,228	30,793	1,181	0	9,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,018	0	552	0	1,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	695,992	0	6,888	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	573,240	0	11,882	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,566,331	89,378	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	756	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	1	76.01
76.97	07697	CARDIAC REHABILITATION	5,484	5,587	278	0	325	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	88,522	90,179	3,870	0	4,219	90.00
90.01	09001	ACI	188,609	192,139	2,194	0	6,603	90.01
91.00	09100	EMERGENCY	226,482	230,720	19,914	0	44,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,383,939	1,913,831	1,847,410	4,566,331	376,861	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,900	0	373	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	11	0	0	194.02
194.03	07953	OP PHARMACY	25,356	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	14,013	0	198	0	0	194.04
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)	2,434,208	1,913,831	1,847,992	4,566,331	376,861	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	243,452			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	131,143	21,397,694	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,436	5,844,420	0	31.00
40.00	04000	SUBPROVIDER - IPF	48,143	6,225,090	0	40.00
43.00	04300	NURSERY	14,462	1,742,909	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	16,997,670	0	50.00
51.00	05100	RECOVERY ROOM	0	1,270,170	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,540,860	0	52.00
53.00	05300	ANESTHESIOLOGY	0	200,012	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,009,247	0	54.00
56.00	05600	RADIOISOTOPE	0	826,025	0	56.00
57.00	05700	CT SCAN	0	1,628,993	0	57.00
58.00	05800	MRI	0	586,959	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,637,350	0	59.00
60.00	06000	LABORATORY	0	9,665,968	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,181,541	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,267,501	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	175,006	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,913	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,078,918	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	410,702	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,081,151	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,662,163	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,362,957	0	73.00
74.00	07400	RENAL DIALYSIS	0	701,325	0	74.00
76.00	03020	ANCILLARY	0	0	0	76.00
76.01	03950	WOUND CARE	0	7,454	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	311,505	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,894,898	0	90.00
90.01	09001	ACI	25,268	9,085,151	0	90.01
91.00	09100	EMERGENCY	0	8,456,922	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,452	174,261,474	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	238,344	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	FOUNDATION	0	33,637	0	194.00
194.01	07951	MARKETING	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	35,951	0	194.02
194.03	07953	OP PHARMACY	0	15,169,012	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	454,559	0	194.04
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	243,452	190,192,977	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	245,041	141,354	386,395	0 5.00
7.00	00700	OPERATION OF PLANT	0	351,960	203,032	554,992	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00	00900	HOUSEKEEPING	0	28,198	16,266	44,464	0 9.00
10.00	01000	DIETARY	0	148,368	85,588	233,956	0 10.00
11.00	01100	CAFETERIA	0	55,326	31,916	87,242	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	92,397	53,300	145,697	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	97,945	56,501	154,446	0 14.00
15.00	01500	PHARMACY	0	38,801	22,383	61,184	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	57,701	33,286	90,987	0 16.00
17.00	01700	SOCIAL SERVICE	0	12,233	7,056	19,289	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,053,235	607,570	1,660,805	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	200,589	115,712	316,301	0 31.00
40.00	04000	SUBPROVIDER - IPF	0	249,859	144,134	393,993	0 40.00
43.00	04300	NURSERY	0	61,078	35,233	96,311	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	618,124	356,571	974,695	0 50.00
51.00	05100	RECOVERY ROOM	0	60,331	34,803	95,134	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	215,078	124,070	339,148	0 52.00
53.00	05300	ANESTHESIOLOGY	0	10,570	6,097	16,667	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	391,474	225,826	617,300	0 54.00
56.00	05600	RADIOISOTOPE	0	123,920	71,484	195,404	0 56.00
57.00	05700	CT SCAN	0	22,192	12,801	34,993	0 57.00
58.00	05800	MRI	0	15,609	9,004	24,613	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,087	11,010	30,097	0 59.00
60.00	06000	LABORATORY	0	67,304	38,825	106,129	0 60.00
65.00	06500	RESPIRATORY THERAPY	0	9,162	5,285	14,447	0 65.00
66.00	06600	PHYSICAL THERAPY	0	233,554	134,728	368,282	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,186	9,337	25,523	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	1,425	822	2,247	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,959	5,745	15,704	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,413	13,506	36,919	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	03020	ANCILLARY	0	0	0	0	0 76.00
76.01	03950	WOUND CARE	0	0	0	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	0	27,502	15,865	43,367	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	129,587	74,753	204,340	0 90.00
90.01	09001	ACI	0	914,826	527,727	1,442,553	0 90.01
91.00	09100	EMERGENCY	0	248,586	143,400	391,986	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,850,620	3,374,990	9,225,610	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,946	8,045	21,991	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	FOUNDATION	0	8,025	4,629	12,654	0 194.00
194.01	07951	MARKETING	0	0	0	0	0 194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0 194.02
194.03	07953	OP PHARMACY	0	3,970	2,290	6,260	0 194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.04
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)	0	5,876,561	3,389,954	9,266,515	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	386,395				5.00
7.00	00700	OPERATION OF PLANT	15,052	570,044			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	813		813		8.00
9.00	00900	HOUSEKEEPING	7,107	3,045	0	54,616	9.00
10.00	01000	DIETARY	2,323	16,020	0	1,543	253,842
11.00	01100	CAFETERIA	4,711	5,974	0	575	0
13.00	01300	NURSING ADMINISTRATION	3,420	9,976	0	961	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,311	10,575	0	1,019	0
15.00	01500	PHARMACY	8,847	4,189	0	404	0
16.00	01600	MEDICAL RECORDS & LIBRARY	522	6,230	0	600	0
17.00	01700	SOCIAL SERVICE	425	1,321	0	127	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,067	113,721	489	10,954	162,080
31.00	03100	INTENSIVE CARE UNIT	10,006	21,658	91	2,086	30,202
40.00	04000	SUBPROVIDER - IPF	9,810	26,978	179	2,599	59,499
43.00	04300	NURSERY	3,006	6,595	54	635	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,884	66,740	0	6,429	0
51.00	05100	RECOVERY ROOM	2,215	6,514	0	627	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,929	23,222	0	2,237	0
53.00	05300	ANESTHESIOLOGY	316	1,141	0	110	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,210	42,268	0	4,071	0
56.00	05600	RADIOISOTOPE	1,133	13,380	0	1,289	0
57.00	05700	CT SCAN	3,053	2,396	0	231	0
58.00	05800	MRI	1,075	1,685	0	162	0
59.00	05900	CARDIAC CATHETERIZATION	3,052	2,061	0	199	0
60.00	06000	LABORATORY	19,217	7,267	0	700	0
65.00	06500	RESPIRATORY THERAPY	4,220	989	0	95	0
66.00	06600	PHYSICAL THERAPY	19,731	25,217	0	2,429	0
67.00	06700	OCCUPATIONAL THERAPY	286	1,748	0	168	0
68.00	06800	SPEECH PATHOLOGY	16	154	0	15	0
69.00	06900	ELECTROCARDIOLOGY	2,005	1,075	0	104	0
70.00	07000	ELECTROENCEPHALOGRAPHY	703	2,528	0	244	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,988	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,345	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	84,761	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,423	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	15	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	493	2,969	0	286	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,954	13,992	0	1,348	0
90.01	09001	ACI	13,729	98,775	0	9,515	2,061
91.00	09100	EMERGENCY	15,072	26,840	0	2,585	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	354,245	567,243	813	54,347	253,842
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	402	1,506	0	145	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FOUNDATION	34	866	0	83	0
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	PROF OFFICE BUILDINGS	73	0	0	0	0
194.03	07953	OP PHARMACY	30,746	429	0	41	0
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	895	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	386,395	570,044	813	54,616	253,842

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	98,502					11.00
13.00	01300	NURSING ADMINISTRATION	1,545	161,599				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	590	0	169,941			14.00
15.00	01500	PHARMACY	4,990	0	682	80,296		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	98,339	16.00
17.00	01700	SOCIAL SERVICE	346	0	38	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,065	46,903	2,195	0	4,300	30.00
31.00	03100	INTENSIVE CARE UNIT	4,988	10,604	697	0	953	31.00
40.00	04000	SUBPROVIDER - IPF	7,819	16,621	473	0	1,303	40.00
43.00	04300	NURSERY	1,823	3,876	310	0	304	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,779	25,038	34,693	0	9,906	50.00
51.00	05100	RECOVERY ROOM	1,011	2,149	36	0	937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,351	7,123	570	0	553	52.00
53.00	05300	ANESTHESIOLOGY	227	482	28	0	2,856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,464	0	3,729	0	4,976	54.00
56.00	05600	RADIOISOTOPE	307	0	66	0	647	56.00
57.00	05700	CT SCAN	1,742	0	748	0	7,548	57.00
58.00	05800	MRI	729	0	14	0	1,892	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,135	2,412	3,263	0	879	59.00
60.00	06000	LABORATORY	0	0	2,276	0	10,871	60.00
65.00	06500	RESPIRATORY THERAPY	2,862	0	773	0	1,513	65.00
66.00	06600	PHYSICAL THERAPY	2,304	0	3	0	3,325	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	151	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2	0	40	68.00
69.00	06900	ELECTROCARDIOLOGY	1,223	2,600	109	0	2,389	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	567	0	51	0	340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	64,002	0	1,803	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	52,715	0	3,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	80,296	23,090	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	198	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	222	472	26	0	85	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,582	7,614	356	0	1,104	90.00
90.01	09001	ACI	7,632	16,224	202	0	1,728	90.01
91.00	09100	EMERGENCY	9,165	19,481	1,831	0	11,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	96,468	161,599	169,888	80,296	98,339	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	441	0	34	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	1	0	0	194.02
194.03	07953	OP PHARMACY	1,026	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	567	0	18	0	0	194.04
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)	98,502	161,599	169,941	80,296	98,339	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	21,546			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,606	2,069,185	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,163	399,749	0	31.00
40.00	04000	SUBPROVIDER - IPF	4,261	523,535	0	40.00
43.00	04300	NURSERY	1,280	114,194	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,159,164	0	50.00
51.00	05100	RECOVERY ROOM	0	108,623	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	382,133	0	52.00
53.00	05300	ANESTHESIOLOGY	0	21,827	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	687,018	0	54.00
56.00	05600	RADIOISOTOPE	0	212,226	0	56.00
57.00	05700	CT SCAN	0	50,711	0	57.00
58.00	05800	MRI	0	30,170	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,098	0	59.00
60.00	06000	LABORATORY	0	146,460	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	24,899	0	65.00
66.00	06600	PHYSICAL THERAPY	0	421,291	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,876	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,474	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,209	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	41,352	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	80,793	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	68,170	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	188,147	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,621	0	74.00
76.00	03020	ANCILLARY	0	0	0	76.00
76.01	03950	WOUND CARE	0	15	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	47,920	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	237,290	0	90.00
90.01	09001	ACI	2,236	1,594,655	0	90.01
91.00	09100	EMERGENCY	0	478,498	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,546	9,188,303	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,519	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	FOUNDATION	0	13,637	0	194.00
194.01	07951	MARKETING	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	74	0	194.02
194.03	07953	OP PHARMACY	0	38,502	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	1,480	0	194.04
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,546	9,266,515	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0304

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	346,372				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		346,372			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	44,299,013		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,443	14,443	2,631,573	-48,357,137	5.00
7.00	00700	OPERATION OF PLANT	20,745	20,745	1,358,616	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,525,815	8.00
9.00	00900	HOUSEKEEPING	1,662	1,662	0	0	9.00
10.00	01000	DIETARY	8,745	8,745	0	0	10.00
11.00	01100	CAFETERIA	3,261	3,261	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,446	5,446	902,583	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	151,588	0	14.00
15.00	01500	PHARMACY	2,287	2,287	2,438,640	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	0	0	16.00
17.00	01700	SOCIAL SERVICE	721	721	109,531	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,079	62,079	8,226,172	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,823	11,823	2,457,652	0	31.00
40.00	04000	SUBPROVIDER - IPF	14,727	14,727	2,624,823	0	40.00
43.00	04300	NURSERY	3,600	3,600	826,062	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,433	36,433	4,950,067	0	50.00
51.00	05100	RECOVERY ROOM	3,556	3,556	604,329	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	1,529,851	0	52.00
53.00	05300	ANESTHESIOLOGY	623	623	85,200	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,074	23,074	1,900,380	0	54.00
56.00	05600	RADIOISOTOPE	7,304	7,304	177,999	0	56.00
57.00	05700	CT SCAN	1,308	1,308	717,801	0	57.00
58.00	05800	MRI	920	920	304,490	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,125	1,125	546,324	0	59.00
60.00	06000	LABORATORY	3,967	3,967	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	540	540	1,126,445	0	65.00
66.00	06600	PHYSICAL THERAPY	13,766	13,766	987,098	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	954	954	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	84	84	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	587	587	526,299	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,380	1,380	164,064	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,621	1,621	113,879	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,638	7,638	1,319,284	0	90.00
90.01	09001	ACI	53,921	53,921	2,692,406	0	90.01
91.00	09100	EMERGENCY	14,652	14,652	4,066,840	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	344,843	344,843	43,539,996	-48,357,137	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	822	822	100,748	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FOUNDATION	473	473	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	194.02
194.03	07953	OP PHARMACY	234	234	515,239	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	143,030	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,876,561	3,389,954	4,692,531	48,357,137	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.966039	9.787032	0.105929	0.340937	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	386,395	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.002724	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0304

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
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:14-0304

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOUR S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	311,184				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,804			8.00
9.00	00900	HOUSEKEEPING	1,662	0	309,522		9.00
10.00	01000	DIETARY	8,745	0	8,745	95,933	10.00
11.00	01100	CAFETERIA	3,261	0	3,261	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,446	0	5,446	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,773	0	5,773	0	14.00
15.00	01500	PHARMACY	2,287	0	2,287	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	0	3,401	0	16.00
17.00	01700	SOCIAL SERVICE	721	0	721	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,079	16,712	62,079	61,254	30.00
31.00	03100	INTENSIVE CARE UNIT	11,823	3,114	11,823	11,414	31.00
40.00	04000	SUBPROVIDER - IPF	14,727	6,135	14,727	22,486	40.00
43.00	04300	NURSERY	3,600	1,843	3,600	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,433	0	36,433	0	50.00
51.00	05100	RECOVERY ROOM	3,556	0	3,556	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	0	12,677	0	52.00
53.00	05300	ANESTHESIOLOGY	623	0	623	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,074	0	23,074	0	54.00
56.00	05600	RADIOISOTOPE	7,304	0	7,304	0	56.00
57.00	05700	CT SCAN	1,308	0	1,308	0	57.00
58.00	05800	MRI	920	0	920	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,125	0	1,125	0	59.00
60.00	06000	LABORATORY	3,967	0	3,967	0	60.00
65.00	06500	RESPIRATORY THERAPY	540	0	540	0	65.00
66.00	06600	PHYSICAL THERAPY	13,766	0	13,766	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	954	0	954	0	67.00
68.00	06800	SPEECH PATHOLOGY	84	0	84	0	68.00
69.00	06900	ELECTROCARDIOLOGY	587	0	587	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,380	0	1,380	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,621	0	1,621	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,638	0	7,638	0	90.00
90.01	09001	ACI	53,921	0	53,921	779	90.01
91.00	09100	EMERGENCY	14,652	0	14,652	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	309,655	27,804	307,993	95,933	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	822	0	822	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FOUNDATION	473	0	473	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	194.02
194.03	07953	OP PHARMACY	234	0	234	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,409,770	400,124	3,537,884	1,451,759	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.811539	14.390879	11.430154	15.133051	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	570,044	813	54,616	253,842	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.831855	0.029240	0.176453	2.646034	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:14-0304

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		NURSING ADMINISTRATION (TOTAL HOUR S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PATIENT DA YS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION	794,722				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,609,856			14.00
15.00	01500	PHARMACY	0	58,665	31,134,522		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	769,941,823	16.00
17.00	01700	SOCIAL SERVICE	0	3,234	0	0	31,024
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	230,661	188,721	0	33,596,579	16,712
31.00	03100	INTENSIVE CARE UNIT	52,147	59,915	0	7,445,170	3,114
40.00	04000	SUBPROVIDER - IPF	81,739	40,639	0	10,181,989	6,135
43.00	04300	NURSERY	19,061	26,687	0	2,376,137	1,843
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	123,136	2,982,513	0	77,389,401	0
51.00	05100	RECOVERY ROOM	10,569	3,055	0	7,319,703	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,029	49,044	0	4,317,471	0
53.00	05300	ANESTHESIOLOGY	2,370	2,419	0	22,310,393	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	320,545	0	38,875,685	0
56.00	05600	RADIOISOTOPE	0	5,680	0	5,057,779	0
57.00	05700	CT SCAN	0	64,332	0	58,964,992	0
58.00	05800	MRI	0	1,173	0	14,783,921	0
59.00	05900	CARDIAC CATHETERIZATION	11,863	280,493	0	6,869,547	0
60.00	06000	LABORATORY	0	195,703	0	84,927,838	0
65.00	06500	RESPIRATORY THERAPY	0	66,416	0	11,819,728	0
66.00	06600	PHYSICAL THERAPY	0	298	0	25,978,119	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,181,785	0
68.00	06800	SPEECH PATHOLOGY	0	183	0	314,450	0
69.00	06900	ELECTROCARDIOLOGY	12,787	9,335	0	18,661,073	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,363	0	2,655,808	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,502,325	0	14,086,809	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,531,936	0	24,298,883	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	31,134,522	182,041,664	0
74.00	07400	RENAL DIALYSIS	0	0	0	1,545,840	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	0	0	0	2,058	0
76.97	07697	CARDIAC REHABILITATION	2,320	2,201	0	663,927	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	37,447	30,597	0	8,627,104	0
90.01	09001	ACI	79,786	17,348	0	13,503,706	3,220
91.00	09100	EMERGENCY	95,807	157,436	0	90,144,264	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	794,722	14,605,256	31,134,522	769,941,823	31,024
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,947	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FOUNDATION	0	0	0	0	0
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	PROF OFFICE BUILDINGS	0	89	0	0	0
194.03	07953	OP PHARMACY	0	0	0	0	0
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	1,564	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,913,831	1,847,992	4,566,331	376,861	243,452
203.00		Unit cost multiplier (Wkst. B, Part I)	2.408177	0.126489	0.146665	0.000489	7.847215
204.00		Cost to be allocated (per Wkst. B, Part II)	161,599	169,941	80,296	98,339	21,546
205.00		Unit cost multiplier (Wkst. B, Part II)	0.203340	0.011632	0.002579	0.000128	0.694495
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0304

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		NURSING ADMINISTRATION (TOTAL HOUR S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PATIENT DA YS)	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	13.00	14.00	15.00	16.00	17.00	207.00

Health Financial Systems			ADVENTIST BOLINGBROOK HOSPITAL			In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/23/2022 3:40 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,397,694		21,397,694	0	21,397,694	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,844,420		5,844,420	0	5,844,420	31.00	
40.00	04000	SUBPROVIDER - IPF	6,225,090		6,225,090	0	6,225,090	40.00	
43.00	04300	NURSERY	1,742,909		1,742,909	0	1,742,909	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,997,670		16,997,670	19,841	17,017,511	50.00	
51.00	05100	RECOVERY ROOM	1,270,170		1,270,170	0	1,270,170	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,540,860		3,540,860	0	3,540,860	52.00	
53.00	05300	ANESTHESIOLOGY	200,012		200,012	6,621	206,633	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,009,247		6,009,247	0	6,009,247	54.00	
56.00	05600	RADIOISOTOPE	826,025		826,025	0	826,025	56.00	
57.00	05700	CT SCAN	1,628,993		1,628,993	0	1,628,993	57.00	
58.00	05800	MRI	586,959		586,959	0	586,959	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,637,350		1,637,350	0	1,637,350	59.00	
60.00	06000	LABORATORY	9,665,968		9,665,968	0	9,665,968	60.00	
65.00	06500	RESPIRATORY THERAPY	2,181,541	0	2,181,541	0	2,181,541	65.00	
66.00	06600	PHYSICAL THERAPY	10,267,501	0	10,267,501	0	10,267,501	66.00	
67.00	06700	OCCUPATIONAL THERAPY	175,006	0	175,006	0	175,006	67.00	
68.00	06800	SPEECH PATHOLOGY	10,913	0	10,913	0	10,913	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,078,918		1,078,918	26,697	1,105,615	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	410,702		410,702	3,684	414,386	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,081,151		8,081,151	0	8,081,151	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,662,163		6,662,163	0	6,662,163	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	46,362,957		46,362,957	0	46,362,957	73.00	
74.00	07400	RENAL DIALYSIS	701,325		701,325	0	701,325	74.00	
76.00	03020	ANCILLARY	0		0	0	0	76.00	
76.01	03950	WOUND CARE	7,454		7,454	0	7,454	76.01	
76.97	07697	CARDIAC REHABILITATION	311,505		311,505	0	311,505	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,894,898		2,894,898	1,899	2,896,797	90.00	
90.01	09001	ACI	9,085,151		9,085,151	0	9,085,151	90.01	
91.00	09100	EMERGENCY	8,456,922		8,456,922	5,471	8,462,393	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,456,767		3,456,767		3,456,767	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	177,718,241	0	177,718,241	64,213	177,782,454	200.00	
201.00		Less Observation Beds	3,456,767		3,456,767		3,456,767	201.00	
202.00		Total (see instructions)	174,261,474	0	174,261,474	64,213	174,325,687	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,052,455		24,052,455			30.00	
31.00	03100	INTENSIVE CARE UNIT	7,445,170		7,445,170			31.00	
40.00	04000	SUBPROVIDER - IPF	10,181,989		10,181,989			40.00	
43.00	04300	NURSERY	2,376,137		2,376,137			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,674,532	61,714,869	77,389,401	0.219638	0.000000	50.00	
51.00	05100	RECOVERY ROOM	2,472,550	4,847,153	7,319,703	0.173528	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,482,525	834,946	4,317,471	0.820124	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	5,742,596	16,567,797	22,310,393	0.008965	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,187,465	30,688,220	38,875,685	0.154576	0.000000	54.00	
56.00	05600	RADIOISOTOPE	983,076	4,074,703	5,057,779	0.163318	0.000000	56.00	
57.00	05700	CT SCAN	14,770,977	44,194,015	58,964,992	0.027626	0.000000	57.00	
58.00	05800	MRI	2,629,723	12,154,198	14,783,921	0.039703	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	5,054,810	1,814,737	6,869,547	0.238349	0.000000	59.00	
60.00	06000	LABORATORY	33,132,794	51,795,044	84,927,838	0.113814	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	10,621,785	1,197,943	11,819,728	0.184568	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	3,405,651	22,572,468	25,978,119	0.395237	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	824,719	357,066	1,181,785	0.148086	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	278,806	35,644	314,450	0.034705	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	6,369,144	12,291,929	18,661,073	0.057817	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	154,344	2,501,464	2,655,808	0.154643	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,823,886	8,262,923	14,086,809	0.573668	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,289,872	18,009,011	24,298,883	0.274176	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	27,917,605	154,124,059	182,041,664	0.254683	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,535,676	10,164	1,545,840	0.453685	0.000000	74.00	
76.00	03020	ANCILLARY	0	0	0	0.000000	0.000000	76.00	
76.01	03950	WOUND CARE	0	2,058	2,058	3.621963	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	2,500	661,427	663,927	0.469186	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,968	8,590,136	8,627,104	0.335558	0.000000	90.00	
90.01	09001	ACI	1,939	13,501,767	13,503,706	0.672789	0.000000	90.01	
91.00	09100	EMERGENCY	19,448,091	70,696,173	90,144,264	0.093815	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,064,373	7,479,751	9,544,124	0.362188	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	220,962,158	548,979,665	769,941,823			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	220,962,158	548,979,665	769,941,823			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

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
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.219895			50.00
51.00	05100 RECOVERY ROOM	0.173528			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.820124			52.00
53.00	05300 ANESTHESIOLOGY	0.009262			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154576			54.00
56.00	05600 RADIOISOTOPE	0.163318			56.00
57.00	05700 CT SCAN	0.027626			57.00
58.00	05800 MRI	0.039703			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.238349			59.00
60.00	06000 LABORATORY	0.113814			60.00
65.00	06500 RESPIRATORY THERAPY	0.184568			65.00
66.00	06600 PHYSICAL THERAPY	0.395237			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.148086			67.00
68.00	06800 SPEECH PATHOLOGY	0.034705			68.00
69.00	06900 ELECTROCARDIOLOGY	0.059247			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.156030			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.573668			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.274176			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.254683			73.00
74.00	07400 RENAL DIALYSIS	0.453685			74.00
76.00	03020 ANCILLARY	0.000000			76.00
76.01	03950 WOUND CARE	3.621963			76.01
76.97	07697 CARDIAC REHABILITATION	0.469186			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.335779			90.00
90.01	09001 ACI	0.672789			90.01
91.00	09100 EMERGENCY	0.093876			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.362188			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

Health Financial Systems			ADVENTIST BOLINGBROOK HOSPITAL			In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/23/2022 3:40 pm	
				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,397,694		21,397,694	0	21,397,694	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,844,420		5,844,420	0	5,844,420	31.00	
40.00	04000	SUBPROVIDER - IPF	6,225,090		6,225,090	0	6,225,090	40.00	
43.00	04300	NURSERY	1,742,909		1,742,909	0	1,742,909	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,997,670		16,997,670	19,841	17,017,511	50.00	
51.00	05100	RECOVERY ROOM	1,270,170		1,270,170	0	1,270,170	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,540,860		3,540,860	0	3,540,860	52.00	
53.00	05300	ANESTHESIOLOGY	200,012		200,012	6,621	206,633	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,009,247		6,009,247	0	6,009,247	54.00	
56.00	05600	RADIOISOTOPE	826,025		826,025	0	826,025	56.00	
57.00	05700	CT SCAN	1,628,993		1,628,993	0	1,628,993	57.00	
58.00	05800	MRI	586,959		586,959	0	586,959	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,637,350		1,637,350	0	1,637,350	59.00	
60.00	06000	LABORATORY	9,665,968		9,665,968	0	9,665,968	60.00	
65.00	06500	RESPIRATORY THERAPY	2,181,541	0	2,181,541	0	2,181,541	65.00	
66.00	06600	PHYSICAL THERAPY	10,267,501	0	10,267,501	0	10,267,501	66.00	
67.00	06700	OCCUPATIONAL THERAPY	175,006	0	175,006	0	175,006	67.00	
68.00	06800	SPEECH PATHOLOGY	10,913	0	10,913	0	10,913	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,078,918		1,078,918	26,697	1,105,615	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	410,702		410,702	3,684	414,386	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,081,151		8,081,151	0	8,081,151	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,662,163		6,662,163	0	6,662,163	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	46,362,957		46,362,957	0	46,362,957	73.00	
74.00	07400	RENAL DIALYSIS	701,325		701,325	0	701,325	74.00	
76.00	03020	ANCILLARY	0		0	0	0	76.00	
76.01	03950	WOUND CARE	7,454		7,454	0	7,454	76.01	
76.97	07697	CARDIAC REHABILITATION	311,505		311,505	0	311,505	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,894,898		2,894,898	1,899	2,896,797	90.00	
90.01	09001	ACI	9,085,151		9,085,151	0	9,085,151	90.01	
91.00	09100	EMERGENCY	8,456,922		8,456,922	5,471	8,462,393	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,456,767		3,456,767		3,456,767	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	177,718,241	0	177,718,241	64,213	177,782,454	200.00	
201.00		Less Observation Beds	3,456,767		3,456,767		3,456,767	201.00	
202.00		Total (see instructions)	174,261,474	0	174,261,474	64,213	174,325,687	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

					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					
	INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	24,052,455		24,052,455			30.00		
31.00	03100	INTENSIVE CARE UNIT	7,445,170		7,445,170			31.00		
40.00	04000	SUBPROVIDER - IPF	10,181,989		10,181,989			40.00		
43.00	04300	NURSERY	2,376,137		2,376,137			43.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	15,674,532	61,714,869	77,389,401	0.219638	0.219638	50.00		
51.00	05100	RECOVERY ROOM	2,472,550	4,847,153	7,319,703	0.173528	0.173528	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,482,525	834,946	4,317,471	0.820124	0.820124	52.00		
53.00	05300	ANESTHESIOLOGY	5,742,596	16,567,797	22,310,393	0.008965	0.008965	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,187,465	30,688,220	38,875,685	0.154576	0.154576	54.00		
56.00	05600	RADIOISOTOPE	983,076	4,074,703	5,057,779	0.163318	0.163318	56.00		
57.00	05700	CT SCAN	14,770,977	44,194,015	58,964,992	0.027626	0.027626	57.00		
58.00	05800	MRI	2,629,723	12,154,198	14,783,921	0.039703	0.039703	58.00		
59.00	05900	CARDIAC CATHETERIZATION	5,054,810	1,814,737	6,869,547	0.238349	0.238349	59.00		
60.00	06000	LABORATORY	33,132,794	51,795,044	84,927,838	0.113814	0.113814	60.00		
65.00	06500	RESPIRATORY THERAPY	10,621,785	1,197,943	11,819,728	0.184568	0.184568	65.00		
66.00	06600	PHYSICAL THERAPY	3,405,651	22,572,468	25,978,119	0.395237	0.395237	66.00		
67.00	06700	OCCUPATIONAL THERAPY	824,719	357,066	1,181,785	0.148086	0.148086	67.00		
68.00	06800	SPEECH PATHOLOGY	278,806	35,644	314,450	0.034705	0.034705	68.00		
69.00	06900	ELECTROCARDIOLOGY	6,369,144	12,291,929	18,661,073	0.057817	0.057817	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	154,344	2,501,464	2,655,808	0.154643	0.154643	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,823,886	8,262,923	14,086,809	0.573668	0.573668	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,289,872	18,009,011	24,298,883	0.274176	0.274176	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	27,917,605	154,124,059	182,041,664	0.254683	0.254683	73.00		
74.00	07400	RENAL DIALYSIS	1,535,676	10,164	1,545,840	0.453685	0.453685	74.00		
76.00	03020	ANCILLARY	0	0	0	0.000000	0.000000	76.00		
76.01	03950	WOUND CARE	0	2,058	2,058	3.621963	3.621963	76.01		
76.97	07697	CARDIAC REHABILITATION	2,500	661,427	663,927	0.469186	0.469186	76.97		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	36,968	8,590,136	8,627,104	0.335558	0.335558	90.00		
90.01	09001	ACI	1,939	13,501,767	13,503,706	0.672789	0.672789	90.01		
91.00	09100	EMERGENCY	19,448,091	70,696,173	90,144,264	0.093815	0.093815	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,064,373	7,479,751	9,544,124	0.362188	0.362188	92.00		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
200.00		Subtotal (see instructions)	220,962,158	548,979,665	769,941,823			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	220,962,158	548,979,665	769,941,823			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03020	ANCILLARY	0.000000		76.00
76.01	03950	WOUND CARE	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	ACI	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/23/2022 3:40 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,069,185	0	2,069,185	19,932	103.81	30.00
31.00	INTENSIVE CARE UNIT	399,749		399,749	3,114	128.37	31.00
40.00	SUBPROVIDER - IPF	523,535	0	523,535	6,135	85.34	40.00
43.00	NURSERY	114,194		114,194	1,843	61.96	43.00
200.00	Total (lines 30 through 199)	3,106,663		3,106,663	31,024		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	4,892	507,839				
31.00	INTENSIVE CARE UNIT	736	94,480				
40.00	SUBPROVIDER - IPF	4,136	352,966				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	9,764	955,285				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:40 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,159,164	77,389,401	0.014978	3,899,241	58,403	50.00
51.00	05100 RECOVERY ROOM	108,623	7,319,703	0.014840	499,178	7,408	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	382,133	4,317,471	0.088509	0	0	52.00
53.00	05300 ANESTHESIOLOGY	21,827	22,310,393	0.000978	1,215,651	1,189	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	687,018	38,875,685	0.017672	2,547,215	45,014	54.00
56.00	05600 RADIOISOTOPE	212,226	5,057,779	0.041960	362,168	15,197	56.00
57.00	05700 CT SCAN	50,711	58,964,992	0.000860	4,538,814	3,903	57.00
58.00	05800 MRI	30,170	14,783,921	0.002041	760,886	1,553	58.00
59.00	05900 CARDIAC CATHETERIZATION	43,098	6,869,547	0.006274	1,255,566	7,877	59.00
60.00	06000 LABORATORY	146,460	84,927,838	0.001725	8,910,995	15,371	60.00
65.00	06500 RESPIRATORY THERAPY	24,899	11,819,728	0.002107	3,124,014	6,582	65.00
66.00	06600 PHYSICAL THERAPY	421,291	25,978,119	0.016217	1,181,106	19,154	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,876	1,181,785	0.023588	319,655	7,540	67.00
68.00	06800 SPEECH PATHOLOGY	2,474	314,450	0.007868	132,371	1,041	68.00
69.00	06900 ELECTROCARDIOLOGY	25,209	18,661,073	0.001351	2,115,656	2,858	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	41,352	2,655,808	0.015570	54,936	855	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	80,793	14,086,809	0.005735	903,855	5,184	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	68,170	24,298,883	0.002805	2,388,516	6,700	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	188,147	182,041,664	0.001034	6,786,833	7,018	73.00
74.00	07400 RENAL DIALYSIS	1,621	1,545,840	0.001049	686,734	720	74.00
76.00	03020 ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950 WOUND CARE	15	2,058	0.007289	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	47,920	663,927	0.072177	2,222	160	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	237,290	8,627,104	0.027505	4,014	110	90.00
90.01	09001 ACI	1,594,655	13,503,706	0.118090	1,917	226	90.01
91.00	09100 EMERGENCY	478,498	90,144,264	0.005308	5,435,166	28,850	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	334,273	9,544,124	0.035024	691,888	24,233	92.00
200.00	Total (lines 50 through 199)	6,415,913	725,886,072		47,818,597	267,146	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/23/2022 3:40 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
				1A	1.00	2A	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0	0
200.00		Total (lines 30 through 199)	0	0	0	0	0	0
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	19,932	0.00	4,892	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,114	0.00	736	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	6,135	0.00	4,136	40.00
43.00	04300	NURSERY	0	0	1,843	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	31,024		9,764	200.00
Cost Center Description				Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
				9.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:40 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ACI	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

Health Financial Systems			ADVENTIST BOLINGBROOK HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0304		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:40 pm		
			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	77,389,401	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,319,703	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,317,471	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,310,393	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	38,875,685	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	5,057,779	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	58,964,992	0.000000	57.00
58.00	05800	MRI	0	0	0	14,783,921	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,869,547	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	84,927,838	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,819,728	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,978,119	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,181,785	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	314,450	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,661,073	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,655,808	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,086,809	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,298,883	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	182,041,664	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,545,840	0.000000	74.00
76.00	03020	ANCILLARY	0	0	0	0	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	2,058	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	663,927	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	8,627,104	0.000000	90.00
90.01	09001	ACI	0	0	0	13,503,706	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	90,144,264	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,544,124	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	725,886,072		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN:14-0304 Period: From 01/01/2021 To 12/31/2021 Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:40 pm

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)	Hospital Outpatient Program Charges	PPS 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	3,899,241	0	10,252,519	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	499,178	0	582,702	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	1,713	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,215,651	0	2,767,726	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,547,215	0	2,678,345	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	362,168	0	842,651	0	56.00
57.00	05700 CT SCAN	0.000000	4,538,814	0	5,772,117	0	57.00
58.00	05800 MRI	0.000000	760,886	0	1,688,582	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,255,566	0	325,913	0	59.00
60.00	06000 LABORATORY	0.000000	8,910,995	0	2,837,513	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,124,014	0	185,074	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,181,106	0	49,740	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	319,655	0	15,600	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	132,371	0	4,141	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,115,656	0	1,978,139	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	54,936	0	326,870	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	903,855	0	1,112,112	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,388,516	0	4,967,816	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,786,833	0	7,536,262	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	686,734	0	5,574	0	74.00
76.00	03020 ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 WOUND CARE	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	2,222	0	186,222	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	4,014	0	644,660	0	90.00
90.01	09001 ACI	0.000000	1,917	0	1,431,003	0	90.01
91.00	09100 EMERGENCY	0.000000	5,435,166	0	5,008,362	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	691,888	0	808,606	0	92.00
200.00	Total (lines 50 through 199)		47,818,597	0	52,009,962	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:40 pm
			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	0.219638	10,252,519	0	0	2,251,843 50.00
51.00 05100 RECOVERY ROOM	0.173528	582,702	0	0	101,115 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.820124	1,713	0	0	1,405 52.00
53.00 05300 ANESTHESIOLOGY	0.008965	2,767,726	0	0	24,813 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.154576	2,678,345	0	0	414,008 54.00
56.00 05600 RADIOISOTOPE	0.163318	842,651	0	0	137,620 56.00
57.00 05700 CT SCAN	0.027626	5,772,117	0	0	159,461 57.00
58.00 05800 MRI	0.039703	1,688,582	0	0	67,042 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.238349	325,913	0	0	77,681 59.00
60.00 06000 LABORATORY	0.113814	2,837,513	0	0	322,949 60.00
65.00 06500 RESPIRATORY THERAPY	0.184568	185,074	0	0	34,159 65.00
66.00 06600 PHYSICAL THERAPY	0.395237	49,740	0	0	19,659 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.148086	15,600	0	0	2,310 67.00
68.00 06800 SPEECH PATHOLOGY	0.034705	4,141	0	0	144 68.00
69.00 06900 ELECTROCARDIOLOGY	0.057817	1,978,139	0	0	114,370 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.154643	326,870	0	0	50,548 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.573668	1,112,112	0	0	637,983 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.274176	4,967,816	0	0	1,362,056 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.254683	7,536,262	0	164,778	1,919,358 73.00
74.00 07400 RENAL DIALYSIS	0.453685	5,574	0	0	2,529 74.00
76.00 03020 ANCILLARY	0.000000	0	0	0	0 76.00
76.01 03950 WOUND CARE	3.621963	0	0	0	0 76.01
76.97 07697 CARDIAC REHABILITATION	0.469186	186,222	0	0	87,373 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.335558	644,660	0	0	216,321 90.00
90.01 09001 ACI	0.672789	1,431,003	0	0	962,763 90.01
91.00 09100 EMERGENCY	0.093815	5,008,362	0	0	469,859 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.362188	808,606	0	0	292,867 92.00
200.00 Subtotal (see instructions)		52,009,962	0	164,778	9,730,236 200.00
201.00 Less PBP Clinic Lab. Services-Program			0	0	0 201.00
Only Charges					
202.00 Net Charges (line 200 - line 201)		52,009,962	0	164,778	9,730,236 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:40 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	41,966		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
76.00	03020 ANCILLARY	0	0		76.00
76.01	03950 WOUND CARE	0	0		76.01
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0		90.00
90.01	09001 ACI	0	0		90.01
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00	Subtotal (see instructions)	0	41,966		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 - line 201)	0	41,966		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:40 pm
				Component CCN:14-S304		
				Title XVIII	Subprovider - IP#	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,159,164	77,389,401	0.014978	1,638	25	50.00
51.00 05100 RECOVERY ROOM	108,623	7,319,703	0.014840	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	382,133	4,317,471	0.088509	0	0	52.00
53.00 05300 ANESTHESIOLOGY	21,827	22,310,393	0.000978	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	687,018	38,875,685	0.017672	142,221	2,513	54.00
56.00 05600 RADIOISOTOPE	212,226	5,057,779	0.041960	7,100	298	56.00
57.00 05700 CT SCAN	50,711	58,964,992	0.000860	248,412	214	57.00
58.00 05800 MRI	30,170	14,783,921	0.002041	38,566	79	58.00
59.00 05900 CARDIAC CATHETERIZATION	43,098	6,869,547	0.006274	0	0	59.00
60.00 06000 LABORATORY	146,460	84,927,838	0.001725	1,369,696	2,363	60.00
65.00 06500 RESPIRATORY THERAPY	24,899	11,819,728	0.002107	92,037	194	65.00
66.00 06600 PHYSICAL THERAPY	421,291	25,978,119	0.016217	361,603	5,864	66.00
67.00 06700 OCCUPATIONAL THERAPY	27,876	1,181,785	0.023588	63,818	1,505	67.00
68.00 06800 SPEECH PATHOLOGY	2,474	314,450	0.007868	18,796	148	68.00
69.00 06900 ELECTROCARDIOLOGY	25,209	18,661,073	0.001351	91,228	123	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	41,352	2,655,808	0.015570	6,540	102	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	80,793	14,086,809	0.005735	323	2	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	68,170	24,298,883	0.002805	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	188,147	182,041,664	0.001034	988,067	1,022	73.00
74.00 07400 RENAL DIALYSIS	1,621	1,545,840	0.001049	31,586	33	74.00
76.00 03020 ANCILLARY	0	0	0.000000	0	0	76.00
76.01 03950 WOUND CARE	15	2,058	0.007289	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	47,920	663,927	0.072177	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	237,290	8,627,104	0.027505	0	0	90.00
90.01 09001 ACI	1,594,655	13,503,706	0.118090	0	0	90.01
91.00 09100 EMERGENCY	478,498	90,144,264	0.005308	729,221	3,871	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	9,544,124	0.000000	0	0	92.00
200.00 Total (lines 50 through 199)	6,081,640	725,886,072		4,190,852	18,356	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0304

Period:

Worksheet D

Component CCN:14-S304

From 01/01/2021

Part IV

To 12/31/2021

Date/Time Prepared:

5/23/2022 3:40 pm

Cost Center Description			Title XVIII		Subprovider - IP#		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ACI	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:40 pm	
				Component CCN:14-S304			
				Title XVIII	Subprovider - IP#	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	77,389,401	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,319,703	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,317,471	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,310,393	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	38,875,685	0.000000 54.00
56.00	05600	RADIOISOTOPE	0	0	0	5,057,779	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	58,964,992	0.000000 57.00
58.00	05800	MRI	0	0	0	14,783,921	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,869,547	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	84,927,838	0.000000 60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,819,728	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,978,119	0.000000 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,181,785	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	314,450	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,661,073	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,655,808	0.000000 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,086,809	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,298,883	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	182,041,664	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,545,840	0.000000 74.00
76.00	03020	ANCILLARY	0	0	0	0	0.000000 76.00
76.01	03950	WOUND CARE	0	0	0	2,058	0.000000 76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	663,927	0.000000 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	8,627,104	0.000000 90.00
90.01	09001	ACI	0	0	0	13,503,706	0.000000 90.01
91.00	09100	EMERGENCY	0	0	0	90,144,264	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,544,124	0.000000 92.00
200.00		Total (lines 50 through 199)	0	0	0	725,886,072	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN:14-0304 Period: From 01/01/2021 To 12/31/2021 Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:40 pm

Cost Center Description			Title XVIII		Subprovider - IP#		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	1,638	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	142,221	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	7,100	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	248,412	0	0	0	57.00
58.00	05800	MRI	0.000000	38,566	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,369,696	0	1,242	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	92,037	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	361,603	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	63,818	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	18,796	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	91,228	0	732	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	6,540	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	323	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	988,067	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	31,586	0	0	0	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	WOUND CARE	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ACI	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	729,221	0	3,534	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		4,190,852	0	5,508	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:40 pm
		Component CCN:14-S304		

		Title XVIII		Subprovider - IP#		PPS	
Cost Center Description		Cost to Charge	Charges		Costs		
		Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.219638	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.173528	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.820124	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.008965	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154576	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.163318	0	0	0	56.00
57.00	05700	CT SCAN	0.027626	0	0	0	57.00
58.00	05800	MRI	0.039703	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.238349	0	0	0	59.00
60.00	06000	LABORATORY	0.113814	1,242	0	141	60.00
65.00	06500	RESPIRATORY THERAPY	0.184568	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.395237	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.148086	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.034705	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.057817	732	0	42	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154643	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.573668	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274176	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.254683	0	0	567	73.00
74.00	07400	RENAL DIALYSIS	0.453685	0	0	0	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	76.00
76.01	03950	WOUND CARE	3.621963	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.469186	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.335558	0	0	0	90.00
90.01	09001	ACI	0.672789	0	0	0	90.01
91.00	09100	EMERGENCY	0.093815	3,534	0	332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.362188	0	0	0	92.00
200.00		Subtotal (see instructions)		5,508	0	567	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0	201.00
		Only Charges					
202.00		Net Charges (line 200 - line 201)		5,508	0	567	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:40 pm
		Component CCN:14-S304		
		Title XVIII	Subprovider - IP#	PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	144	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ACI	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	144	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	144	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:40 pm
		Component CCN:14-S304		

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,159,164	77,389,401	0.014978	0	0	50.00
51.00	05100 RECOVERY ROOM	108,623	7,319,703	0.014840	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	382,133	4,317,471	0.088509	0	0	52.00
53.00	05300 ANESTHESIOLOGY	21,827	22,310,393	0.000978	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	687,018	38,875,685	0.017672	0	0	54.00
56.00	05600 RADIOISOTOPE	212,226	5,057,779	0.041960	0	0	56.00
57.00	05700 CT SCAN	50,711	58,964,992	0.000860	0	0	57.00
58.00	05800 MRI	30,170	14,783,921	0.002041	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	43,098	6,869,547	0.006274	0	0	59.00
60.00	06000 LABORATORY	146,460	84,927,838	0.001725	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	24,899	11,819,728	0.002107	0	0	65.00
66.00	06600 PHYSICAL THERAPY	421,291	25,978,119	0.016217	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,876	1,181,785	0.023588	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	2,474	314,450	0.007868	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	25,209	18,661,073	0.001351	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	41,352	2,655,808	0.015570	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	80,793	14,086,809	0.005735	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	68,170	24,298,883	0.002805	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	188,147	182,041,664	0.001034	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,621	1,545,840	0.001049	0	0	74.00
76.00	03020 ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950 WOUND CARE	15	2,058	0.007289	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	47,920	663,927	0.072177	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	237,290	8,627,104	0.027505	0	0	90.00
90.01	09001 ACI	1,594,655	13,503,706	0.118090	0	0	90.01
91.00	09100 EMERGENCY	478,498	90,144,264	0.005308	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	9,544,124	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	6,081,640	725,886,072		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:14-0304 Component CCN:14-S304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:40 pm
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Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ACI	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:40 pm		
				Component CCN:14-S304				
				Title XIX		Subprovider - IP#	TEFRA	
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	77,389,401	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	7,319,703	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,317,471	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	22,310,393	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	38,875,685	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	5,057,779	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	58,964,992	0.000000	57.00
58.00	05800	MRI	0	0	0	14,783,921	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,869,547	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	84,927,838	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,819,728	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,978,119	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,181,785	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	314,450	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,661,073	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,655,808	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,086,809	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,298,883	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	182,041,664	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,545,840	0.000000	74.00
76.00	03020	ANCILLARY	0	0	0	0	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	2,058	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	663,927	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	8,627,104	0.000000	90.00
90.01	09001	ACI	0	0	0	13,503,706	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	90,144,264	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	9,544,124	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	725,886,072		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN:14-0304 Period: From 01/01/2021 To 12/31/2021 Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:40 pm

Cost Center Description			Title XIX		Subprovider - IP#		TEFRA	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
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	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	WOUND CARE	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ACI	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:40 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,932	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,932	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)			16,712	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)			4,892	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)			21,397,694	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)			21,397,694	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)			21,397,694	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)			1,073.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,251,709	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)			5,251,709	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:40 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	5,844,420	3,114	1,876.82	736	1,381,340	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,084,452	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,717,501	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,319	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					267,146	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					869,465	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,848,036	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)					3,220	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,073.53	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,456,767	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0304

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

Worksheet D-1

Date/Time Prepared:
5/23/2022 3:40 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,069,185	21,397,694	0.096701	3,456,767	334,273
91.00	Nursing Program cost	0	21,397,694	0.000000	3,456,767	0
92.00	Allied health cost	0	21,397,694	0.000000	3,456,767	0
93.00	All other Medical Education	0	21,397,694	0.000000	3,456,767	0

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
		Component CCN:14-S304		Date/Time Prepared: 5/23/2022 3:40 pm	
		Title XVIII	Subprovider - IP#	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)			6,135	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,135	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)			6,135	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)			4,136	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)			6,225,090	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)			6,225,090	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)			6,225,090	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)			1,014.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,196,716	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)			4,196,716	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
			Component CCN:14-S304		Date/Time Prepared: 5/23/2022 3:40 pm
			Title XVIII	Subprovider - IP#	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					698,838
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,895,554
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					352,966
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,356
52.00 Total Program excludable cost (sum of lines 50 and 51)					371,322
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,524,232
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0304

Period:

Worksheet D-1

Component CCN:14-S304

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	523,535	6,225,090	0.084101	0	0	90.00
91.00	Nursing Program cost	0	6,225,090	0.000000	0	0	91.00
92.00	Allied health cost	0	6,225,090	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,225,090	0.000000	0	0	93.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0304	Period: From 01/01/2021	Worksheet D-1	
		Component CCN:14-S304	To 12/31/2021	Date/Time Prepared: 5/23/2022 3:40 pm	
		Title XIX	Subprovider - IP#	TEFRA	
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)		6,135	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,135	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)		6,135	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00	
15.00	Total nursery days (title V or XIX only)		1,843	15.00	
16.00	Nursery days (title V or XIX only)		271	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)		6,225,090	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)		6,225,090	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)		6,225,090	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)		1,014.68	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00	

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
			Component CCN:14-S304		Date/Time Prepared: 5/23/2022 3:40 pm
			Title XIX	Subprovider - IP#	TEFRA
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0304

Period:

Worksheet D-1

Component CCN:14-S304

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/23/2022 3:40 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	6,225,090	0.000000	0	0	90.00
91.00	Nursing Program cost	0	6,225,090	0.000000	0	0	91.00
92.00	Allied health cost	0	6,225,090	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,225,090	0.000000	0	0	93.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/23/2022 3:40 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,608,658	30.00
31.00	03100	INTENSIVE CARE UNIT		1,959,477	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219895	3,899,241	50.00
51.00	05100	RECOVERY ROOM	0.173528	499,178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.820124	0	52.00
53.00	05300	ANESTHESIOLOGY	0.009262	1,215,651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154576	2,547,215	54.00
56.00	05600	RADIOISOTOPE	0.163318	362,168	56.00
57.00	05700	CT SCAN	0.027626	4,538,814	57.00
58.00	05800	MRI	0.039703	760,886	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.238349	1,255,566	59.00
60.00	06000	LABORATORY	0.113814	8,910,995	60.00
65.00	06500	RESPIRATORY THERAPY	0.184568	3,124,014	65.00
66.00	06600	PHYSICAL THERAPY	0.395237	1,181,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.148086	319,655	67.00
68.00	06800	SPEECH PATHOLOGY	0.034705	132,371	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059247	2,115,656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.156030	54,936	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.573668	903,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274176	2,388,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.254683	6,786,833	73.00
74.00	07400	RENAL DIALYSIS	0.453685	686,734	74.00
76.00	03020	ANCILLARY	0.000000	0	76.00
76.01	03950	WOUND CARE	3.621963	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.469186	2,222	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.335779	4,014	90.00
90.01	09001	ACI	0.672789	1,917	90.01
91.00	09100	EMERGENCY	0.093876	5,435,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.362188	691,888	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		47,818,597	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)		47,818,597	202.00

Health Financial Systems			ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0304 Component CCN:14-S304		Period: From 01/01/2021 To 12/31/2021 Worksheet D-3 Date/Time Prepared: 5/23/2022 3:40 pm	
			Title XVIII		Subprovider - IPF PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF		6,886,808		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.219895	1,638	360	50.00
51.00	05100	RECOVERY ROOM	0.173528	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.820124	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.009262	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154576	142,221	21,984	54.00
56.00	05600	RADIOISOTOPE	0.163318	7,100	1,160	56.00
57.00	05700	CT SCAN	0.027626	248,412	6,863	57.00
58.00	05800	MRI	0.039703	38,566	1,531	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.238349	0	0	59.00
60.00	06000	LABORATORY	0.113814	1,369,696	155,891	60.00
65.00	06500	RESPIRATORY THERAPY	0.184568	92,037	16,987	65.00
66.00	06600	PHYSICAL THERAPY	0.395237	361,603	142,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.148086	63,818	9,451	67.00
68.00	06800	SPEECH PATHOLOGY	0.034705	18,796	652	68.00
69.00	06900	ELECTROCARDIOLOGY	0.059247	91,228	5,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.156030	6,540	1,020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.573668	323	185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.274176	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.254683	988,067	251,644	73.00
74.00	07400	RENAL DIALYSIS	0.453685	31,586	14,330	74.00
76.00	03020	ANCILLARY	0.000000	0	0	76.00
76.01	03950	WOUND CARE	3.621963	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.469186	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.335779	0	0	90.00
90.01	09001	ACI	0.672789	0	0	90.01
91.00	09100	EMERGENCY	0.093876	729,221	68,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.362188	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,190,852	698,838	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		4,190,852		202.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:40 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	9,661,376		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	244,360		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)	41,944		2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	5,378		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)	100.73		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)	2.65		30.00	
31.00	Percentage of Medicaid patient days (see instructions)	25.01		31.00	
32.00	Sum of lines 30 and 31	27.66		32.00	
33.00	Allowable disproportionate share percentage (see instructions)	12.03		33.00	
34.00	Disproportionate share adjustment (see instructions)	388,140		34.00	

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:40 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	846,329	955,737		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	633,008	240,898		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	873,906			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00			45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	14,215,104			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only) (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		14,215,104		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,047,609		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		143,617		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)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,406,330		59.00
60.00	Primary payer payments		4,378		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,401,952		61.00
62.00	Deductibles billed to program beneficiaries		1,295,485		62.00
63.00	Coinsurance billed to program beneficiaries		21,518		63.00
64.00	Allowable bad debts (see instructions)		503,088		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		327,007		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		180,085		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,411,956		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		48,174		70.93
70.94	HRR adjustment amount (see instructions)		-159,652		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:40 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		14,300,478	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		14,187,768	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)		112,710	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		656,748	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2022 3:40 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,661,376	0	9,661,376		9,661,376	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,244,360	0		3,244,360	3,244,360	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	41,944	0	41,944		41,944	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	5,378	0		5,378	5,378	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1203	0.1203	0.1203	0.1203		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	388,140	0	290,566	97,574	388,140	11.00
11.01	Uncompensated care payments	36.00	873,906	0	633,008	240,898	873,906	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	14,215,104	0	10,626,894	3,588,210	14,215,104	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,215,104	0	10,626,894	3,588,210	14,215,104	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,047,609	0	787,318	260,291	1,047,609	16.00
17.00	Special add-on payments for new technologies	54.00	143,617	0	90,764	52,853	143,617	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2022 3:40 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	11,504,976	3,901,354	15,406,330
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	986,111	0	740,174	245,937	986,111
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	4,698	0	4,510	188	4,698
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0576	0.0576	0.0576	0.0576	
25.00	Disproportionate share adjustment (see instructions)	11.00	56,800	0	42,634	14,166	56,800
26.00	Total prospective capital payments (see instructions)	12.00	1,047,609	0	787,318	260,291	1,047,609
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2022 3:40 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9,661,376	9,661,376		9,661,376	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,244,360		3,244,360	3,244,360	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	41,944	41,944		41,944	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	5,378		5,378	5,378	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1203	0.1203	0.1203		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	388,140	290,566	97,574	388,140	11.00
11.01	Uncompensated care payments	36.00	873,906	633,008	240,898	873,906	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	14,215,104	10,626,894	3,588,210	14,215,104	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,215,104	10,626,894	3,588,210	14,215,104	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,047,609	787,318	260,291	1,047,609	16.00
17.00	Special add-on payments for new technologies	54.00	143,617	90,764	52,853	143,617	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			11,504,976	3,901,354	15,406,330	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2022 3:40 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	986,111	740,174	245,937	986,111	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	4,698	4,510	188	4,698	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0576	0.0576	0.0576		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	56,800	42,634	14,166	56,800	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,047,609	787,318	260,291	1,047,609	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	48,174	48,174	0	48,174	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-159,652	-133,604	-26,048	-159,652	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/23/2022 3:40 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			41,966	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			9,730,236	2.00
3.00	OPPS payments			8,991,791	3.00
4.00	Outlier payment (see instructions)			63,088	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			41,966	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			164,778	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)			164,778	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)			164,778	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			122,812	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0	20.00
21.00	Lesser of cost or charges (see instructions)			41,966	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)			9,054,879	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			1,608,395	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			7,488,450	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			7,488,450	30.00
31.00	Primary payer payments			714	31.00
32.00	Subtotal (line 30 minus line 31)			7,487,736	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)			439,440	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			285,636	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			156,362	36.00
37.00	Subtotal (see instructions)			7,773,372	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			7,773,372	40.00
40.01	Sequestration adjustment (see instructions)			0	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			0	40.03
41.00	Interim payments			7,492,942	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)			280,430	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/23/2022 3:40 pm	
		Component CCN:14-S304			
		Title XVIII	Subprovider - IP#	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			144	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			515	2.00
3.00	OPPS payments			672	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			144	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			567	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)			567	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)			567	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			423	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)			144	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)			672	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)			118	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)			698	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)			698	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			698	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			698	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	39.50
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)			698	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			622	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)			76	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0304		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		13,801,874		7,492,942
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		385,894		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		14,187,768		7,492,942
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		112,710		280,430
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		14,300,478		7,773,372
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0304 Component CCN:14-S304		Period: From 01/01/2021 To 12/31/2021 Worksheet E-1 Part I Date/Time Prepared: 5/23/2022 3:40 pm	
		Title XVIII		Subprovider - IP# PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		4,470,617		622
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	09/15/2021	26,112		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		26,112		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,496,729		622
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		32,721		76
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		4,529,450		698
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0304

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/23/2022 3:40 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 5/23/2022 3:40 pm
		Component CCN:14-S304		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		4,695,672	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		16.808219	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		4,695,672	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		4,695,672	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		4,695,672	18.00
19.00	Deductibles		200,036	19.00
20.00	Subtotal (line 18 minus line 19)		4,495,636	20.00
21.00	Coinsurance		25,019	21.00
22.00	Subtotal (line 20 minus line 21)		4,470,617	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		90,513	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		58,833	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		55,580	25.00
26.00	Subtotal (sum of lines 22 and 24)		4,529,450	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.98	Recovery of accelerated depreciation.		0	30.98
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		4,529,450	31.00
31.01	Sequestration adjustment (see instructions)		0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		4,496,729	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		32,721	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.		0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)		0.000000	99.01

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet G Date/Time Prepared: 5/23/2022 3:40 pm	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1.00	2.00	3.00	4.00
CURRENT ASSETS					
1.00	Cash on hand in banks	45,998,697	0	0	0
2.00	Temporary investments	0	0	0	0
3.00	Notes receivable	0	0	0	0
4.00	Accounts receivable	76,440,567	0	0	0
5.00	Other receivable	7,297,228	0	0	0
6.00	Allowances for uncollectible notes and accounts receivable	-49,599,880	0	0	0
7.00	Inventory	2,993,401	0	0	0
8.00	Prepaid expenses	219,308	0	0	0
9.00	Other current assets	0	0	0	0
10.00	Due from other funds	0	0	0	0
11.00	Total current assets (sum of lines 1-10)	83,349,321	0	0	0
FIXED ASSETS					
12.00	Land	3,750,000	0	0	0
13.00	Land improvements	648,658	0	0	0
14.00	Accumulated depreciation	-235,164	0	0	0
15.00	Buildings	111,156,806	0	0	0
16.00	Accumulated depreciation	-48,775,835	0	0	0
17.00	Leasehold improvements	1,710,040	0	0	0
18.00	Accumulated depreciation	-1,363,223	0	0	0
19.00	Fixed equipment	23,398,915	0	0	0
20.00	Accumulated depreciation	-21,121,547	0	0	0
21.00	Automobiles and trucks	0	0	0	0
22.00	Accumulated depreciation	0	0	0	0
23.00	Major movable equipment	47,343,170	0	0	0
24.00	Accumulated depreciation	-39,977,549	0	0	0
25.00	Minor equipment depreciable	0	0	0	0
26.00	Accumulated depreciation	0	0	0	0
27.00	HIT designated Assets	0	0	0	0
28.00	Accumulated depreciation	0	0	0	0
29.00	Minor equipment-nondepreciable	0	0	0	0
30.00	Total fixed assets (sum of lines 12-29)	76,534,271	0	0	0
OTHER ASSETS					
31.00	Investments	294,795	0	0	0
32.00	Deposits on leases	0	0	0	0
33.00	Due from owners/officers	0	0	0	0
34.00	Other assets	3,428,076	0	0	0
35.00	Total other assets (sum of lines 31-34)	3,722,871	0	0	0
36.00	Total assets (sum of lines 11, 30, and 35)	163,606,463	0	0	0
CURRENT LIABILITIES					
37.00	Accounts payable	6,959,804	0	0	0
38.00	Salaries, wages, and fees payable	2,545,052	0	0	0
39.00	Payroll taxes payable	155,941	0	0	0
40.00	Notes and loans payable (short term)	11,877,179	0	0	0
41.00	Deferred income	0	0	0	0
42.00	Accelerated payments	0	0	0	0
43.00	Due to other funds	16,717,905	0	0	0
44.00	Other current liabilities	14,812,279	0	0	0
45.00	Total current liabilities (sum of lines 37 thru 44)	53,068,160	0	0	0
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0
47.00	Notes payable	68,939,786	0	0	0
48.00	Unsecured loans	0	0	0	0
49.00	Other long term liabilities	611,430	0	0	0
50.00	Total long term liabilities (sum of lines 46 thru 49)	69,551,216	0	0	0
51.00	Total liabilities (sum of lines 45 and 50)	122,619,376	0	0	0
CAPITAL ACCOUNTS					
52.00	General fund balance	40,987,087	0	0	0
53.00	Specific purpose fund	0	0	0	0
54.00	Donor created - endowment fund balance - restricted	0	0	0	0
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0
56.00	Governing body created - endowment fund balance	0	0	0	0
57.00	Plant fund balance - invested in plant	0	0	0	0
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0
59.00	Total fund balances (sum of lines 52 thru 58)	40,987,087	0	0	0
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	163,606,463	0	0	0

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0304

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

Worksheet G-1

Date/Time Prepared:
5/23/2022 3:40 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		22,621,654		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		21,675,714				2.00
3.00	Total (sum of line 1 and line 2)		44,297,368		0		3.00
4.00	Additions (credit adjustments) (specify)	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)		44,297,368		0		11.00
12.00	UNRESTRICTED ASSETS	3,310,281		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)		3,310,281		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		40,987,087		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		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	UNRESTRICTED ASSETS		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		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet G-2 Parts I & II Date/Time Prepared: 5/23/2022 3:40 pm
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		26,428,592		26,428,592
2.00	SUBPROVIDER - IPF		10,181,989		10,181,989
3.00	SUBPROVIDER - IRF				
4.00	SUBPROVIDER				
5.00	Swing bed - SNF		0		0
6.00	Swing bed - NF		0		0
7.00	SKILLED NURSING FACILITY				
8.00	NURSING FACILITY				
9.00	OTHER LONG TERM CARE				
10.00	Total general inpatient care services (sum of lines 1-9)		36,610,581		36,610,581
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		7,445,170		7,445,170
12.00	CORONARY CARE UNIT				
13.00	BURN INTENSIVE CARE UNIT				
14.00	SURGICAL INTENSIVE CARE UNIT				
15.00	OTHER SPECIAL CARE (SPECIFY)				
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		7,445,170		7,445,170
17.00	Total inpatient routine care services (sum of lines 10 and 16)		44,055,751		44,055,751
18.00	Ancillary services		155,353,221	448,713,653	604,066,874
19.00	Outpatient services		21,551,371	100,267,827	121,819,198
20.00	RURAL HEALTH CLINIC		0	0	0
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
22.00	HOME HEALTH AGENCY				
23.00	AMBULANCE SERVICES				
24.00	CMHC				
25.00	AMBULATORY SURGICAL CENTER (D.P.)				
26.00	HOSPICE				
27.00	OTHER		330,891	705,315	1,036,206
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)		21,291,234	549,686,795	770,978,029
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			194,895,734	
30.00	ADD (SPECIFY)		0		
31.00			0		
32.00			0		
33.00			0		
34.00			0		
35.00			0		
36.00	Total additions (sum of lines 30-35)			0	
37.00	OTHER		5		
38.00			0		
39.00			0		
40.00			0		
41.00			0		
42.00	Total deductions (sum of lines 37-41)			5	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)			194,895,729	

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	770,978,029	1.00
2.00	Less contractual allowances and discounts on patients' accounts	574,112,054	2.00
3.00	Net patient revenues (line 1 minus line 2)	196,865,975	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	194,895,729	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,970,246	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	19,653,928	24.00
24.50	COVID-19 PHE Funding	51,540	24.50
25.00	Total other income (sum of lines 6-24)	19,705,468	25.00
26.00	Total (line 5 plus line 25)	21,675,714	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)	21,675,714	29.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0304	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/23/2022 3:40 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		986,111	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01	
2.00	Capital DRG outlier payments		4,698	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)		55.18	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)		2.65	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.01	8.00	
9.00	Sum of lines 7 and 8		27.66	9.00	
10.00	Allowable disproportionate share percentage (see instructions)		5.76	10.00	
11.00	Disproportionate share adjustment (see instructions)		56,800	11.00	
12.00	Total prospective capital payments (see instructions)		1,047,609	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	