

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/28/2018 9:00 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/28/2018 Time: 9:00 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by EDWARD HOSPITAL (14-0231) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	35,409	3,093	0	0	1.00
2.00 Subprovider - IPF	0	0	0			2.00
3.00 Subprovider - IRF	0	0	0			3.00
5.00 Swing bed - SNF	0	0	0			5.00
6.00 Swing bed - NF	0	0	0			6.00
200.00 Total	0	35,409	3,093	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 8:59 am						
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 60540-7499		4.00 County:						
1.00 Street: 801 SOUTH WASHINGTON STREET		2.00 City: NAPERVILLE										
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)						
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00				
3.00 Hospital and Hospital-Based Component Identification:												
3.00	Hospital	EDWARD HOSPITAL	140231	16974	1	07/01/1966	N	P	0	3.00		
4.00	Subprovider - IPF									4.00		
5.00	Subprovider - IRF									5.00		
6.00	Subprovider - (Other)									6.00		
7.00	Swing Beds - SNF									7.00		
8.00	Swing Beds - NF									8.00		
9.00	Hospital-Based SNF									9.00		
10.00	Hospital-Based NF									10.00		
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)					07/01/2017	06/30/2018		20.00			
21.00	Type of Control (see instructions)					2			21.00			
<u>Inpatient PPS Information</u>												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					N	N		22.00			
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)					N	N		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		22.03			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					3,434	618	0	0	4,432	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.					0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 8:59 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		Y	N		40.00	
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
		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 §413.85? (see instructions)		Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N	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	

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
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.						61.10	0.00 0.00
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.						61.20	0.00 0.00
							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)						62.00	0.00
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)						62.01	0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000
		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		

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

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			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 1.00	XIX 2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? 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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
			1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 8:59 am		
		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		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	9,684,158		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H131		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/28/2018 8:59 am			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: EDWARD ELMHURST HEALTH	Contractor's Name: NGS		Contractor's Number: 00131			
142.00	Street: 801 S. WASHINGTON	PO Box:					
143.00	City: NAPERVILLE	State: IL		Zip Code: 60540			
144.00 Are provider based physicians' costs included in Worksheet A?							
				1.00	Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
				1.00	N		
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
				1.00	N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
				1.00	N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
				1.00	N		
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)							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
Multi campus							
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
				1.00	N		
		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
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.							
				1.00	Y		
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)							
				1.00	0		
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)							
				1.00			
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)							
				1.00	9.99		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
				1.00	07/01/2017		
				2.00	06/30/2018		
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)							
				1.00	N		
				2.00	0		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 8:59 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		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 nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	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)			Y	11/09/2018	Y	11/09/2018
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 8:59 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY		LEONE	41.00
42.00	Enter the employer/company name of the cost report preparer.	LEONE REIMBURSEMENT & CONSULTING			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023		TONY@LEONE-CONSULTING.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/28/2018 8:59 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	229	83,585	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		229	83,585	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,125	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	22	8,030	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	35.00	22	8,030	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		298	108,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		298				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,631	1,723	68,035			1.00
2.00 HMO and other (see instructions)	9,362	4,432				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	25,631	1,723	68,035			7.00
8.00 INTENSIVE CARE UNIT	2,555	863	5,701			8.00
9.00 CORONARY CARE UNIT	2,506	130	5,547			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	0	222	8,030			12.00
13.00 NURSERY		1,114	7,593			13.00
14.00 Total (see instructions)	30,692	4,052	94,906	0.00	2,305.88	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	2,305.88	27.00
28.00 Observation Bed Days		0	9,066			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	1			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	7,244	617	22,668	1.00
2.00 HMO and other (see instructions)				2,267	1,170		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NICU							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	7,244	617		22,668	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 8:59 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	186,035,576	18,346	186,053,922	4,796,238.00	38.79
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		25,585	0	25,585	182.75	140.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		15,606,842	0	15,606,842	65,508.00	238.24
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		3,646,536	0	3,646,536	131,551.00	27.72
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,761,410	136,013	3,897,423	89,791.00	43.41
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		559,075	0	559,075	11,405.00	49.02
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		1,827,495	0	1,827,495	14,620.00	125.00
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		42,172,652	0	42,172,652	1,113,289.00	37.88
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		45,446,025	0	45,446,025		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		899,545	0	899,545		
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		3,027	0	3,027		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		757,146	0	757,146		
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)		12,211,447	0	12,211,447		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	549,738	0	549,738	6,542.00	84.03
27.00	Administrative & General	5.00	6,237,858	-649,061	5,588,797	130,979.00	42.67

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2018 8:59 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,208,927	0	4,208,927	146,744.00	28.68	30.00
31.00	Laundry & Linen Service	8.00	177,006	0	177,006	11,103.00	15.94	31.00
32.00	Housekeeping	9.00	3,513,708	20	3,513,728	228,846.00	15.35	32.00
33.00	Housekeeping under contract (see instructions)		189,054	0	189,054	5,225.00	36.18	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,342,573	0	3,342,573	167,129.00	20.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,141,419	0	3,141,419	127,700.00	24.60	38.00
39.00	Central Services and Supply	14.00	2,347,007	31,822	2,378,829	92,097.00	25.83	39.00
40.00	Pharmacy	15.00	4,750,505	0	4,750,505	108,087.00	43.95	40.00
41.00	Medical Records & Medical Records Library	16.00	-18,346	18,346	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2018 8:59 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	170,313,825	18,346	170,332,171	4,771,533.00	35.70	1.00
2.00	Excluded area salaries (see instructions)	3,761,410	136,013	3,897,423	89,791.00	43.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	166,552,415	-117,667	166,434,748	4,681,742.00	35.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,559,222	0	44,559,222	1,139,314.00	39.11	4.00
5.00	Subtotal wage-related costs (see inst.)	57,660,499	0	57,660,499	0.00	34.64	5.00
6.00	Total (sum of lines 3 thru 5)	268,772,136	-117,667	268,654,469	5,821,056.00	46.15	6.00
7.00	Total overhead cost (see instructions)	28,439,449	-598,873	27,840,576	1,024,452.00	27.18	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part IV
Date/Time Prepared:
11/28/2018 8:59 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	11,716,956	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	18,129,106	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	795,397	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	582,024	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,296,962	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,390,723	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	12,374,390	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	241,804	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	578,382	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	47,105,744	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/28/2018 8:59 am	
Cost Center Description			Contract Labor	Benefit Cost	
			1.00	2.00	
PART V - Contract Labor and Benefit Cost					
Hospital and Hospital-Based Component Identification:					
1.00	Total facility's contract labor and benefit cost		559,075	47,105,744	1.00
2.00	Hospital		559,075	45,446,025	2.00
3.00	Subprovider - IPF				3.00
4.00	Subprovider - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF				8.00
9.00	Hospital-Based NF				9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA				11.00
12.00	Separately Certified ASC				12.00
13.00	Hospital-Based Hospice				13.00
14.00	Hospital-Based Health Clinic RHC				14.00
15.00	Hospital-Based Health Clinic FQHC				15.00
16.00	Hospital-Based-CMHC				16.00
17.00	Renal Dialysis				17.00
18.00	Other		0	1,659,719	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-5

Date/Time Prepared:
11/28/2018 8:59 am

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S-5 Date/Time Prepared: 11/28/2018 8:59 am
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/28/2018 8:59 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/28/2018 8:59 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/28/2018 8:59 am
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			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)		0.168568	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		22,208,978	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		270,519,176	6.00	
7.00	Medicaid cost (line 1 times line 6)		45,600,876	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)		23,391,898	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		23,391,898	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	36,260,260	3,304,776	39,565,036	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,112,320	3,304,776	9,417,096	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)	6,112,320	3,304,776	9,417,096	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)		38,910,236	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		776,599	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,194,767	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		37,715,469	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,775,789	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		16,192,885	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		39,584,783	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet A Date/Time Prepared: 11/28/2018 8:59 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (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		15,538,122	15,538,122	0	15,538,122 1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		15,423,989	15,423,989	0	15,423,989 2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0 3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	549,738	34,840,562	35,390,300	0	35,390,300 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	6,237,858	163,540,209	169,778,067	797,982	170,576,049 5.00
7.00 00700	OPERATION OF PLANT	4,208,927	21,429,028	25,637,955	-2,426	25,635,529 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	177,006	1,431,526	1,608,532	0	1,608,532 8.00
9.00 00900	HOUSEKEEPING	3,513,708	1,310,453	4,824,161	-4,338	4,819,823 9.00
10.00 01000	DIETARY	0	5,770,343	5,770,343	-4,080,459	1,689,884 10.00
11.00 01100	CAFETERIA	0	0	0	4,065,784	4,065,784 11.00
13.00 01300	NURSING ADMINISTRATION	3,141,419	116,174	3,257,593	-9,032	3,248,561 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,347,007	3,569,873	5,916,880	-1,143,474	4,773,406 14.00
15.00 01500	PHARMACY	4,750,505	15,935,165	20,685,670	-15,073,718	5,611,952 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	-18,346	2,653	-15,693	0	-15,693 16.00
23.00 02300	PARAMED ED PRGM-EMS	775,901	690,115	1,466,016	-347,330	1,118,686 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	38,255,912	14,391,507	52,647,419	-8,048,098	44,599,321 30.00
31.00 03100	INTENSIVE CARE UNIT	4,602,740	628,378	5,231,118	-552,087	4,679,031 31.00
32.00 03200	CORONARY CARE UNIT	4,740,119	559,333	5,299,452	-496,663	4,802,789 32.00
35.00 02060	NICU	6,158,019	1,342,907	7,500,926	-428,811	7,072,115 35.00
43.00 04300	NURSERY	0	0	0	2,488,674	2,488,674 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,393,797	53,055,386	61,449,183	-49,806,186	11,642,997 50.00
50.02 03330	ENDOSCOPY	1,631,655	1,974,675	3,606,330	-1,857,063	1,749,267 50.02
51.00 05100	RECOVERY ROOM	2,880,591	240,534	3,121,125	-147,014	2,974,111 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,461,872	1,371,211	7,833,083	-691,696	7,141,387 52.00
53.00 05300	ANESTHESIOLOGY	584,075	2,382,672	2,966,747	-1,668,997	1,297,750 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,744,881	334,677	4,079,558	-946,603	3,132,955 54.00
54.01 03630	ULTRASOUND	1,305,234	152,539	1,457,773	3,799	1,461,572 54.01
54.02 03440	WOMENS IMAGING CENTER	854,542	565,488	1,420,030	-455,173	964,857 54.02
54.03 05401	SPECIAL PROCEDURES	817,379	1,025,236	1,842,615	-964,958	877,657 54.03
54.04 05402	IMAGING CENTER	960,007	181,184	1,141,191	117,070	1,258,261 54.04
55.00 05500	RADIOLOGY-THERAPEUTIC	5,150,427	26,594,153	31,744,580	-232,841	31,511,739 55.00
56.00 05600	RADIOISOTOPE	620,028	1,322,522	1,942,550	81,424	2,023,974 56.00
57.00 05700	CT SCAN	1,754,674	702,364	2,457,038	-350,783	2,106,255 57.00
58.00 05800	MRI	1,018,765	660,110	1,678,875	345,848	2,024,723 58.00
59.00 05900	CARDIAC CATHETERIZATION	2,117,425	19,127,755	21,245,180	-18,620,685	2,624,495 59.00
60.00 06000	LABORATORY	5,503,216	18,549,443	24,052,659	-6,380,792	17,671,867 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	417,743	1,981,636	2,399,379	-262,765	2,136,614 62.00
65.00 06500	RESPIRATORY THERAPY	3,281,324	1,683,744	4,965,068	-1,528,811	3,436,257 65.00
66.00 06600	PHYSICAL THERAPY	5,306,068	843,462	6,149,530	-46,962	6,102,568 66.00
68.00 06800	SPEECH PATHOLOGY	878,872	12,673	891,545	-4,319	887,226 68.00
69.00 06900	ELECTROCARDIOLOGY	3,377,760	3,512,803	6,890,563	-620,752	6,269,811 69.00
69.01 03140	CARDIOLOGY OUTREACH	318,423	108,703	427,126	-94,974	332,152 69.01
69.02 03290	EMG/NCV	31,658	3,631	35,289	0	35,289 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	1,411,167	1,443,838	2,855,005	-1,017,949	1,837,056 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	47,118,463	47,118,463 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	46,303,689	46,303,689 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,000,778	15,000,778 73.00
75.00 07500	ASC (NON-DISTINCT PART)	3,130,282	656,392	3,786,674	-541,109	3,245,565 75.00
76.97 07697	CARDIAC REHABILITATION	951,502	25,548	977,050	-10,467	966,583 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,190,131	1,265,278	2,455,409	-822,940	1,632,469 90.00
90.01 09001	WOUND OSTOMY	1,456,320	772,929	2,229,249	-559,044	1,670,205 90.01
90.02 09002	URODYNAMICS	10,938,037	15,932,438	26,870,475	-837,474	26,033,001 90.02
90.03 09003	PLAINFIELD CLINIC	2,326,902	168,425	2,495,327	-125,829	2,369,498 90.03
90.04 09004	OSWEGO CLINIC	2,620,016	240,075	2,860,091	-197,868	2,662,223 90.04
90.05 09005	BOLINGBROOK CLINIC	1,891,746	428,711	2,320,457	-75,208	2,245,249 90.05
90.06 09006	OUTPATIENT SERVICES	0	0	0	3,363,916	3,363,916 90.06
91.00 09100	EMERGENCY	20,283,035	1,849,810	22,132,845	-631,824	21,501,021 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE		0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	183,050,067	455,690,382	638,740,449	-95	638,740,354 118.00
NONREMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,462	357,645	420,107	0	420,107 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,905,804	3,261,138	6,166,942	95	6,167,037 192.00
192.02 19202	RESEARCH	17,243	0	17,243	0	17,243 192.02
194.00 07950	LINDEN OAKS HOSPITAL	0	0	0	0	0 194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018	Worksheet A Date/Time Prepared: 11/28/2018 8:59 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	186,035,576	459,309,165	645,344,741	0	645,344,741	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,816,381	19,354,503	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,689,699	17,113,688	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,882,002	44,272,302	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-47,354,859	123,221,190	5.00
7.00	00700	OPERATION OF PLANT	-1,058,045	24,577,484	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,608,532	8.00
9.00	00900	HOUSEKEEPING	0	4,819,823	9.00
10.00	01000	DIETARY	0	1,689,884	10.00
11.00	01100	CAFETERIA	-1,864,151	2,201,633	11.00
13.00	01300	NURSING ADMINISTRATION	-38,846	3,209,715	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-6,871	4,766,535	14.00
15.00	01500	PHARMACY	330,152	5,942,104	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,201,046	3,185,353	16.00
23.00	02300	PARAMED ED PRGM-EMS	-225,630	893,056	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,485,003	35,114,318	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,679,031	31.00
32.00	03200	CORONARY CARE UNIT	0	4,802,789	32.00
35.00	02060	NICU	-727,688	6,344,427	35.00
43.00	04300	NURSERY	0	2,488,674	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-578,842	11,064,155	50.00
50.02	03330	ENDOSCOPY	0	1,749,267	50.02
51.00	05100	RECOVERY ROOM	0	2,974,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-415,273	6,726,114	52.00
53.00	05300	ANESTHESIOLOGY	0	1,297,750	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,650	3,124,305	54.00
54.01	03630	ULTRASOUND	0	1,461,572	54.01
54.02	03440	WOMENS IMAGING CENTER	0	964,857	54.02
54.03	05401	SPECIAL PROCEDURES	0	877,657	54.03
54.04	05402	IMAGING CENTER	0	1,258,261	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,433,096	29,078,643	55.00
56.00	05600	RADIOISOTOPE	0	2,023,974	56.00
57.00	05700	CT SCAN	-44,485	2,061,770	57.00
58.00	05800	MRI	0	2,024,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	-8,000	2,616,495	59.00
60.00	06000	LABORATORY	-1,016,922	16,654,945	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,136,614	62.00
65.00	06500	RESPIRATORY THERAPY	-62,795	3,373,462	65.00
66.00	06600	PHYSICAL THERAPY	992	6,103,560	66.00
68.00	06800	SPEECH PATHOLOGY	0	887,226	68.00
69.00	06900	ELECTROCARDIOLOGY	-701,266	5,568,545	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	332,152	69.01
69.02	03290	EMG/NCV	-682	34,607	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-44,425	1,792,631	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	47,118,463	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	46,303,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,000,778	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,245,565	75.00
76.97	07697	CARDIAC REHABILITATION	0	966,583	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-8,128	1,624,341	90.00
90.01	09001	WOUND OSTOMY	-90,286	1,579,919	90.01
90.02	09002	URODYNAMICS	-2,404,676	23,628,325	90.02
90.03	09003	PLAINFIELD CLINIC	0	2,369,498	90.03
90.04	09004	OSWEGO CLINIC	-1,586,627	1,075,596	90.04
90.05	09005	BOLINGBROOK CLINIC	-563,658	1,681,591	90.05
90.06	09006	OUTPATIENT SERVICES	0	3,363,916	90.06
91.00	09100	EMERGENCY	-15,985,539	5,515,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-68,794,171	569,946,183	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420,107	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,556	6,164,481	192.00
192.02	19202	RESEARCH	0	17,243	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-68,796,727	576,548,014	200.00

RECLASSIFICATIONS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/28/2018 8:59 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - CAFETERIA					
1.00	CAFETERIA	11.00	0	4,065,784	1.00
	TOTALS		0	4,065,784	
D - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,000,778	1.00
	TOTALS		0	15,000,778	
E - PATIENT TRANSPORT					
1.00	HOUSEKEEPING	9.00	20	2	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	31,822	2,985	2.00
3.00	ADULTS & PEDIATRICS	30.00	304,513	28,562	3.00
4.00	INTENSIVE CARE UNIT	31.00	22,509	2,111	4.00
5.00	CORONARY CARE UNIT	32.00	23,902	2,242	5.00
6.00	NICU	35.00	375	35	6.00
7.00	NURSERY	43.00	757	71	7.00
8.00	OPERATING ROOM	50.00	9,902	929	8.00
9.00	ENDOSCOPY	50.02	10,940	1,026	9.00
10.00	RECOVERY ROOM	51.00	47,643	4,469	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	3,307	310	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	34,280	3,215	12.00
13.00	ULTRASOUND	54.01	31,809	2,984	13.00
14.00	WOMENS IMAGING CENTER	54.02	2,524	237	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	1,018	95	15.00
16.00	RADIOISOTOPE	56.00	5,925	556	16.00
17.00	CT SCAN	57.00	13	1	17.00
18.00	MRI	58.00	15,854	1,487	18.00
19.00	CARDIAC CATHETERIZATION	59.00	4,372	410	19.00
20.00	ELECTROCARDIOLOGY	69.00	33	3	20.00
21.00	WOUND OSTOMY	90.01	13	1	21.00
22.00	EMERGENCY	91.00	97,443	9,140	22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	87	8	23.00
	TOTALS		649,061	60,879	
F - RADIOLOGY DIRECTOR					
1.00	ULTRASOUND	54.01	102,137	6,272	1.00
2.00	WOMENS IMAGING CENTER	54.02	41,483	2,547	2.00
3.00	SPECIAL PROCEDURES	54.03	50,906	3,126	3.00
4.00	CT SCAN	57.00	41,048	2,521	4.00
5.00	MRI	58.00	406,979	24,991	5.00
6.00	IMAGING CENTER	54.04	140,989	8,658	6.00
7.00	RADIOISOTOPE	56.00	90,538	5,560	7.00
	TOTALS		874,080	53,675	
G - NURSERY					
1.00	NURSERY	43.00	2,238,027	249,819	1.00
	TOTALS		2,238,027	249,819	
H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	47,118,463	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	34,446	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
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
TOTALS					
					47,152,909
I - EMT					
1.00	PARAMED ED PRGM-EMS	23.00	135,926	0	1.00
2.00	EMERGENCY	91.00	0	14,156	2.00
TOTALS					
					135,926 14,156
J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	46,303,689	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,473,476	2.00
3.00	RADIOISOTOPE	56.00	0	17,940	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	6,881	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
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
TOTALS					
					47,801,986
K - ON CALL ER PHYSICIANS					
1.00	EMERGENCY	91.00	0	469,100	1.00
TOTALS					
					469,100
M - OUTPATIENT SERVICES					
1.00	OUTPATIENT SERVICES	90.06	2,449,344	914,572	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
TOTALS					
					2,449,344 914,572
N - RECLASS NEGATIVE SALARIES					
1.00	MEDICAL RECORDS & LIBRARY	16.00	18,346	0	1.00
TOTALS					
					18,346 0
500.00	Grand Total: Increases		6,364,784	115,783,658	500.00

RECLASSIFICATIONS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
11/28/2018 8:59 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - CAFETERIA							
1.00	DIETARY	10.00	0	4,065,784	0		1.00
	TOTALS		0	4,065,784			
D - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	15,000,778	0		1.00
	TOTALS		0	15,000,778			
E - PATIENT TRANSPORT							
1.00	ADMINISTRATIVE & GENERAL	5.00	649,061	60,879	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
	TOTALS		649,061	60,879			
F - RADIOLOGY DIRECTOR							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	874,080	53,675	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		874,080	53,675			
G - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	2,238,027	249,819	0		1.00
	TOTALS		2,238,027	249,819			
H - MEDICAL SUPPLIES							
1.00	OPERATION OF PLANT	7.00	0	2,426	0		1.00
2.00	HOUSEKEEPING	9.00	0	4,360	0		2.00
3.00	DIETARY	10.00	0	14,675	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	9,032	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,178,281	0		5.00
6.00	PHARMACY	15.00	0	72,940	0		6.00
8.00	ADULTS & PEDIATRICS	30.00	0	2,544,628	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	568,079	0		9.00
10.00	CORONARY CARE UNIT	32.00	0	478,681	0		10.00
11.00	NICU	35.00	0	427,258	0		11.00
12.00	OPERATING ROOM	50.00	0	11,887,747	0		12.00
13.00	ENDOSCOPY	50.02	0	1,727,013	0		13.00
14.00	RECOVERY ROOM	51.00	0	198,778	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	689,369	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	1,664,962	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	54,516	0		17.00
18.00	ULTRASOUND	54.01	0	139,059	0		18.00
19.00	WOMENS IMAGING CENTER	54.02	0	499,559	0		19.00
20.00	SPECIAL PROCEDURES	54.03	0	935,830	0		20.00
21.00	IMAGING CENTER	54.04	0	32,577	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	233,954	0		22.00
23.00	RADIOISOTOPE	56.00	0	39,095	0		23.00
24.00	CT SCAN	57.00	0	394,213	0		24.00
25.00	MRI	58.00	0	103,463	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	9,315,113	0		26.00
27.00	LABORATORY	60.00	0	6,380,792	0		27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	262,765	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	1,528,811	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	46,962	0		30.00

RECLASSIFICATIONS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
11/28/2018 8:59 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
31.00	SPEECH PATHOLOGY	68.00	0	4,319	0	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	627,669	0	32.00	
33.00	CARDIOLOGY OUTREACH	69.01	0	94,974	0	33.00	
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	769,342	0	34.00	
35.00	ASC (NON-DISTINCT PART)	75.00	0	540,128	0	35.00	
36.00	CARDIAC REHABILITATION	76.97	0	10,467	0	36.00	
37.00	CLINIC	90.00	0	822,904	0	37.00	
38.00	WOUND OSTOMY	90.01	0	555,101	0	38.00	
39.00	URODYNAMICS	90.02	0	831,647	0	39.00	
40.00	PLAINFIELD CLINIC	90.03	0	124,137	0	40.00	
41.00	OSWEGO CLINIC	90.04	0	193,615	0	41.00	
42.00	BOLINGBROOK CLINIC	90.05	0	73,811	0	42.00	
43.00	EMERGENCY	91.00	0	1,069,857	0	43.00	
	TOTALS		0	47,152,909			
I - EMT							
1.00	EMERGENCY	91.00	135,926	0	0	1.00	
2.00	PARAMED ED PRGM-EMS	23.00	0	14,156	0	2.00	
	TOTALS		135,926	14,156			
J - IMPLANTS							
1.00		0.00	0	0	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	15,072	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	1,799	0	3.00	
4.00	CORONARY CARE UNIT	32.00	0	20,773	0	4.00	
5.00	NICU	35.00	0	1,856	0	5.00	
6.00	OPERATING ROOM	50.00	0	37,929,270	0	6.00	
7.00	ENDOSCOPY	50.02	0	142,016	0	7.00	
8.00	RECOVERY ROOM	51.00	0	348	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,944	0	9.00	
10.00	ANESTHESIOLOGY	53.00	0	4,035	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,827	0	11.00	
12.00	ULTRASOUND	54.01	0	344	0	12.00	
13.00	WOMENS IMAGING CENTER	54.02	0	2,405	0	13.00	
14.00	SPECIAL PROCEDURES	54.03	0	83,160	0	14.00	
16.00	CT SCAN	57.00	0	153	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	9,310,354	0	17.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	248,607	0	19.00	
20.00	ASC (NON-DISTINCT PART)	75.00	0	981	0	20.00	
21.00	CLINIC	90.00	0	36	0	21.00	
22.00	WOUND OSTOMY	90.01	0	3,957	0	22.00	
23.00	URODYNAMICS	90.02	0	5,827	0	23.00	
24.00	PLAINFIELD CLINIC	90.03	0	1,692	0	24.00	
25.00	OSWEGO CLINIC	90.04	0	4,253	0	25.00	
26.00	BOLINGBROOK CLINIC	90.05	0	1,397	0	26.00	
27.00	EMERGENCY	91.00	0	15,880	0	27.00	
	TOTALS		0	47,801,986			
K - ON CALL ER PHYSICIANS							
1.00	PARAMED ED PRGM-EMS	23.00	0	469,100	0	1.00	
	TOTALS		0	469,100			
M - OUTPATIENT SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	2,422,359	911,268	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	6,009	820	0	2.00	
3.00	CORONARY CARE UNIT	32.00	20,888	2,465	0	3.00	
4.00	NICU	35.00	88	19	0	4.00	
	TOTALS		2,449,344	914,572			
N - RECLASS NEGATIVE SALARIES							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	18,346	0	1.00	
	TOTALS		0	18,346			
500.00	Grand Total: Decreases		6,346,438	115,802,004		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
11/28/2018 8:59 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,325,000	294,676	0	294,676	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	490,759,286	46,240,953	0	46,240,953	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	321,679,448	0	0	0	19,639,272	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	822,763,734	46,535,629	0	46,535,629	19,639,272	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	822,763,734	46,535,629	0	46,535,629	19,639,272	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,619,676	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	537,000,239	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	302,040,176	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	849,660,091	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	849,660,091	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	15,538,122	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,423,989	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	30,962,111	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	15,538,122				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,423,989				2.00
3.00	Total (sum of lines 1-2)	0	30,962,111				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
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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	547,619,916	0	547,619,916	0.644516	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	302,040,176	0	302,040,176	0.355484	0	2.00
3.00	Total (sum of lines 1-2)	849,660,092	0	849,660,092	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	15,538,122	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	17,113,688	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	32,651,810	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,816,381	0	0	0	19,354,503	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,113,688	2.00
3.00	Total (sum of lines 1-2)	3,816,381	0	0	0	36,468,191	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-120,436		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,438,955				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	-38,776,147				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,864,151		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 TELEVISION	A	-12,458		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 PAT TELEPHONE CAPITAL	A	-5,191	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.01
33.02 MISC REVENUE	B	-5,072	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03 MISC REVENUE	B	-1,885,682	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 MISC REVENUE	B	-973,289	OPERATION OF PLANT	7.00	0	33.04
33.05 MISC REVENUE		0		0.00	0	33.05
33.06 MISC REVENUE	B	-38,846	NURSING ADMINISTRATION	13.00	0	33.06
33.07 MISC REVENUE	B	-6,871	CENTRAL SERVICES & SUPPLY	14.00	0	33.07
33.08 MISC REVENUE	B	-6,196	PHARMACY	15.00	0	33.08
33.09 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.09
33.10 MISC REVENUE	B	-545,866	ADULTS & PEDIATRICS	30.00	0	33.10
33.11 MISC REVENUE	B	-2,100	DELIVERY ROOM & LABOR ROOM	52.00	0	33.11
33.12 MISC REVENUE	B	-8,650	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13 MISC REVENUE	B		WOMENS IMAGING CENTER	54.02	0	33.13
33.14 MISC REVENUE	B	-185,333	RADIOLOGY-THERAPEUTIC	55.00	0	33.14
33.15 MISC REVENUE	B	-8,000	CARDIAC CATHETERIZATION	59.00	0	33.15
33.16 MISC REVENUE	B	-14,482	LABORATORY	60.00	0	33.16
33.17 MISC REVENUE	B	-280	RESPIRATORY THERAPY	65.00	0	33.17
33.18 MISC REVENUE	B	992	PHYSICAL THERAPY	66.00	0	33.18
33.19 MISC REVENUE	B	-701,266	ELECTROCARDIOLOGY	69.00	0	33.19
33.20 MISC REVENUE	B	-200	ELECTROENCEPHALOGRAPHY	70.00	0	33.20
33.21 MISC REVENUE	B		CLINIC	90.00	0	33.21
33.22 MISC REVENUE	B	-4,960	WOUND OSTOMY	90.01	0	33.22
33.23 MISC REVENUE	B	-155,607	URODYNAMICS	90.02	0	33.23
33.24 MISC REVENUE	B	-68	OSWEGO CLINIC	90.04	0	33.24
33.25 MISC REVENUE	B	-102,621	EMERGENCY	91.00	0	33.25
34.00 MISC REVENUE EMS TUITION	B	-225,630	PARAMED ED PRGM-EMS	23.00	0	34.00
35.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.00
35.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.01
36.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
37.00 REAL ESTATE TAXES	A	-86,634	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 IMPUTED COST OF VOLUNTEERS	A	-879,452	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 COMMUNITY SPONSORSHIP	A	-657,505	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 CONTRIBUTIONS	A	-293,337	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01 CONTRIBUTIONS	A	-55,168	EMERGENCY	91.00	0	40.01
40.02 CONTRIBUTIONS	A	-7,050	OSWEGO CLINIC	90.04	0	40.02
41.00 HEALTH PROMOTIONS	A	-55,554	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 IRB	A	-8,128	CLINIC	90.00	0	42.00
42.01 NRCC PROFESSIONAL COMPONENT	A	-2,556	PHYSICIANS' PRIVATE OFFICES	192.00	0	42.01
43.00 INCOME TAXES	A	-663,978	ADMINISTRATIVE & GENERAL	5.00	0	43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-68,796,727				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0231

Period: From 07/01/2017 To 06/30/2018

Worksheet A-8-1

Date/Time Prepared: 11/28/2018 8:59 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	LOSS ON REFIANNCE	3,816,381	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	1,707,348	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	8,887,074	0
3.01	5.00	ADMINISTRATIVE & GENERAL	A & G	70,811,945	114,920,044
3.02	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	4,387,394	0
3.03	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCESS	3,562,053	0
3.04	7.00	OPERATION OF PLANT	PLANT OPERATIONS	12,867,703	12,952,459
3.05	15.00	PHARMACY	PHARMACY	336,348	0
3.06	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	3,201,046	0
3.07	5.00	ADMINISTRATIVE & GENERAL	LINDEN OAKS- MEDICAL STAFF	0	3,069
3.08	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY RENT	5,365,357	8,056,091
3.09	5.00	ADMINISTRATIVE & GENERAL	RELATED PARTY PHYSICIAN SERV	0	3,763,406
3.10	30.00	ADULTS & PEDIATRICS	RELATED PARTY PHYSICIAN SERV	0	8,554,304
3.11	50.00	OPERATING ROOM	RELATED PARTY PHYSICIAN SERV	0	563,509
3.12	55.00	RADIOLOGY-THERAPEUTIC	RELATED PARTY PHYSICIAN SERV	0	2,247,763
3.13	90.02	URODYNAMICS	RELATED PARTY PHYSICIAN SERV	0	2,247,763
3.14	91.00	EMERGENCY	RELATED PARTY PHYSICIAN SERV	0	410,388
3.15	0.00			0	0
3.16	0.00			0	0
3.17	0.00			0	0
3.18	0.00			0	0
3.19	0.00			0	0
3.20	0.00			0	0
3.21	0.00			0	0
3.22	0.00			0	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			114,942,649	153,718,796

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

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

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

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

6.00	B	EDWARD ELMHURST HEALTH	100.00	0.00	6.00
7.00	C	EDWARD HEALTH V	100.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/28/2018 8:59 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,816,381	11		1.00
2.00	1,707,348	9		2.00
3.00	8,887,074	0		3.00
3.01	-44,108,099	0		3.01
3.02	4,387,394	0		3.02
3.03	3,562,053	0		3.03
3.04	-84,756	0		3.04
3.05	336,348	0		3.05
3.06	3,201,046	0		3.06
3.07	-3,069	0		3.07
3.08	-2,690,734	0		3.08
3.09	-3,763,406	0		3.09
3.10	-8,554,304	0		3.10
3.11	-563,509	0		3.11
3.12	-2,247,763	0		3.12
3.13	-2,247,763	0		3.13
3.14	-410,388	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
4.00	0	0		4.00
5.00	-38,776,147			5.00

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

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

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

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

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/28/2018 8:59 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	96,420	96,420	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	384,833	384,833	0	0	0	2.00
3.00	35.00	NICU	727,688	727,688	0	0	0	3.00
4.00	50.00	OPERATING ROOM	15,333	15,333	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	531,938	385,992	145,946	211,500	1,168	5.00
6.00	57.00	CT SCAN	44,485	44,485	0	0	0	6.00
7.00	60.00	LABORATORY	1,002,440	1,002,440	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	62,515	62,515	0	0	0	8.00
9.00	69.02	EMG/NCV	3,631	0	3,631	211,500	29	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	106,150	30,000	76,150	211,500	609	10.00
11.00	90.01	WOUND OSTOMY	85,326	85,326	0	0	0	11.00
12.00	90.02	URODYNAMICS	1,306	1,306	0	0	0	12.00
13.00	90.03	PLAINFIELD CLINIC	0	0	0	0	0	13.00
14.00	90.04	OSWEGO CLINIC	1,579,509	1,579,509	0	0	0	14.00
15.00	90.05	BOLINGBROOK CLINIC	563,658	563,658	0	0	0	15.00
16.00	91.00	EMERGENCY	15,417,362	15,417,362	0	0	0	16.00
200.00			20,622,594	20,396,867	225,727		1,806	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	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	35.00	NICU	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	118,765	5,938	0	0	0	5.00
6.00	57.00	CT SCAN	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	69.02	EMG/NCV	2,949	147	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	61,925	3,096	0	0	0	10.00
11.00	90.01	WOUND OSTOMY	0	0	0	0	0	11.00
12.00	90.02	URODYNAMICS	0	0	0	0	0	12.00
13.00	90.03	PLAINFIELD CLINIC	0	0	0	0	0	13.00
14.00	90.04	OSWEGO CLINIC	0	0	0	0	0	14.00
15.00	90.05	BOLINGBROOK CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
200.00			183,639	9,181	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	0	0	96,420	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	384,833	2.00
3.00	35.00	NICU	0	0	0	727,688	3.00
4.00	50.00	OPERATING ROOM	0	0	0	15,333	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	118,765	27,181	413,173	5.00
6.00	57.00	CT SCAN	0	0	0	44,485	6.00
7.00	60.00	LABORATORY	0	0	0	1,002,440	7.00
8.00	65.00	RESPIRATORY THERAPY	0	0	0	62,515	8.00
9.00	69.02	EMG/NCV	0	2,949	682	682	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	61,925	14,225	44,225	10.00
11.00	90.01	WOUND OSTOMY	0	0	0	85,326	11.00
12.00	90.02	URODYNAMICS	0	0	0	1,306	12.00
13.00	90.03	PLAINFIELD CLINIC	0	0	0	0	13.00
14.00	90.04	OSWEGO CLINIC	0	0	0	1,579,509	14.00
15.00	90.05	BOLINGBROOK CLINIC	0	0	0	563,658	15.00
16.00	91.00	EMERGENCY	0	0	0	15,417,362	16.00
200.00			0	183,639	42,088	20,438,955	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	19,354,503	19,354,503			1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP	17,113,688		17,113,688		2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	44,272,302	164,551	145,499	44,582,352	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	123,221,190	1,881,865	1,663,988	1,343,161	5.00	
7.00 00700	OPERATION OF PLANT	24,577,484	4,863,472	4,300,387	1,011,536	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	1,608,532	32,277	28,540	42,540	8.00	
9.00 00900	HOUSEKEEPING	4,819,823	97,855	86,526	844,458	9.00	
10.00 01000	DIETARY	1,689,884	446,365	394,686	0	10.00	
11.00 01100	CAFETERIA	2,201,633	0	0	0	11.00	
13.00 01300	NURSING ADMINISTRATION	3,209,715	91,932	81,289	754,980	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	4,766,535	305,339	269,988	571,706	14.00	
15.00 01500	PHARMACY	5,942,104	142,263	125,792	1,141,694	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	3,185,353	52,757	46,649	0	16.00	
23.00 02300	PARAMED ED PRGM-EMS	893,056	68,717	60,761	219,140	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	35,114,318	3,458,083	3,057,715	8,147,178	30.00	
31.00 03100	INTENSIVE CARE UNIT	4,679,031	656,989	580,925	1,110,147	31.00	
32.00 03200	CORONARY CARE UNIT	4,802,789	687,221	607,656	1,139,922	32.00	
35.00 02060	NICU	6,344,427	333,073	294,511	1,480,032	35.00	
43.00 04300	NURSERY	2,488,674	167,762	148,339	538,049	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	11,064,155	1,355,247	1,198,340	2,019,669	50.00	
50.02 03330	ENDOSCOPY	1,749,267	265,926	235,138	394,766	50.02	
51.00 05100	RECOVERY ROOM	2,974,111	0	0	703,745	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,726,114	583,419	515,873	1,553,783	52.00	
53.00 05300	ANESTHESIOLOGY	1,297,750	16,008	14,155	140,371	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,124,305	249,656	220,752	698,181	54.00	
54.01 03630	ULTRASOUND	1,461,572	24,737	21,873	345,880	54.01	
54.02 03440	WOMENS IMAGING CENTER	964,857	0	0	215,949	54.02	
54.03 05401	SPECIAL PROCEDURES	877,657	17,530	15,501	208,676	54.03	
54.04 05402	IMAGING CENTER	1,258,261	0	0	264,603	54.04	
55.00 05500	RADIOLOGY-THERAPEUTIC	29,078,643	0	0	1,238,052	55.00	
56.00 05600	RADIOISOTOPE	2,023,974	69,145	61,140	172,195	56.00	
57.00 05700	CT SCAN	2,061,770	107,084	94,686	431,571	57.00	
58.00 05800	MRI	2,024,723	176,110	155,721	346,461	58.00	
59.00 05900	CARDIAC CATHETERIZATION	2,616,495	205,748	181,927	509,934	59.00	
60.00 06000	LABORATORY	16,654,945	244,733	216,398	1,322,593	60.00	
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,136,614	29,209	25,827	100,397	62.00	
65.00 06500	RESPIRATORY THERAPY	3,373,462	69,050	61,056	788,604	65.00	
66.00 06600	PHYSICAL THERAPY	6,103,560	4,638	4,101	1,275,213	66.00	
68.00 06800	SPEECH PATHOLOGY	887,226	0	0	211,220	68.00	
69.00 06900	ELECTROCARDIOLOGY	5,568,545	340,376	300,968	811,788	69.00	
69.01 03140	CARDIOLOGY OUTREACH	332,152	0	0	76,527	69.01	
69.02 03290	EMG/NCV	34,607	0	0	7,608	69.02	
70.00 07000	ELECTROENCEPHALOGRAPHY	1,792,631	0	0	339,147	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,118,463	0	0	0	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	46,303,689	0	0	0	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	15,000,778	0	0	0	73.00	
75.00 07500	ASC (NON-DISTINCT PART)	3,245,565	339,519	300,211	752,304	75.00	
76.97 07697	CARDIAC REHABILITATION	966,583	70,168	62,044	228,675	76.97	
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98	
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	1,624,341	0	0	286,025	90.00	
90.01 09001	WOUND OSTOMY	1,579,919	125,304	110,797	350,002	90.01	
90.02 09002	URODYNAMICS	23,628,325	0	0	2,628,749	90.02	
90.03 09003	PLAINTFIELD CLINIC	2,369,498	0	0	559,227	90.03	
90.04 09004	OSWEGO CLINIC	1,075,596	0	0	629,671	90.04	
90.05 09005	BOLINGBROOK CLINIC	1,681,591	0	0	454,645	90.05	
90.06 09006	OUTPATIENT SERVICES	3,363,916	249,252	220,394	588,653	90.06	
91.00 09100	EMERGENCY	5,515,482	792,450	700,702	4,865,393	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)	569,946,183	18,785,830	16,610,855	43,864,820	568,157,145	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	420,107	28,924	25,575	15,012	489,618	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,164,481	539,749	477,258	698,376	7,879,864	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
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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	
192.02 19202 RESEARCH	17,243	0	0	4,144	21,387	192.02
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	576,548,014	19,354,503	17,113,688	44,582,352	576,548,014	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	128,110,204				5.00	
7.00	00700	OPERATION OF PLANT	9,928,237	44,681,116			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	489,054	115,889	2,316,832		8.00	
9.00	00900	HOUSEKEEPING	1,670,852	351,338	0	7,870,852	9.00	
10.00	01000	DIETARY	723,040	1,602,629	0	89,800	10.00	
11.00	01100	CAFETERIA	628,965	0	0	228,899	11.00	
13.00	01300	NURSING ADMINISTRATION	1,182,124	330,074	0	29,487	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,689,394	1,096,288	4,036	190,463	14.00	
15.00	01500	PHARMACY	2,100,285	510,781	0	105,683	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	938,393	189,419	0	14,760	16.00	
23.00	02300	PARAMED ED PRGM-EMS	354,723	246,723	59,831	39,262	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,220,470	12,415,887	702,992	1,919,161	4,244,650	30.00
31.00	03100	INTENSIVE CARE UNIT	2,007,507	2,358,852	61,270	205,421	355,681	31.00
32.00	03200	CORONARY CARE UNIT	2,067,641	2,467,396	92,568	495,326	346,073	32.00
35.00	02060	NICU	2,414,588	1,195,866	67,586	269,531	0	35.00
43.00	04300	NURSERY	954,981	602,331	175,216	116,447	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,467,311	4,865,874	135,302	695,035	0	50.00
50.02	03330	ENDOSCOPY	755,654	954,779	34,736	159,391	0	50.02
51.00	05100	RECOVERY ROOM	1,050,694	0	48,340	78,375	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,679,456	2,094,708	137,434	396,149	0	52.00
53.00	05300	ANESTHESIOLOGY	419,461	57,475	0	11,111	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,226,398	896,365	38,399	198,520	0	54.00
54.01	03630	ULTRASOUND	529,670	88,817	35,054	15,652	0	54.01
54.02	03440	WOMENS IMAGING CENTER	337,334	0	5,662	8,255	0	54.02
54.03	05401	SPECIAL PROCEDURES	319,781	62,940	5,979	23,131	0	54.03
54.04	05402	IMAGING CENTER	435,053	0	38,006	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	8,660,904	0	20,685	0	0	55.00
56.00	05600	RADIOISOTOPE	664,624	248,260	33,485	56,383	0	56.00
57.00	05700	CT SCAN	769,942	384,474	31,504	67,147	0	57.00
58.00	05800	MRI	772,200	632,307	33,410	53,081	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,003,913	738,716	5,755	133,057	0	59.00
60.00	06000	LABORATORY	5,267,577	878,687	0	128,533	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	654,794	104,872	0	11,293	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,226,192	247,918	0	45,502	0	65.00
66.00	06600	PHYSICAL THERAPY	2,110,472	16,653	46,527	3,220	0	66.00
68.00	06800	SPEECH PATHOLOGY	313,805	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,005,960	1,222,084	729	369,848	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	116,752	0	2,709	0	0	69.01
69.02	03290	EMG/NCV	12,060	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	609,008	0	101	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,460,850	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,228,084	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,285,437	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,324,874	1,219,009	52,992	232,135	0	75.00
76.97	07697	CARDIAC REHABILITATION	379,233	251,932	3,419	48,705	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	545,755	0	3,139	22,487	0	90.00
90.01	09001	WOUND OSTOMY	618,791	449,891	9,642	0	0	90.01
90.02	09002	URODYNAMICS	7,501,147	0	160,304	0	0	90.02
90.03	09003	PLAINFIELD CLINIC	836,681	0	12,258	0	0	90.03
90.04	09004	OSWEGO CLINIC	487,162	0	5,643	0	0	90.04
90.05	09005	BOLINGBROOK CLINIC	610,282	0	14,687	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	1,263,343	894,914	76,829	172,219	0	90.06
91.00	09100	EMERGENCY	3,392,184	2,845,209	158,080	516,592	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)	125,713,092	42,639,357	2,314,309	7,150,061	4,946,404	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	139,875	103,847	0	18,359	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,251,127	1,937,912	2,523	63,482	0	192.00
192.02	19202	RESEARCH	6,110	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	638,950	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	128,110,204	44,681,116	2,316,832	7,870,852	4,946,404	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,059,497					11.00
13.00	01300	91,171	5,770,772				13.00
14.00	01400	65,752	0	8,959,501			14.00
15.00	01500	77,168	0	0	10,145,770		15.00
16.00	01600	0	0	0	0	4,427,331	16.00
23.00	02300	18,261	63,195	9,569	9,016	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	693,457	2,399,868	0	50,727	227,470	30.00
31.00	03100	78,012	269,980	0	7,649	36,518	31.00
32.00	03200	85,057	294,361	0	9,780	38,627	32.00
35.00	02060	86,614	299,748	0	325	27,196	35.00
43.00	04300	45,755	158,345	0	0	10,905	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	155,837	528,525	0	22,365	190,074	50.00
50.02	03330	30,560	108,826	0	7,148	44,423	50.02
51.00	05100	48,287	167,608	0	7,035	41,169	51.00
52.00	05200	101,467	423,307	0	3,742	43,781	52.00
53.00	05300	15,142	54,337	0	160,060	76,910	53.00
54.00	05400	59,707	0	0	1,062	96,452	54.00
54.01	03630	24,351	0	0	326	61,551	54.01
54.02	03440	15,179	0	0	1,533	24,380	54.02
54.03	05401	13,353	0	0	284	25,593	54.03
54.04	05402	17,455	0	0	408	54,635	54.04
55.00	05500	94,885	0	0	5,925,829	256,437	55.00
56.00	05600	10,119	0	0	316,582	24,443	56.00
57.00	05700	40,125	0	0	6,402	245,225	57.00
58.00	05800	22,670	0	0	774	85,043	58.00
59.00	05900	38,149	0	0	10,863	175,200	59.00
60.00	06000	136,942	0	0	0	660,738	60.00
62.00	06200	7,838	0	0	0	24,139	62.00
65.00	06500	78,443	0	0	1,876	98,413	65.00
66.00	06600	105,265	0	0	0	64,646	66.00
68.00	06800	15,391	0	0	0	11,038	68.00
69.00	06900	71,805	0	0	82	136,075	69.00
69.01	03140	0	0	0	0	16,511	69.01
69.02	03290	1,205	0	0	0	2,277	69.02
70.00	07000	30,175	0	0	0	36,520	70.00
71.00	07100	0	0	4,444,397	0	110,872	71.00
72.00	07200	0	0	4,505,535	0	223,318	72.00
73.00	07300	0	0	0	0	206,969	73.00
75.00	07500	59,535	0	0	12,334	25,249	75.00
76.97	07697	20,721	0	0	2	15,373	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	44,237	153,092	0	0	7,290	90.00
90.01	09001	33,471	0	0	6,695	22,042	90.01
90.02	09002	145,463	0	0	3,007,202	470,850	90.02
90.03	09003	22,470	0	0	985	37,814	90.03
90.04	09004	32,306	0	0	1,678	29,248	90.04
90.05	09005	24,863	0	0	2,472	17,908	90.05
90.06	09006	43,186	149,455	0	0	15,598	90.06
91.00	09100	202,305	700,125	0	14,641	408,411	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1 through 117)		3,004,154	5,770,772	8,959,501	9,589,877	4,427,331	
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,238	0	0	0	0	190.00
192.00	19200	53,105	0	0	555,893	0	192.00
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
202.00 TOTAL (sum lines 118 through 201)	3,059,497	5,770,772	8,959,501	10,145,770	4,427,331	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
23.00	02300	PARAMED ED PRGM-EMS	2,042,254				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,025	86,787,001	0	86,787,001	30.00
31.00	03100	INTENSIVE CARE UNIT	30,006	12,437,988	0	12,437,988	31.00
32.00	03200	CORONARY CARE UNIT	0	13,134,417	0	13,134,417	32.00
35.00	02060	NI CU	0	12,813,497	0	12,813,497	35.00
43.00	04300	NURSERY	0	5,406,804	0	5,406,804	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,006	26,727,740	0	26,727,740	50.00
50.02	03330	ENDOSCOPY	0	4,740,614	0	4,740,614	50.02
51.00	05100	RECOVERY ROOM	0	5,119,364	0	5,119,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,259,233	0	15,259,233	52.00
53.00	05300	ANESTHESIOLOGY	0	2,262,780	0	2,262,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,809,797	0	6,809,797	54.00
54.01	03630	ULTRASOUND	0	2,609,483	0	2,609,483	54.01
54.02	03440	WOMENS IMAGING CENTER	0	1,573,149	0	1,573,149	54.02
54.03	05401	SPECIAL PROCEDURES	0	1,570,425	0	1,570,425	54.03
54.04	05402	IMAGING CENTER	0	2,068,421	0	2,068,421	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	45,275,435	0	45,275,435	55.00
56.00	05600	RADIOISOTOPE	0	3,680,350	0	3,680,350	56.00
57.00	05700	CT SCAN	0	4,239,930	0	4,239,930	57.00
58.00	05800	MRI	0	4,302,500	0	4,302,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,619,757	0	5,619,757	59.00
60.00	06000	LABORATORY	78,765	25,589,911	0	25,589,911	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,094,983	0	3,094,983	62.00
65.00	06500	RESPIRATORY THERAPY	15,003	6,005,519	0	6,005,519	65.00
66.00	06600	PHYSICAL THERAPY	0	9,734,295	0	9,734,295	66.00
68.00	06800	SPEECH PATHOLOGY	0	1,438,680	0	1,438,680	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,828,260	0	10,828,260	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	544,651	0	544,651	69.01
69.02	03290	EMG/NCV	0	57,757	0	57,757	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,807,582	0	2,807,582	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	65,134,582	0	65,134,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,260,626	0	64,260,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,493,184	0	19,493,184	73.00
75.00	07500	ASC (NON-DISTINCT PART)	22,504	7,586,231	0	7,586,231	75.00
76.97	07697	CARDIAC REHABILITATION	0	2,046,855	0	2,046,855	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,686,366	0	2,686,366	90.00
90.01	09001	WOUND OSTOMY	0	3,306,554	0	3,306,554	90.01
90.02	09002	URODYNAMICS	0	37,542,040	0	37,542,040	90.02
90.03	09003	PLAINFIELD CLINIC	0	3,838,933	0	3,838,933	90.03
90.04	09004	OSWEGO CLINIC	0	2,261,304	0	2,261,304	90.04
90.05	09005	BOLINGBROOK CLINIC	0	2,806,448	0	2,806,448	90.05
90.06	09006	OUTPATIENT SERVICES	0	7,037,759	0	7,037,759	90.06
91.00	09100	EMERGENCY	1,730,945	21,842,519	0	21,842,519	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,042,254	562,383,724	0	562,383,724	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	753,937	0	753,937	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,743,906	0	12,743,906	192.00
192.02	19202	RESEARCH	0	27,497	0	27,497	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	638,950	0	638,950	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	2,042,254	576,548,014	0	576,548,014		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	164,551	145,499	310,050	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,304,585	1,881,865	1,663,988	4,850,438	5.00
7.00 00700	OPERATION OF PLANT	1,536,615	4,863,472	4,300,387	10,700,474	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	32,277	28,540	60,817	8.00
9.00 00900	HOUSEKEEPING	38,310	97,855	86,526	222,691	9.00
10.00 01000	DIETARY	1,817	446,365	394,686	842,868	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,542	91,932	81,289	176,763	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	760,105	305,339	269,988	1,335,432	14.00
15.00 01500	PHARMACY	686,306	142,263	125,792	954,361	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	52,757	46,649	99,406	16.00
23.00 02300	PARAMED ED PRGM-EMS	2,692	68,717	60,761	132,170	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	117,296	3,458,083	3,057,715	6,633,094	30.00
31.00 03100	INTENSIVE CARE UNIT	7,164	656,989	580,925	1,245,078	31.00
32.00 03200	CORONARY CARE UNIT	7,405	687,221	607,656	1,302,282	32.00
35.00 02060	NICU	11,294	333,073	294,511	638,878	35.00
43.00 04300	NURSERY	0	167,762	148,339	316,101	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	120,927	1,355,247	1,198,340	2,674,514	50.00
50.02 03330	ENDOSCOPY	41,347	265,926	235,138	542,411	50.02
51.00 05100	RECOVERY ROOM	1,576	0	0	1,576	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	19,786	583,419	515,873	1,119,078	52.00
53.00 05300	ANESTHESIOLOGY	32,394	16,008	14,155	62,557	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	34,415	249,656	220,752	504,823	54.00
54.01 03630	ULTRASOUND	6,506	24,737	21,873	53,116	54.01
54.02 03440	WOMENS IMAGING CENTER	2,029	0	0	2,029	54.02
54.03 05401	SPECIAL PROCEDURES	1,209	17,530	15,501	34,240	54.03
54.04 05402	IMAGING CENTER	6,134	0	0	6,134	54.04
55.00 05500	RADIOLOGY-THERAPEUTIC	14,696	0	0	14,696	55.00
56.00 05600	RADIOISOTOPE	6,663	69,145	61,140	136,948	56.00
57.00 05700	CT SCAN	3,216	107,084	94,686	204,986	57.00
58.00 05800	MRI	320,603	176,110	155,721	652,434	58.00
59.00 05900	CARDIAC CATHETERIZATION	16,765	205,748	181,927	404,440	59.00
60.00 06000	LABORATORY	55,807	244,733	216,398	516,938	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	216	29,209	25,827	55,252	62.00
65.00 06500	RESPIRATORY THERAPY	75,201	69,050	61,056	205,307	65.00
66.00 06600	PHYSICAL THERAPY	16,455	4,638	4,101	25,194	66.00
68.00 06800	SPEECH PATHOLOGY	1,620	0	0	1,620	68.00
69.00 06900	ELECTROCARDIOLOGY	5,916	340,376	300,968	647,260	69.00
69.01 03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02 03290	EMG/NCV	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	2,372	0	0	2,372	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	8,554	339,519	300,211	648,284	75.00
76.97 07697	CARDIAC REHABILITATION	4,235	70,168	62,044	136,447	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,955	0	0	9,955	90.00
90.01 09001	WOUND OSTOMY	11,034	125,304	110,797	247,135	90.01
90.02 09002	URODYNAMI CS	295,092	0	0	295,092	90.02
90.03 09003	PLAINFIELD CLINIC	5,583	0	0	5,583	90.03
90.04 09004	OSWEGO CLINIC	6,135	0	0	6,135	90.04
90.05 09005	BOLINGBROOK CLINIC	5,454	0	0	5,454	90.05
90.06 09006	OUTPATIENT SERVICES	0	249,252	220,394	469,646	90.06
91.00 09100	EMERGENCY	24,669	792,450	700,702	1,517,821	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,633,695	18,785,830	16,610,855	41,030,380	305,061
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,924	25,575	54,499	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	925	539,749	477,258	1,017,932	192.00
192.02 19202	RESEARCH	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 8:59 am	
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			
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00		
200.00 Cross Foot Adjustments				0	0	200.00		
201.00 Negative Cost Centers		0	0	0	0	201.00		
202.00 TOTAL (sum lines 118 through 201)	5,634,620	19,354,503	17,113,688	42,102,811	310,050	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/28/2018 8:59 am			
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	4,859,777			5.00	
7.00	00700	OPERATION OF PLANT	376,617	11,084,124		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	18,552	28,749	108,414	8.00	
9.00	00900	HOUSEKEEPING	63,382	87,157	0	9.00	
10.00	01000	DIETARY	27,428	397,567	0	10.00	
11.00	01100	CAFETERIA	23,859	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	44,843	81,882	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	64,085	271,958	189	14.00	
15.00	01500	PHARMACY	79,672	126,710	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	35,597	46,989	0	16.00	
23.00	02300	PARAMED ED PRGM-EMS	13,456	61,205	2,800	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	539,491	3,080,033	32,897	30.00	
31.00	03100	INTENSIVE CARE UNIT	76,153	585,165	2,867	31.00	
32.00	03200	CORONARY CARE UNIT	78,434	612,091	4,332	32.00	
35.00	02060	NICU	91,595	296,660	3,163	35.00	
43.00	04300	NURSERY	36,226	149,421	8,199	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	169,463	1,207,086	6,331	50.00	
50.02	03330	ENDOSCOPY	28,665	236,854	1,625	50.02	
51.00	05100	RECOVERY ROOM	39,857	0	2,262	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,642	519,638	6,431	52.00	
53.00	05300	ANESTHESIOLOGY	15,912	14,258	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,522	222,363	1,797	54.00	
54.01	03630	ULTRASOUND	20,092	22,033	1,640	54.01	
54.02	03440	WOMENS IMAGING CENTER	12,796	0	265	54.02	
54.03	05401	SPECIAL PROCEDURES	12,131	15,614	280	54.03	
54.04	05402	IMAGING CENTER	16,503	0	1,778	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	328,542	0	968	55.00	
56.00	05600	RADIOISOTOPE	25,212	61,586	1,567	56.00	
57.00	05700	CT SCAN	29,207	95,377	1,474	57.00	
58.00	05800	MRI	29,293	156,857	1,563	58.00	
59.00	05900	CARDIAC CATHETERIZATION	38,082	183,255	269	59.00	
60.00	06000	LABORATORY	199,820	217,978	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	24,839	26,016	0	62.00	
65.00	06500	RESPIRATORY THERAPY	46,514	61,501	0	65.00	
66.00	06600	PHYSICAL THERAPY	80,058	4,131	2,177	66.00	
68.00	06800	SPEECH PATHOLOGY	11,904	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	76,094	303,164	34	69.00	
69.01	03140	CARDIOLOGY OUTREACH	4,429	0	127	69.01	
69.02	03290	EMG/NCV	457	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	23,102	0	5	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	510,623	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	501,793	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	162,563	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	50,258	302,402	2,480	75.00	
76.97	07697	CARDIAC REHABILITATION	14,386	62,497	160	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	20,703	0	147	90.00	
90.01	09001	WOUND OSTOMY	23,473	111,605	451	90.01	
90.02	09002	URODYNAMICS	284,548	0	7,501	90.02	
90.03	09003	PLAINFIELD CLINIC	31,739	0	574	90.03	
90.04	09004	OSWEGO CLINIC	18,480	0	264	90.04	
90.05	09005	BOLINGBROOK CLINIC	23,150	0	687	90.05	
90.06	09006	OUTPATIENT SERVICES	47,924	222,003	3,595	90.06	
91.00	09100	EMERGENCY	128,679	705,816	7,397	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)	4,768,845	10,577,621	108,296	344,384	1,272,188
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,306	25,762	0	884	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	85,394	480,741	118	3,058	192.00
192.02	19202	RESEARCH	232	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	30,775	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,859,777	11,084,124	108,414	379,101	1,272,188

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	34,884					11.00
13.00	01300	1,039	311,196				13.00
14.00	01400	750	0	1,685,563			14.00
15.00	01500	880	0	0	1,174,651		15.00
16.00	01600	0	0	0	0	182,703	16.00
23.00	02300	208	3,408	1,800	1,044	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,910	129,416	0	5,873	9,428	30.00
31.00	03100	889	14,559	0	886	1,514	31.00
32.00	03200	970	15,874	0	1,132	1,601	32.00
35.00	02060	988	16,164	0	38	1,127	35.00
43.00	04300	522	8,539	0	0	452	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,777	28,501	0	2,589	7,878	50.00
50.02	03330	348	5,869	0	828	1,841	50.02
51.00	05100	551	9,038	0	815	1,706	51.00
52.00	05200	1,157	22,827	0	433	1,815	52.00
53.00	05300	173	2,930	0	18,532	3,188	53.00
54.00	05400	681	0	0	123	3,998	54.00
54.01	03630	278	0	0	38	2,551	54.01
54.02	03440	173	0	0	177	1,010	54.02
54.03	05401	152	0	0	33	1,061	54.03
54.04	05402	199	0	0	47	2,264	54.04
55.00	05500	1,082	0	0	686,072	10,629	55.00
56.00	05600	115	0	0	36,653	1,013	56.00
57.00	05700	457	0	0	741	10,164	57.00
58.00	05800	258	0	0	90	3,525	58.00
59.00	05900	435	0	0	1,258	7,261	59.00
60.00	06000	1,561	0	0	0	26,593	60.00
62.00	06200	89	0	0	0	1,000	62.00
65.00	06500	894	0	0	217	4,079	65.00
66.00	06600	1,200	0	0	0	2,679	66.00
68.00	06800	175	0	0	0	457	68.00
69.00	06900	819	0	0	9	5,640	69.00
69.01	03140	0	0	0	0	684	69.01
69.02	03290	14	0	0	0	94	69.02
70.00	07000	344	0	0	0	1,514	70.00
71.00	07100	0	0	836,115	0	4,595	71.00
72.00	07200	0	0	847,648	0	9,256	72.00
73.00	07300	0	0	0	0	8,578	73.00
75.00	07500	679	0	0	1,428	1,046	75.00
76.97	07697	236	0	0	0	637	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	504	8,256	0	0	302	90.00
90.01	09001	382	0	0	775	914	90.01
90.02	09002	1,658	0	0	348,170	19,515	90.02
90.03	09003	256	0	0	114	1,567	90.03
90.04	09004	368	0	0	194	1,212	90.04
90.05	09005	283	0	0	286	742	90.05
90.06	09006	492	8,060	0	0	646	90.06
91.00	09100	2,307	37,755	0	1,695	16,927	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		34,253	311,196	1,685,563	1,110,290	182,703	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	26	0	0	0	0	190.00
192.00	19200	605	0	0	64,361	0	192.00
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
202.00 TOTAL (sum lines 118 through 201)	34,884	311,196	1,685,563	1,174,651	182,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL				5.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
23.00	02300	PARAMED ED PRGM-EMS	219,506			23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,678,995	0	11,678,995	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,036,203	0	2,036,203	31.00	
32.00	03200	CORONARY CARE UNIT	2,137,507	0	2,137,507	32.00	
35.00	02060	NICU	1,071,886	0	1,071,886	35.00	
43.00	04300	NURSERY	528,810	0	528,810	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,145,659	0	4,145,659	50.00	
50.02	03330	ENDOSCOPY	828,863	0	828,863	50.02	
51.00	05100	RECOVERY ROOM	64,473	0	64,473	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,802,905	0	1,802,905	52.00	
53.00	05300	ANESTHESIOLOGY	119,061	0	119,061	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	794,723	0	794,723	54.00	
54.01	03630	ULTRASOUND	102,907	0	102,907	54.01	
54.02	03440	WOMENS IMAGING CENTER	18,349	0	18,349	54.02	
54.03	05401	SPECIAL PROCEDURES	66,076	0	66,076	54.03	
54.04	05402	IMAGING CENTER	28,765	0	28,765	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,050,597	0	1,050,597	55.00	
56.00	05600	RADIOISOTOPE	267,007	0	267,007	56.00	
57.00	05700	CT SCAN	348,641	0	348,641	57.00	
58.00	05800	MRI	848,986	0	848,986	58.00	
59.00	05900	CARDIAC CATHETERIZATION	644,955	0	644,955	59.00	
60.00	06000	LABORATORY	978,277	0	978,277	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	108,438	0	108,438	62.00	
65.00	06500	RESPIRATORY THERAPY	326,187	0	326,187	65.00	
66.00	06600	PHYSICAL THERAPY	124,460	0	124,460	66.00	
68.00	06800	SPEECH PATHOLOGY	15,625	0	15,625	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,056,478	0	1,056,478	69.00	
69.01	03140	CARDIOLOGY OUTREACH	5,772	0	5,772	69.01	
69.02	03290	EMG/NCV	618	0	618	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	29,695	0	29,695	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,351,333	0	1,351,333	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,358,697	0	1,358,697	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	171,141	0	171,141	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,022,989	0	1,022,989	75.00	
76.97	07697	CARDIAC REHABILITATION	218,299	0	218,299	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	42,939	0	42,939	90.00	
90.01	09001	WOUND OSTOMY	387,169	0	387,169	90.01	
90.02	09002	URODYNAMICS	974,761	0	974,761	90.02	
90.03	09003	PLAINFIELD CLINIC	43,721	0	43,721	90.03	
90.04	09004	OSWEGO CLINIC	31,031	0	31,031	90.04	
90.05	09005	BOLINGBROOK CLINIC	33,763	0	33,763	90.05	
90.06	09006	OUTPATIENT SERVICES	764,754	0	764,754	90.06	
91.00	09100	EMERGENCY	2,477,108	0	2,477,108	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE				113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	40,108,623	0	40,108,623	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	86,581	0	86,581	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,657,065	0	1,657,065	192.00	
192.02	19202	RESEARCH	261	0	261	192.02	
194.00	07950	LINDEN OAKS HOSPITAL	30,775	0	30,775	194.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/28/2018 8:59 am	
Cost Center Description		PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	219,506	219,506	0	219,506		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	219,506	42,102,811	0	42,102,811		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	813,698				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		813,698			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,918	6,918	185,504,184		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	79,117	79,117	5,588,797	-128,110,204	448,437,810
7.00 00700	OPERATION OF PLANT	204,469	204,469	4,208,927	0	34,752,879
8.00 00800	LAUNDRY & LINEN SERVICE	1,357	1,357	177,006	0	1,711,889
9.00 00900	HOUSEKEEPING	4,114	4,114	3,513,728	0	5,848,662
10.00 01000	DIETARY	18,766	18,766	0	0	2,530,935
11.00 01100	CAFETERIA	0	0	0	0	2,201,633
13.00 01300	NURSING ADMINISTRATION	3,865	3,865	3,141,419	0	4,137,916
14.00 01400	CENTRAL SERVICES & SUPPLY	12,837	12,837	2,378,829	0	5,913,568
15.00 01500	PHARMACY	5,981	5,981	4,750,505	0	7,351,853
16.00 01600	MEDICAL RECORDS & LIBRARY	2,218	2,218	0	0	3,284,759
23.00 02300	PARAMED PRGM-EMS	2,889	2,889	911,827	0	1,241,674
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	145,384	145,384	33,900,039	0	49,777,294
31.00 03100	INTENSIVE CARE UNIT	27,621	27,621	4,619,240	0	7,027,092
32.00 03200	CORONARY CARE UNIT	28,892	28,892	4,743,133	0	7,237,588
35.00 02060	NICU	14,003	14,003	6,158,306	0	8,452,043
43.00 04300	NURSERY	7,053	7,053	2,238,784	0	3,342,824
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	56,977	56,977	8,403,699	0	15,637,411
50.02 03330	ENDOSCOPY	11,180	11,180	1,642,595	0	2,645,097
51.00 05100	RECOVERY ROOM	0	0	2,928,234	0	3,677,856
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,528	24,528	6,465,179	0	9,379,189
53.00 05300	ANESTHESIOLOGY	673	673	584,075	0	1,468,284
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,496	10,496	2,905,081	0	4,292,894
54.01 03630	ULTRASOUND	1,040	1,040	1,439,180	0	1,854,062
54.02 03440	WOMENS IMAGING CENTER	0	0	898,549	0	1,180,806
54.03 05401	SPECIAL PROCEDURES	737	737	868,285	0	1,119,364
54.04 05402	IMAGING CENTER	0	0	1,100,996	0	1,522,864
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	5,151,445	0	30,316,695
56.00 05600	RADIOISOTOPE	2,907	2,907	716,491	0	2,326,454
57.00 05700	CT SCAN	4,502	4,502	1,795,735	0	2,695,111
58.00 05800	MRI	7,404	7,404	1,441,598	0	2,703,015
59.00 05900	CARDIAC CATHETERIZATION	8,650	8,650	2,121,797	0	3,514,104
60.00 06000	LABORATORY	10,289	10,289	5,503,216	0	18,438,669
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,228	1,228	417,743	0	2,292,047
65.00 06500	RESPIRATORY THERAPY	2,903	2,903	3,281,324	0	4,292,172
66.00 06600	PHYSICAL THERAPY	195	195	5,306,068	0	7,387,512
68.00 06800	SPEECH PATHOLOGY	0	0	878,872	0	1,098,446
69.00 06900	ELECTROCARDIOLOGY	14,310	14,310	3,377,793	0	7,021,677
69.01 03140	CARDIOLOGY OUTREACH	0	0	318,423	0	408,679
69.02 03290	EMG/NCV	0	0	31,658	0	42,215
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,411,167	0	2,131,778
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	47,118,463
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	46,303,689
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,000,778
75.00 07500	ASC (NON-DISTINCT PART)	14,274	14,274	3,130,282	0	4,637,599
76.97 07697	CARDIAC REHABILITATION	2,950	2,950	951,502	0	1,327,470
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	1,190,131	0	1,910,366
90.01 09001	WOUND OSTOMY	5,268	5,268	1,456,333	0	2,166,022
90.02 09002	URODYNAMICS	0	0	10,938,037	0	26,257,074
90.03 09003	PLAINTFIELD CLINIC	0	0	2,326,902	0	2,928,725
90.04 09004	OSWEGO CLINIC	0	0	2,620,016	0	1,705,267
90.05 09005	BOLINGBROOK CLINIC	0	0	1,891,746	0	2,136,236
90.06 09006	OUTPATIENT SERVICES	10,479	10,479	2,449,344	0	4,422,215
91.00 09100	EMERGENCY	33,316	33,316	20,244,552	0	11,874,027
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	789,790	789,790	182,518,588	-128,110,204	440,046,941
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,216	1,216	62,462	0	489,618
192.00 19200	PHYSICIANS' PRIVATE OFFICES	22,692	22,692	2,905,891	0	7,879,864

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
192.02 19202 RESEARCH	0	0	17,243	0	21,387	192.02	
194.00 07950 LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	19,354,503	17,113,688	44,582,352		128,110,204	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	23.785855	21.031990	0.240331		0.285681	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			310,050		4,859,777	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001671		0.010837	205.00	
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00	
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (HOURS WORKED)		
		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	523,194				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,357	1,487,885			8.00	
9.00	00900	HOUSEKEEPING	4,114	0	476,723		9.00	
10.00	01000	DIETARY	18,766	0	5,439	79,283	10.00	
11.00	01100	CAFETERIA	0	0	13,864	0	11.00	
13.00	01300	NURSING ADMINISTRATION	3,865	0	1,786	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	12,837	2,592	11,536	0	14.00	
15.00	01500	PHARMACY	5,981	0	6,401	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,218	0	894	0	16.00	
23.00	02300	PARAMED PRGM-EMS	2,889	38,424	2,378	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	145,384	451,466	116,240	68,035	971,299	30.00
31.00	03100	INTENSIVE CARE UNIT	27,621	39,348	12,442	5,701	109,269	31.00
32.00	03200	CORONARY CARE UNIT	28,892	59,448	30,001	5,547	119,137	32.00
35.00	02060	NICU	14,003	43,404	16,325	0	121,317	35.00
43.00	04300	NURSERY	7,053	112,525	7,053	0	64,087	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,977	86,892	42,097	0	218,276	50.00
50.02	03330	ENDOSCOPY	11,180	22,308	9,654	0	42,805	50.02
51.00	05100	RECOVERY ROOM	0	31,044	4,747	0	67,634	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,528	88,261	23,994	0	142,121	52.00
53.00	05300	ANESTHESIOLOGY	673	0	673	0	21,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,496	24,660	12,024	0	83,630	54.00
54.01	03630	ULTRASOUND	1,040	22,512	948	0	34,108	54.01
54.02	03440	WOMENS IMAGING CENTER	0	3,636	500	0	21,261	54.02
54.03	05401	SPECIAL PROCEDURES	737	3,840	1,401	0	18,703	54.03
54.04	05402	IMAGING CENTER	0	24,408	0	0	24,449	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,284	0	0	132,902	55.00
56.00	05600	RADIO SOTOPE	2,907	21,504	3,415	0	14,174	56.00
57.00	05700	CT SCAN	4,502	20,232	4,067	0	56,202	57.00
58.00	05800	MRI	7,404	21,456	3,215	0	31,753	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,650	3,696	8,059	0	53,434	59.00
60.00	06000	LABORATORY	10,289	0	7,785	0	191,810	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,228	0	684	0	10,978	62.00
65.00	06500	RESPIRATORY THERAPY	2,903	0	2,756	0	109,872	65.00
66.00	06600	PHYSICAL THERAPY	195	29,880	195	0	147,441	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	21,557	68.00
69.00	06900	ELECTROCARDIOLOGY	14,310	468	22,401	0	100,575	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	1,740	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	1,688	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	65	0	0	42,265	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,274	34,032	14,060	0	83,389	75.00
76.97	07697	CARDIAC REHABILITATION	2,950	2,196	2,950	0	29,023	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,016	1,362	0	61,961	90.00
90.01	09001	WOUND OSTOMY	5,268	6,192	0	0	46,882	90.01
90.02	09002	URODYNAMICS	0	102,948	0	0	203,745	90.02
90.03	09003	PLAINTFIELD CLINIC	0	7,872	0	0	31,473	90.03
90.04	09004	OSWEGO CLINIC	0	3,624	0	0	45,250	90.04
90.05	09005	BOLINGBROOK CLINIC	0	9,432	0	0	34,825	90.05
90.06	09006	OUTPATIENT SERVICES	10,479	49,340	10,431	0	60,489	90.06
91.00	09100	EMERGENCY	33,316	101,520	31,289	0	283,362	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)	499,286	1,486,265	433,066	79,283	4,207,816	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,216	0	1,112	0	3,134	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,692	1,620	3,845	0	74,383	192.00
192.02	19202	RESEARCH	0	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	38,700	0	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (HOURS WORKED)	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	44,681,116	2,316,832	7,870,852	4,946,404	3,059,497	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	85.400666	1.557131	16.510326	62.389213	0.713946	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	11,084,124	108,414	379,101	1,272,188	34,884	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	21.185495	0.072865	0.795223	16.046164	0.008140	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	PARAMED PRGM-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,335,606					13.00
14.00	01400	0	95,056,415				14.00
15.00	01500	0	0	40,525,282			15.00
16.00	01600	0	0	0	3,336,237,926		16.00
23.00	02300	25,577	101,520	36,011	0	1,089	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	971,299	0	202,619	171,416,972	72	30.00
31.00	03100	109,269	0	30,552	27,518,957	16	31.00
32.00	03200	119,137	0	39,063	29,108,302	0	32.00
35.00	02060	121,317	0	1,299	20,494,019	0	35.00
43.00	04300	64,087	0	0	8,217,593	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	213,910	0	89,331	143,235,688	16	50.00
50.02	03330	44,045	0	28,552	33,475,947	0	50.02
51.00	05100	67,836	0	28,101	31,023,839	0	51.00
52.00	05200	171,325	0	14,945	32,992,602	0	52.00
53.00	05300	21,992	0	639,326	57,958,035	0	53.00
54.00	05400	0	0	4,241	72,684,375	0	54.00
54.01	03630	0	0	1,303	46,383,748	0	54.01
54.02	03440	0	0	6,122	18,372,158	0	54.02
54.03	05401	0	0	1,135	19,286,259	0	54.03
54.04	05402	0	0	1,630	41,172,021	0	54.04
55.00	05500	0	0	23,669,595	193,245,542	0	55.00
56.00	05600	0	0	1,264,521	18,419,757	0	56.00
57.00	05700	0	0	25,570	184,796,639	0	57.00
58.00	05800	0	0	3,092	64,086,439	0	58.00
59.00	05900	0	0	43,391	132,026,771	0	59.00
60.00	06000	0	0	0	497,811,895	42	60.00
62.00	06200	0	0	0	18,190,718	0	62.00
65.00	06500	0	0	7,495	74,162,132	8	65.00
66.00	06600	0	0	0	48,716,120	0	66.00
68.00	06800	0	0	0	8,317,820	0	68.00
69.00	06900	0	0	326	102,543,510	0	69.00
69.01	03140	0	0	0	12,442,611	0	69.01
69.02	03290	0	0	0	1,715,725	0	69.02
70.00	07000	0	0	0	27,520,372	0	70.00
71.00	07100	0	47,152,909	0	83,551,074	0	71.00
72.00	07200	0	47,801,986	0	168,287,910	0	72.00
73.00	07300	0	0	0	155,967,469	0	73.00
75.00	07500	0	0	49,267	19,027,050	12	75.00
76.97	07697	0	0	8	11,584,533	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	61,961	0	0	5,493,613	0	90.00
90.01	09001	0	0	26,742	16,610,564	0	90.01
90.02	09002	0	0	12,011,654	354,822,830	0	90.02
90.03	09003	0	0	3,933	28,495,995	0	90.03
90.04	09004	0	0	6,701	22,040,993	0	90.04
90.05	09005	0	0	9,874	13,494,923	0	90.05
90.06	09006	60,489	0	0	11,754,113	0	90.06
91.00	09100	283,362	0	58,480	307,770,293	923	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,335,606	95,056,415	38,304,879	3,336,237,926	1,089	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	2,220,403	0	0	192.00
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	PARAMED PRGM-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,770,772	8,959,501	10,145,770	4,427,331	2,042,254	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.470781	0.094255	0.250357	0.001327	1,875.348026	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	311,196	1,685,563	1,174,651	182,703	219,506	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.133240	0.017732	0.028986	0.000055	201.566575	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

Provider CCN: 14-0231

Period:
 From 07/01/2017
 To 06/30/2018

Worksheet B-2
 Date/Time Prepared:
 11/28/2018 8:59 am

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/28/2018 8:59 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	86,787,001		86,787,001	0	86,787,001	30.00
31.00	03100 INTENSIVE CARE UNIT	12,437,988		12,437,988	0	12,437,988	31.00
32.00	03200 CORONARY CARE UNIT	13,134,417		13,134,417	0	13,134,417	32.00
35.00	02060 NICU	12,813,497		12,813,497	0	12,813,497	35.00
43.00	04300 NURSERY	5,406,804		5,406,804	0	5,406,804	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,727,740		26,727,740	0	26,727,740	50.00
50.02	03330 ENDOSCOPY	4,740,614		4,740,614	0	4,740,614	50.02
51.00	05100 RECOVERY ROOM	5,119,364		5,119,364	0	5,119,364	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	15,259,233		15,259,233	27,181	15,286,414	52.00
53.00	05300 ANESTHESIOLOGY	2,262,780		2,262,780	0	2,262,780	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,809,797		6,809,797	0	6,809,797	54.00
54.01	03630 ULTRASOUND	2,609,483		2,609,483	0	2,609,483	54.01
54.02	03440 WOMENS IMAGING CENTER	1,573,149		1,573,149	0	1,573,149	54.02
54.03	05401 SPECIAL PROCEDURES	1,570,425		1,570,425	0	1,570,425	54.03
54.04	05402 IMAGING CENTER	2,068,421		2,068,421	0	2,068,421	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	45,275,435		45,275,435	0	45,275,435	55.00
56.00	05600 RADIOISOTOPE	3,680,350		3,680,350	0	3,680,350	56.00
57.00	05700 CT SCAN	4,239,930		4,239,930	0	4,239,930	57.00
58.00	05800 MRI	4,302,500		4,302,500	0	4,302,500	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,619,757		5,619,757	0	5,619,757	59.00
60.00	06000 LABORATORY	25,589,911		25,589,911	0	25,589,911	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	3,094,983		3,094,983	0	3,094,983	62.00
65.00	06500 RESPIRATORY THERAPY	6,005,519	0	6,005,519	0	6,005,519	65.00
66.00	06600 PHYSICAL THERAPY	9,734,295	0	9,734,295	0	9,734,295	66.00
68.00	06800 SPEECH PATHOLOGY	1,438,680	0	1,438,680	0	1,438,680	68.00
69.00	06900 ELECTROCARDIOLOGY	10,828,260		10,828,260	0	10,828,260	69.00
69.01	03140 CARDIOLOGY OUTREACH	544,651		544,651	0	544,651	69.01
69.02	03290 EMG/NCV	57,757		57,757	682	58,439	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	2,807,582		2,807,582	14,225	2,821,807	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	65,134,582		65,134,582	0	65,134,582	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,260,626		64,260,626	0	64,260,626	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,493,184		19,493,184	0	19,493,184	73.00
75.00	07500 ASC (NON-DISTINCT PART)	7,586,231		7,586,231	0	7,586,231	75.00
76.97	07697 CARDIAC REHABILITATION	2,046,855		2,046,855	0	2,046,855	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,686,366		2,686,366	0	2,686,366	90.00
90.01	09001 WOUND OSTOMY	3,306,554		3,306,554	0	3,306,554	90.01
90.02	09002 URODYNAMICS	37,542,040		37,542,040	0	37,542,040	90.02
90.03	09003 PLAINFIELD CLINIC	3,838,933		3,838,933	0	3,838,933	90.03
90.04	09004 OSWEGO CLINIC	2,261,304		2,261,304	0	2,261,304	90.04
90.05	09005 BOLINGBROOK CLINIC	2,806,448		2,806,448	0	2,806,448	90.05
90.06	09006 OUTPATIENT SERVICES	7,037,759		7,037,759	0	7,037,759	90.06
91.00	09100 EMERGENCY	21,842,519		21,842,519	0	21,842,519	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,204,962		10,204,962	0	10,204,962	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	572,588,686	0	572,588,686	42,088	572,630,774	200.00
201.00	Less Observation Beds	10,204,962		10,204,962		10,204,962	201.00
202.00	Total (see instructions)	562,383,724	0	562,383,724	42,088	562,425,812	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	139,375,863		139,375,863		30.00
31.00	03100	INTENSIVE CARE UNIT	27,518,957		27,518,957		31.00
32.00	03200	CORONARY CARE UNIT	29,108,302		29,108,302		32.00
35.00	02060	NICU	20,494,019		20,494,019		35.00
43.00	04300	NURSERY	8,217,593		8,217,593		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	83,267,869	59,967,819	143,235,688	0.186600	50.00
50.02	03330	ENDOSCOPY	7,838,923	25,637,024	33,475,947	0.141613	50.02
51.00	05100	RECOVERY ROOM	12,465,249	18,558,590	31,023,839	0.165014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,812,142	14,180,460	32,992,602	0.462505	52.00
53.00	05300	ANESTHESIOLOGY	22,691,925	35,266,110	57,958,035	0.039042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,388,314	51,296,061	72,684,375	0.093690	54.00
54.01	03630	ULTRASOUND	13,358,023	33,025,725	46,383,748	0.056259	54.01
54.02	03440	WOMENS IMAGING CENTER	36,333	18,335,825	18,372,158	0.085627	54.02
54.03	05401	SPECIAL PROCEDURES	8,814,689	10,471,570	19,286,259	0.081427	54.03
54.04	05402	IMAGING CENTER	143,765	41,028,256	41,172,021	0.050239	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	594,500	192,651,042	193,245,542	0.234290	55.00
56.00	05600	RADIOISOTOPE	2,154,498	16,265,259	18,419,757	0.199804	56.00
57.00	05700	CT SCAN	56,957,025	127,839,614	184,796,639	0.022944	57.00
58.00	05800	MRI	17,653,350	46,433,089	64,086,439	0.067136	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,868,988	81,157,783	132,026,771	0.042565	59.00
60.00	06000	LABORATORY	119,947,823	377,864,072	497,811,895	0.051405	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,872,127	6,318,591	18,190,718	0.170141	62.00
65.00	06500	RESPIRATORY THERAPY	67,147,859	7,014,273	74,162,132	0.080978	65.00
66.00	06600	PHYSICAL THERAPY	19,965,906	28,750,214	48,716,120	0.199817	66.00
68.00	06800	SPEECH PATHOLOGY	4,817,881	3,499,939	8,317,820	0.172964	68.00
69.00	06900	ELECTROCARDIOLOGY	28,246,267	74,297,243	102,543,510	0.105597	69.00
69.01	03140	CARDIOLOGY OUTREACH	52,195	12,390,416	12,442,611	0.043773	69.01
69.02	03290	EMG/NCV	105,975	1,609,750	1,715,725	0.033663	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	9,379,303	18,141,069	27,520,372	0.102018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,604,485	36,946,589	83,551,074	0.779578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,584,071	60,703,839	168,287,910	0.381849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,808,736	38,158,733	155,967,469	0.124982	73.00
75.00	07500	ASC (NON-DISTINCT PART)	6,743,836	12,283,214	19,027,050	0.398708	75.00
76.97	07697	CARDIAC REHABILITATION	240,733	11,343,800	11,584,533	0.176689	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	27,869	5,465,744	5,493,613	0.488998	90.00
90.01	09001	WOUND OSTOMY	793,995	15,816,569	16,610,564	0.199063	90.01
90.02	09002	URODYNAMICS	15,206,205	339,616,625	354,822,830	0.105805	90.02
90.03	09003	PLAINFIELD CLINIC	151,840	28,344,155	28,495,995	0.134718	90.03
90.04	09004	OSWEGO CLINIC	183,898	21,857,095	22,040,993	0.102595	90.04
90.05	09005	BOLINGBROOK CLINIC	87,651	13,407,272	13,494,923	0.207963	90.05
90.06	09006	OUTPATIENT SERVICES	0	11,754,113	11,754,113	0.598749	90.06
91.00	09100	EMERGENCY	84,065,780	223,704,513	307,770,293	0.070970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,522,444	27,518,665	32,041,109	0.318496	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,187,317,206	2,148,920,720	3,336,237,926		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,187,317,206	2,148,920,720	3,336,237,926		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
35.00	02060 NICU				35.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.186600			50.00
50.02	03330 ENDOSCOPY	0.141613			50.02
51.00	05100 RECOVERY ROOM	0.165014			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.463329			52.00
53.00	05300 ANESTHESIOLOGY	0.039042			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.093690			54.00
54.01	03630 ULTRASOUND	0.056259			54.01
54.02	03440 WOMENS IMAGING CENTER	0.085627			54.02
54.03	05401 SPECIAL PROCEDURES	0.081427			54.03
54.04	05402 IMAGING CENTER	0.050239			54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0.234290			55.00
56.00	05600 RADIOISOTOPE	0.199804			56.00
57.00	05700 CT SCAN	0.022944			57.00
58.00	05800 MRI	0.067136			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.042565			59.00
60.00	06000 LABORATORY	0.051405			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.170141			62.00
65.00	06500 RESPIRATORY THERAPY	0.080978			65.00
66.00	06600 PHYSICAL THERAPY	0.199817			66.00
68.00	06800 SPEECH PATHOLOGY	0.172964			68.00
69.00	06900 ELECTROCARDIOLOGY	0.105597			69.00
69.01	03140 RADIOLOGY OUTREACH	0.043773			69.01
69.02	03290 EMG/NCV	0.034061			69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.102535			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.779578			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.381849			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.124982			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.398708			75.00
76.97	07697 CARDIAC REHABILITATION	0.176689			76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.488998			90.00
90.01	09001 WOUND OSTOMY	0.199063			90.01
90.02	09002 URODYNAMICS	0.105805			90.02
90.03	09003 PLAINFIELD CLINIC	0.134718			90.03
90.04	09004 OSWEGO CLINIC	0.102595			90.04
90.05	09005 BOLINGBROOK CLINIC	0.207963			90.05
90.06	09006 OUTPATIENT SERVICES	0.598749			90.06
91.00	09100 EMERGENCY	0.070970			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.318496			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Dissallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	86,787,001		86,787,001	0	86,787,001	30.00
31.00	03100 INTENSIVE CARE UNIT	12,437,988		12,437,988	0	12,437,988	31.00
32.00	03200 CORONARY CARE UNIT	13,134,417		13,134,417	0	13,134,417	32.00
35.00	02060 NICU	12,813,497		12,813,497	0	12,813,497	35.00
43.00	04300 NURSERY	5,406,804		5,406,804	0	5,406,804	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,727,740		26,727,740	0	26,727,740	50.00
50.02	03330 ENDOSCOPY	4,740,614		4,740,614	0	4,740,614	50.02
51.00	05100 RECOVERY ROOM	5,119,364		5,119,364	0	5,119,364	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	15,259,233		15,259,233	27,181	15,286,414	52.00
53.00	05300 ANESTHESIOLOGY	2,262,780		2,262,780	0	2,262,780	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,809,797		6,809,797	0	6,809,797	54.00
54.01	03630 ULTRASOUND	2,609,483		2,609,483	0	2,609,483	54.01
54.02	03440 WOMENS IMAGING CENTER	1,573,149		1,573,149	0	1,573,149	54.02
54.03	05401 SPECIAL PROCEDURES	1,570,425		1,570,425	0	1,570,425	54.03
54.04	05402 IMAGING CENTER	2,068,421		2,068,421	0	2,068,421	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	45,275,435		45,275,435	0	45,275,435	55.00
56.00	05600 RADIOISOTOPE	3,680,350		3,680,350	0	3,680,350	56.00
57.00	05700 CT SCAN	4,239,930		4,239,930	0	4,239,930	57.00
58.00	05800 MRI	4,302,500		4,302,500	0	4,302,500	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,619,757		5,619,757	0	5,619,757	59.00
60.00	06000 LABORATORY	25,589,911		25,589,911	0	25,589,911	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	3,094,983		3,094,983	0	3,094,983	62.00
65.00	06500 RESPIRATORY THERAPY	6,005,519	0	6,005,519	0	6,005,519	65.00
66.00	06600 PHYSICAL THERAPY	9,734,295	0	9,734,295	0	9,734,295	66.00
68.00	06800 SPEECH PATHOLOGY	1,438,680	0	1,438,680	0	1,438,680	68.00
69.00	06900 ELECTROCARDIOLOGY	10,828,260		10,828,260	0	10,828,260	69.00
69.01	03140 CARDIOLOGY OUTREACH	544,651		544,651	0	544,651	69.01
69.02	03290 EMG/NCV	57,757		57,757	682	58,439	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	2,807,582		2,807,582	14,225	2,821,807	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	65,134,582		65,134,582	0	65,134,582	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	64,260,626		64,260,626	0	64,260,626	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,493,184		19,493,184	0	19,493,184	73.00
75.00	07500 ASC (NON-DISTINCT PART)	7,586,231		7,586,231	0	7,586,231	75.00
76.97	07697 CARDIAC REHABILITATION	2,046,855		2,046,855	0	2,046,855	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,686,366		2,686,366	0	2,686,366	90.00
90.01	09001 WOUND OSTOMY	3,306,554		3,306,554	0	3,306,554	90.01
90.02	09002 URODYNAMICS	37,542,040		37,542,040	0	37,542,040	90.02
90.03	09003 PLAINFIELD CLINIC	3,838,933		3,838,933	0	3,838,933	90.03
90.04	09004 OSWEGO CLINIC	2,261,304		2,261,304	0	2,261,304	90.04
90.05	09005 BOLINGBROOK CLINIC	2,806,448		2,806,448	0	2,806,448	90.05
90.06	09006 OUTPATIENT SERVICES	7,037,759		7,037,759	0	7,037,759	90.06
91.00	09100 EMERGENCY	21,842,519		21,842,519	0	21,842,519	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,204,962		10,204,962	0	10,204,962	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	572,588,686	0	572,588,686	42,088	572,630,774	200.00
201.00	Less Observation Beds	10,204,962		10,204,962		10,204,962	201.00
202.00	Total (see instructions)	562,383,724	0	562,383,724	42,088	562,425,812	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/28/2018 8:59 am

		Title XIX			Hospital	Cost		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	139,375,863		139,375,863			30.00
31.00	03100	INTENSIVE CARE UNIT	27,518,957		27,518,957			31.00
32.00	03200	CORONARY CARE UNIT	29,108,302		29,108,302			32.00
35.00	02060	NICU	20,494,019		20,494,019			35.00
43.00	04300	NURSERY	8,217,593		8,217,593			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,267,869	59,967,819	143,235,688	0.186600	0.000000	50.00
50.02	03330	ENDOSCOPY	7,838,923	25,637,024	33,475,947	0.141613	0.000000	50.02
51.00	05100	RECOVERY ROOM	12,465,249	18,558,590	31,023,839	0.165014	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,812,142	14,180,460	32,992,602	0.462505	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,691,925	35,266,110	57,958,035	0.039042	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,388,314	51,296,061	72,684,375	0.093690	0.000000	54.00
54.01	03630	ULTRASOUND	13,358,023	33,025,725	46,383,748	0.056259	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	36,333	18,335,825	18,372,158	0.085627	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	8,814,689	10,471,570	19,286,259	0.081427	0.000000	54.03
54.04	05402	IMAGING CENTER	143,765	41,028,256	41,172,021	0.050239	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	594,500	192,651,042	193,245,542	0.234290	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,154,498	16,265,259	18,419,757	0.199804	0.000000	56.00
57.00	05700	CT SCAN	56,957,025	127,839,614	184,796,639	0.022944	0.000000	57.00
58.00	05800	MRI	17,653,350	46,433,089	64,086,439	0.067136	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	50,868,988	81,157,783	132,026,771	0.042565	0.000000	59.00
60.00	06000	LABORATORY	119,947,823	377,864,072	497,811,895	0.051405	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,872,127	6,318,591	18,190,718	0.170141	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	67,147,859	7,014,273	74,162,132	0.080978	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,965,906	28,750,214	48,716,120	0.199817	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	4,817,881	3,499,939	8,317,820	0.172964	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	28,246,267	74,297,243	102,543,510	0.105597	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	52,195	12,390,416	12,442,611	0.043773	0.000000	69.01
69.02	03290	EMG/NCV	105,975	1,609,750	1,715,725	0.033663	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	9,379,303	18,141,069	27,520,372	0.102018	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,604,485	36,946,589	83,551,074	0.779578	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,584,071	60,703,839	168,287,910	0.381849	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,808,736	38,158,733	155,967,469	0.124982	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	6,743,836	12,283,214	19,027,050	0.398708	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	240,733	11,343,800	11,584,533	0.176689	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,869	5,465,744	5,493,613	0.488998	0.000000	90.00
90.01	09001	WOUND OSTOMY	793,995	15,816,569	16,610,564	0.199063	0.000000	90.01
90.02	09002	URODYNAMICS	15,206,205	339,616,625	354,822,830	0.105805	0.000000	90.02
90.03	09003	PLAINFIELD CLINIC	151,840	28,344,155	28,495,995	0.134718	0.000000	90.03
90.04	09004	OSWEGO CLINIC	183,898	21,857,095	22,040,993	0.102595	0.000000	90.04
90.05	09005	BOLINGBROOK CLINIC	87,651	13,407,272	13,494,923	0.207963	0.000000	90.05
90.06	09006	OUTPATIENT SERVICES	0	11,754,113	11,754,113	0.598749	0.000000	90.06
91.00	09100	EMERGENCY	84,065,780	223,704,513	307,770,293	0.070970	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,522,444	27,518,665	32,041,109	0.318496	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,187,317,206	2,148,920,720	3,336,237,926			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,187,317,206	2,148,920,720	3,336,237,926			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NI CU			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.02	03330	ENDOSCOPY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	WOMENS IMAGING CENTER	0.000000		54.02
54.03	05401	SPECIAL PROCEDURES	0.000000		54.03
54.04	05402	IMAGING CENTER	0.000000		54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000		69.01
69.02	03290	EMG/NCV	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699	LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND OSTOMY	0.000000		90.01
90.02	09002	URODYNAMICS	0.000000		90.02
90.03	09003	PLAINFIELD CLINIC	0.000000		90.03
90.04	09004	OSWEGO CLINIC	0.000000		90.04
90.05	09005	BOLINGBROOK CLINIC	0.000000		90.05
90.06	09006	OUTPATIENT SERVICES	0.000000		90.06
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet D
Part I
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		Title XVIII			Hospital	PPS		
		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	11,678,995	0	11,678,995	77,101	151.48	30.00	
31.00	INTENSIVE CARE UNIT	2,036,203		2,036,203	5,701	357.17	31.00	
32.00	CORONARY CARE UNIT	2,137,507		2,137,507	5,547	385.34	32.00	
35.00	NICU	1,071,886		1,071,886	8,030	133.49	35.00	
43.00	NURSERY	528,810		528,810	7,593	69.64	43.00	
200.00	Total (lines 30 through 199)	17,453,401		17,453,401	103,972		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	25,631	3,882,584					30.00
31.00	INTENSIVE CARE UNIT	2,555	912,569					31.00
32.00	CORONARY CARE UNIT	2,506	965,662					32.00
35.00	NICU	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	30,692	5,760,815					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet D
Part II
Date/Time Prepared:
11/28/2018 8:59 am

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)	Title XVIII			
					Hospital	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,145,659	143,235,688	0.028943	32,195,790	931,843	50.00
50.02	03330	ENDOSCOPY	828,863	33,475,947	0.024760	3,359,136	83,172	50.02
51.00	05100	RECOVERY ROOM	64,473	31,023,839	0.002078	4,250,667	8,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,802,905	32,992,602	0.054646	21,930	1,198	52.00
53.00	05300	ANESTHESIOLOGY	119,061	57,958,035	0.002054	7,789,034	15,999	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	794,723	72,684,375	0.010934	9,453,602	103,366	54.00
54.01	03630	ULTRASOUND	102,907	46,383,748	0.002219	5,342,096	11,854	54.01
54.02	03440	WOMENS IMAGING CENTER	18,349	18,372,158	0.000999	11,948	12	54.02
54.03	05401	SPECIAL PROCEDURES	66,076	19,286,259	0.003426	4,008,687	13,734	54.03
54.04	05402	IMAGING CENTER	28,765	41,172,021	0.000699	99,578	70	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	1,050,597	193,245,542	0.005437	296,874	1,614	55.00
56.00	05600	RADIOISOTOPE	267,007	18,419,757	0.014496	1,062,493	15,402	56.00
57.00	05700	CT SCAN	348,641	184,796,639	0.001887	23,141,581	43,668	57.00
58.00	05800	MRI	848,986	64,086,439	0.013248	6,268,169	83,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	644,955	132,026,771	0.004885	21,379,757	104,440	59.00
60.00	06000	LABORATORY	978,277	497,811,895	0.001965	44,903,879	88,236	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	108,438	18,190,718	0.005961	4,451,473	26,535	62.00
65.00	06500	RESPIRATORY THERAPY	326,187	74,162,132	0.004398	29,156,005	128,228	65.00
66.00	06600	PHYSICAL THERAPY	124,460	48,716,120	0.002555	10,036,432	25,643	66.00
68.00	06800	SPEECH PATHOLOGY	15,625	8,317,820	0.001878	2,238,420	4,204	68.00
69.00	06900	ELECTROCARDIOLOGY	1,056,478	102,543,510	0.010303	10,706,834	110,313	69.00
69.01	03140	CARDIOLOGY OUTREACH	5,772	12,442,611	0.000464	30,363	14	69.01
69.02	03290	EMG/NCV	618	1,715,725	0.000360	53,632	19	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	29,695	27,520,372	0.001079	2,310,752	2,493	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,351,333	83,551,074	0.016174	13,508,590	218,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,358,697	168,287,910	0.008074	55,618,418	449,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	171,141	155,967,469	0.001097	49,496,891	54,298	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,022,989	19,027,050	0.053765	3,362,108	180,764	75.00
76.97	07697	CARDIAC REHABILITATION	218,299	11,584,533	0.018844	123,256	2,323	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	42,939	5,493,613	0.007816	18,120	142	90.00
90.01	09001	WOUND OSTOMY	387,169	16,610,564	0.023309	695,130	16,203	90.01
90.02	09002	URODYNAMICS	974,761	354,822,830	0.002747	4,084,465	11,220	90.02
90.03	09003	PLAINFIELD CLINIC	43,721	28,495,995	0.001534	73,558	113	90.03
90.04	09004	OSWEGO CLINIC	31,031	22,040,993	0.001408	68,106	96	90.04
90.05	09005	BOLINGBROOK CLINIC	33,763	13,494,923	0.002502	29,853	75	90.05
90.06	09006	OUTPATIENT SERVICES	764,754	11,754,113	0.065063	0	0	90.06
91.00	09100	EMERGENCY	2,477,108	307,770,293	0.008049	30,997,556	249,499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,373,292	32,041,109	0.042860	0	0	92.00
200.00		Total (lines 50 through 199)	24,028,514	3,111,523,192		380,645,183	2,986,215	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/28/2018 8:59 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	135,025	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	30,006	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NICU	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	165,031	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	135,025	77,101	1.75	25,631	30.00	
31.00	03100	INTENSIVE CARE UNIT		30,006	5,701	5.26	2,555	31.00	
32.00	03200	CORONARY CARE UNIT		0	5,547	0.00	2,506	32.00	
35.00	02060	NICU		0	8,030	0.00	0	35.00	
43.00	04300	NURSERY		0	7,593	0.00	0	43.00	
200.00		Total (lines 30 through 199)		165,031	103,972		30,692	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	44,854						30.00
31.00	03100	INTENSIVE CARE UNIT	13,439						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NICU	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	58,293						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:59 am
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Cost Center Description	Title XVIII				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	30,006	0	50.00	
50.02 03330 ENDOSCOPY	0	0	0	0	0	0	50.02	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
54.01 03630 ULTRASOUND	0	0	0	0	0	0	54.01	
54.02 03440 WOMENS IMAGING CENTER	0	0	0	0	0	0	54.02	
54.03 05401 SPECIAL PROCEDURES	0	0	0	0	0	0	54.03	
54.04 05402 IMAGING CENTER	0	0	0	0	0	0	54.04	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MRI	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	78,765	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	15,003	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01 03140 CARDIOLOGY OUTREACH	0	0	0	0	0	0	69.01	
69.02 03290 EMG/NCV	0	0	0	0	0	0	69.02	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	22,504	0	75.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 WOUND OSTOMY	0	0	0	0	0	0	90.01	
90.02 09002 URODYNAMICS	0	0	0	0	0	0	90.02	
90.03 09003 PLAINFIELD CLINIC	0	0	0	0	0	0	90.03	
90.04 09004 OSWEGO CLINIC	0	0	0	0	0	0	90.04	
90.05 09005 BOLINGBROOK CLINIC	0	0	0	0	0	0	90.05	
90.06 09006 OUTPATIENT SERVICES	0	0	0	0	0	0	90.06	
91.00 09100 EMERGENCY	0	0	0	0	1,730,945	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	15,726	0	92.00	
200.00 Total (lines 50 through 199)	0	0	0	0	1,892,949	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:59 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30,006	30,006	143,235,688	0.000209	50.00
50.02	03330	ENDOSCOPY	0	0	0	33,475,947	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	31,023,839	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,992,602	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	57,958,035	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,684,375	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	46,383,748	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	18,372,158	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	19,286,259	0.000000	54.03
54.04	05402	IMAGING CENTER	0	0	0	41,172,021	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	193,245,542	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	18,419,757	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	184,796,639	0.000000	57.00
58.00	05800	MRI	0	0	0	64,086,439	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	132,026,771	0.000000	59.00
60.00	06000	LABORATORY	0	78,765	78,765	497,811,895	0.000158	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	18,190,718	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	15,003	15,003	74,162,132	0.000202	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	48,716,120	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,317,820	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	102,543,510	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	12,442,611	0.000000	69.01
69.02	03290	EMG/NCV	0	0	0	1,715,725	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	27,520,372	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	83,551,074	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	168,287,910	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	155,967,469	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	22,504	22,504	19,027,050	0.001183	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	11,584,533	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,493,613	0.000000	90.00
90.01	09001	WOUND OSTOMY	0	0	0	16,610,564	0.000000	90.01
90.02	09002	URODYNAMICS	0	0	0	354,822,830	0.000000	90.02
90.03	09003	PLAINFIELD CLINIC	0	0	0	28,495,995	0.000000	90.03
90.04	09004	OSWEGO CLINIC	0	0	0	22,040,993	0.000000	90.04
90.05	09005	BOLINGBROOK CLINIC	0	0	0	13,494,923	0.000000	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	11,754,113	0.000000	90.06
91.00	09100	EMERGENCY	0	1,730,945	1,730,945	307,770,293	0.005624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,726	15,726	32,041,109	0.000491	92.00
200.00		Total (lines 50 through 199)	0	1,892,949	1,892,949	3,111,523,192		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:59 am
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Cost Center Description		Title XVIII			Hospital		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	0.000209	32,195,790	6,729	9,204,536	1,924	50.00
50.02	03330 ENDOSCOPY	0.000000	3,359,136	0	7,310,596	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	4,250,667	0	3,424,704	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	21,930	0	99,290	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	7,789,034	0	7,835,047	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,453,602	0	9,655,396	0	54.00
54.01	03630 ULTRASOUND	0.000000	5,342,096	0	6,199,447	0	54.01
54.02	03440 WOMENS IMAGING CENTER	0.000000	11,948	0	1,839,906	0	54.02
54.03	05401 SPECIAL PROCEDURES	0.000000	4,008,687	0	4,030,611	0	54.03
54.04	05402 IMAGING CENTER	0.000000	99,578	0	7,869,782	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	296,874	0	70,115,607	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,062,493	0	5,894,594	0	56.00
57.00	05700 CT SCAN	0.000000	23,141,581	0	36,203,981	0	57.00
58.00	05800 MRI	0.000000	6,268,169	0	10,528,257	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	21,379,757	0	36,101,319	0	59.00
60.00	06000 LABORATORY	0.000158	44,903,879	7,095	35,323,659	5,581	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,451,473	0	1,648,887	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000202	29,156,005	5,890	1,664,974	336	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	10,036,432	0	235,394	0	66.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,238,420	0	40,745	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	10,706,834	0	23,039,310	0	69.00
69.01	03140 RADIOLOGY OUTREACH	0.000000	30,363	0	3,801,244	0	69.01
69.02	03290 EMG/NCV	0.000000	53,632	0	383,145	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,310,752	0	3,334,986	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	13,508,590	0	10,944,220	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	55,618,418	0	24,690,076	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	49,496,891	0	6,806,912	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.001183	3,362,108	3,977	4,600,047	5,442	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	123,256	0	4,328,800	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	18,120	0	1,746,091	0	90.00
90.01	09001 WOUND OSTOMY	0.000000	695,130	0	6,175,560	0	90.01
90.02	09002 URODYNAMICS	0.000000	4,084,465	0	73,813,837	0	90.02
90.03	09003 PLAINFIELD CLINIC	0.000000	73,558	0	2,489,417	0	90.03
90.04	09004 OSWEGO CLINIC	0.000000	68,106	0	1,235,096	0	90.04
90.05	09005 BOLINGBROOK CLINIC	0.000000	29,853	0	691,637	0	90.05
90.06	09006 OUTPATIENT SERVICES	0.000000	0	0	274,071	0	90.06
91.00	09100 EMERGENCY	0.005624	30,997,556	174,330	36,679,328	206,285	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000491	0	0	6,618,333	3,250	92.00
200.00	Total (lines 50 through 199)		380,645,183	198,021	466,878,842	222,818	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 8:59 am
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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	0.186600	9,204,536	0	37	1,717,566	50.00	
50.02 03330 ENDOSCOPY	0.141613	7,310,596	0	2	1,035,275	50.02	
51.00 05100 RECOVERY ROOM	0.165014	3,424,704	0	0	565,124	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.462505	99,290	0	0	45,922	52.00	
53.00 05300 ANESTHESIOLOGY	0.039042	7,835,047	0	4	305,896	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.093690	9,655,396	0	20	904,614	54.00	
54.01 03630 ULTRASOUND	0.056259	6,199,447	0	0	348,775	54.01	
54.02 03440 WOMENS IMAGING CENTER	0.085627	1,839,906	0	0	157,546	54.02	
54.03 05401 SPECIAL PROCEDURES	0.081427	4,030,611	0	224	328,201	54.03	
54.04 05402 IMAGING CENTER	0.050239	7,869,782	0	200	395,370	54.04	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.234290	70,115,607	0	32,011	16,427,386	55.00	
56.00 05600 RADIOISOTOPE	0.199804	5,894,594	0	17	1,177,763	56.00	
57.00 05700 CT SCAN	0.022944	36,203,981	0	4,319	830,664	57.00	
58.00 05800 MRI	0.067136	10,528,257	0	806	706,825	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.042565	36,101,319	0	1,889	1,536,653	59.00	
60.00 06000 LABORATORY	0.051405	35,323,659	13,510	0	1,815,813	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.170141	1,648,887	0	0	280,543	62.00	
65.00 06500 RESPIRATORY THERAPY	0.080978	1,664,974	0	2	134,826	65.00	
66.00 06600 PHYSICAL THERAPY	0.199817	235,394	0	0	47,036	66.00	
68.00 06800 SPEECH PATHOLOGY	0.172964	40,745	0	0	7,047	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.105597	23,039,310	0	670	2,432,882	69.00	
69.01 03140 RADIOLOGY OUTREACH	0.043773	3,801,244	0	32	166,392	69.01	
69.02 03290 EMG/NCV	0.033663	383,145	0	0	12,898	69.02	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.102018	3,334,986	0	85	340,229	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.779578	10,944,220	0	0	8,531,873	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.381849	24,690,076	26,742	0	9,427,881	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.124982	6,806,912	0	41,805	850,741	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.398708	4,600,047	0	0	1,834,076	75.00	
76.97 07697 CARDIAC REHABILITATION	0.176689	4,328,800	0	0	764,851	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.488998	1,746,091	0	0	853,835	90.00	
90.01 09001 WOUND OSTOMY	0.199063	6,175,560	0	531	1,229,326	90.01	
90.02 09002 URODYNAMICS	0.105805	73,813,837	0	21,082	7,809,873	90.02	
90.03 09003 PLAINFIELD CLINIC	0.134718	2,489,417	0	70	335,369	90.03	
90.04 09004 OSWEGO CLINIC	0.102595	1,235,096	0	0	126,715	90.04	
90.05 09005 BOLINGBROOK CLINIC	0.207963	691,637	0	0	143,835	90.05	
90.06 09006 OUTPATIENT SERVICES	0.598749	274,071	0	0	164,100	90.06	
91.00 09100 EMERGENCY	0.070970	36,679,328	0	0	2,603,132	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.318496	6,618,333	0	0	2,107,913	92.00	
200.00		Subtotal (see instructions)	466,878,842	40,252	103,806	68,504,766	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	466,878,842	40,252	103,806	68,504,766	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/28/2018 8:59 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	7	50.00
50.02	03330 ENDOSCOPY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2	54.00
54.01	03630 ULTRASOUND	0	0	54.01
54.02	03440 WOMENS IMAGING CENTER	0	0	54.02
54.03	05401 SPECIAL PROCEDURES	0	18	54.03
54.04	05402 IMAGING CENTER	0	10	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,500	55.00
56.00	05600 RADIOISOTOPE	0	3	56.00
57.00	05700 CT SCAN	0	99	57.00
58.00	05800 MRI	0	54	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	80	59.00
60.00	06000 LABORATORY	694	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	71	69.00
69.01	03140 RADIOLOGY OUTREACH	0	1	69.01
69.02	03290 EMG/NCV	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,211	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,225	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND OSTOMY	0	106	90.01
90.02	09002 URODYNAMICS	0	2,231	90.02
90.03	09003 PLAINFIELD CLINIC	0	9	90.03
90.04	09004 OSWEGO CLINIC	0	0	90.04
90.05	09005 BOLINGBROOK CLINIC	0	0	90.05
90.06	09006 OUTPATIENT SERVICES	0	0	90.06
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)	10,905	15,425	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	10,905	15,425	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/28/2018 8:59 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	135,025	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	30,006	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NICU	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	165,031	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	135,025	77,101	1.75	1,723	30.00	
31.00	03100	INTENSIVE CARE UNIT		30,006	5,701	5.26	863	31.00	
32.00	03200	CORONARY CARE UNIT		0	5,547	0.00	130	32.00	
35.00	02060	NICU		0	8,030	0.00	222	35.00	
43.00	04300	NURSERY		0	7,593	0.00	1,114	43.00	
200.00		Total (lines 30 through 199)		165,031	103,972		4,052	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		3,015					30.00
31.00	03100	INTENSIVE CARE UNIT		4,539					31.00
32.00	03200	CORONARY CARE UNIT		0					32.00
35.00	02060	NICU		0					35.00
43.00	04300	NURSERY		0					43.00
200.00		Total (lines 30 through 199)		7,554					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:59 am
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Cost Center Description	Title XIX				Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	30,006	50.00
50.02 03330 ENDOSCOPY	0	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 03440 WOMENS IMAGING CENTER	0	0	0	0	0	0	54.02
54.03 05401 SPECIAL PROCEDURES	0	0	0	0	0	0	54.03
54.04 05402 IMAGING CENTER	0	0	0	0	0	0	54.04
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	78,765	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	15,003	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 03140 CARDIOLOGY OUTREACH	0	0	0	0	0	0	69.01
69.02 03290 EMG/NCV	0	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	22,504	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 WOUND OSTOMY	0	0	0	0	0	0	90.01
90.02 09002 URODYNAMICS	0	0	0	0	0	0	90.02
90.03 09003 PLAINFIELD CLINIC	0	0	0	0	0	0	90.03
90.04 09004 OSWEGO CLINIC	0	0	0	0	0	0	90.04
90.05 09005 BOLINGBROOK CLINIC	0	0	0	0	0	0	90.05
90.06 09006 OUTPATIENT SERVICES	0	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	0	0	0	0	1,730,945	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	1,877,223	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:59 am
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Cost Center Description		Title XIX			Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Cost		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30,006	30,006	143,235,688	0.000209	50.00
50.02	03330	ENDOSCOPY	0	0	0	33,475,947	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	31,023,839	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,992,602	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	57,958,035	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,684,375	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	46,383,748	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	18,372,158	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	19,286,259	0.000000	54.03
54.04	05402	IMAGING CENTER	0	0	0	41,172,021	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	193,245,542	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	18,419,757	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	184,796,639	0.000000	57.00
58.00	05800	MRI	0	0	0	64,086,439	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	132,026,771	0.000000	59.00
60.00	06000	LABORATORY	0	78,765	78,765	497,811,895	0.000158	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	18,190,718	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	15,003	15,003	74,162,132	0.000202	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	48,716,120	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,317,820	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	102,543,510	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	12,442,611	0.000000	69.01
69.02	03290	EMG/NCV	0	0	0	1,715,725	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	27,520,372	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	83,551,074	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	168,287,910	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	155,967,469	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	22,504	22,504	19,027,050	0.001183	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	11,584,533	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	5,493,613	0.000000	90.00
90.01	09001	WOUND OSTOMY	0	0	0	16,610,564	0.000000	90.01
90.02	09002	URODYNAMICS	0	0	0	354,822,830	0.000000	90.02
90.03	09003	PLAINFIELD CLINIC	0	0	0	28,495,995	0.000000	90.03
90.04	09004	OSWEGO CLINIC	0	0	0	22,040,993	0.000000	90.04
90.05	09005	BOLINGBROOK CLINIC	0	0	0	13,494,923	0.000000	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	11,754,113	0.000000	90.06
91.00	09100	EMERGENCY	0	1,730,945	1,730,945	307,770,293	0.005624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	32,041,109	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,877,223	1,877,223	3,111,523,192		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/28/2018 8:59 am
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Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000209	0	0	0	0	50.00
50.02	03330 ENDOSCOPY	0.000000	0	0	0	0	50.02
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
54.01	03630 ULTRASOUND	0.000000	0	0	0	0	54.01
54.02	03440 WOMENS IMAGING CENTER	0.000000	0	0	0	0	54.02
54.03	05401 SPECIAL PROCEDURES	0.000000	0	0	0	0	54.03
54.04	05402 IMAGING CENTER	0.000000	0	0	0	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
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	0.000158	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000202	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
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
69.01	03140 CARDIOLOGY OUTREACH	0.000000	0	0	0	0	69.01
69.02	03290 EMG/NCV	0.000000	0	0	0	0	69.02
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
75.00	07500 ASC (NON-DISTINCT PART)	0.001183	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND OSTOMY	0.000000	0	0	0	0	90.01
90.02	09002 URODYNAMICS	0.000000	0	0	0	0	90.02
90.03	09003 PLAINFIELD CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 OSWEGO CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 BOLINGBROOK CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 OUTPATIENT SERVICES	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.005624	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 8:59 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		77,101	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		77,101	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)		68,035	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		25,631	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)		86,787,001	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)		86,787,001	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)		86,787,001	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)		1,125.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,851,023	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)		28,851,023	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 8:59 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	12,437,988	5,701	2,181.72	2,555	5,574,295	43.00
44.00	CORONARY CARE UNIT	13,134,417	5,547	2,367.84	2,506	5,933,807	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NICU	12,813,497	8,030	1,595.70	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				62,471,156		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				102,830,281		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)				5,819,108		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				3,184,236		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				9,003,344		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				93,826,937		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)				9,066		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,125.63		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				10,204,962		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 8:59 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,678,995	86,787,001	0.134571	10,204,962	1,373,292	90.00
91.00	Nursing School cost	0	86,787,001	0.000000	10,204,962	0	91.00
92.00	Allied health cost	135,025	86,787,001	0.001556	10,204,962	15,879	92.00
93.00	All other Medical Education	0	86,787,001	0.000000	10,204,962	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/28/2018 8:59 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			77,101 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			77,101 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)			68,035 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,723 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)			7,593 15.00
16.00	Nursery days (title V or XIX only)			1,114 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)			86,787,001 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)			86,787,001 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)			86,787,001 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)			1,125.63 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,939,460 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,939,460 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1		
		Title XIX		Hospital		Date/Time Prepared: 11/28/2018 8:59 am		
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)	5,406,804	7,593	712.08	1,114	793,257	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	12,437,988	5,701	2,181.72	863	1,882,824	43.00	
44.00	CORONARY CARE UNIT	13,134,417	5,547	2,367.84	130	307,819	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NICU	12,813,497	8,030	1,595.70	222	354,245	47.00	
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,277,605	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						9,066	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,125.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						10,204,962	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/28/2018 8:59 am	
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	11,678,995	86,787,001	0.134571	10,204,962	1,373,292	90.00
91.00	Nursing School cost	0	86,787,001	0.000000	10,204,962	0	91.00
92.00	Allied health cost	135,025	86,787,001	0.001556	10,204,962	15,879	92.00
93.00	All other Medical Education	0	86,787,001	0.000000	10,204,962	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/28/2018 8:59 am	
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		58,405,792	30.00
31.00	03100	INTENSIVE CARE UNIT		12,248,298	31.00
32.00	03200	CORONARY CARE UNIT		13,801,150	32.00
35.00	02060	NICU		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.186600	32,195,790	50.00
50.02	03330	ENDOSCOPY	0.141613	3,359,136	50.02
51.00	05100	RECOVERY ROOM	0.165014	4,250,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.463329	21,930	52.00
53.00	05300	ANESTHESIOLOGY	0.039042	7,789,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.093690	9,453,602	54.00
54.01	03630	ULTRASOUND	0.056259	5,342,096	54.01
54.02	03440	WOMENS IMAGING CENTER	0.085627	11,948	54.02
54.03	05401	SPECIAL PROCEDURES	0.081427	4,008,687	54.03
54.04	05402	IMAGING CENTER	0.050239	99,578	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.234290	296,874	55.00
56.00	05600	RADIOISOTOPE	0.199804	1,062,493	56.00
57.00	05700	CT SCAN	0.022944	23,141,581	57.00
58.00	05800	MRI	0.067136	6,268,169	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.042565	21,379,757	59.00
60.00	06000	LABORATORY	0.051405	44,903,879	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.170141	4,451,473	62.00
65.00	06500	RESPIRATORY THERAPY	0.080978	29,156,005	65.00
66.00	06600	PHYSICAL THERAPY	0.199817	10,036,432	66.00
68.00	06800	SPEECH PATHOLOGY	0.172964	2,238,420	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105597	10,706,834	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.043773	30,363	69.01
69.02	03290	EMG/NCV	0.034061	53,632	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.102535	2,310,752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.779578	13,508,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.381849	55,618,418	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982	49,496,891	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.398708	3,362,108	75.00
76.97	07697	CARDIAC REHABILITATION	0.176689	123,256	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.488998	18,120	90.00
90.01	09001	WOUND OSTOMY	0.199063	695,130	90.01
90.02	09002	URODYNAMICS	0.105805	4,084,465	90.02
90.03	09003	PLAINFIELD CLINIC	0.134718	73,558	90.03
90.04	09004	OSWEGO CLINIC	0.102595	68,106	90.04
90.05	09005	BOLINGBROOK CLINIC	0.207963	29,853	90.05
90.06	09006	OUTPATIENT SERVICES	0.598749	0	90.06
91.00	09100	EMERGENCY	0.070970	30,997,556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.318496	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		380,645,183	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)		380,645,183	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 8:59 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		19,893,442	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		60,202,033	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)		3,844,097	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
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)		273.16	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 which 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)		1.40	30.00
31.00	Percentage of Medicaid patient days (see instructions)		8.94	31.00
32.00	Sum of lines 30 and 31		10.34	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 8:59 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000174403	0.000277818	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	83,939,572		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)		83,939,572	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,900,896	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		107,874	53.00
54.00	Special add-on payments for new technologies		3,540	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).		58,293	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		198,021	58.00
59.00	Total (sum of amounts on lines 49 through 58)		91,208,196	59.00
60.00	Primary payer payments		29,747	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		91,178,449	61.00
62.00	Deductibles billed to program beneficiaries		6,889,276	62.00
63.00	Coinurance billed to program beneficiaries		193,434	63.00
64.00	Allowable bad debts (see instructions)		454,423	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		295,375	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		384,069	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		84,391,114	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		593,383	70.93
70.94	HRR adjustment amount (see instructions)		-1,032,221	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/28/2018 8:59 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		225,521	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		83,726,755	71.00
71.01	Sequestration adjustment (see instructions)		1,674,535	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		82,016,811	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		35,409	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,299,506	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (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	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	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: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2018 8:59 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,893,442	0	19,893,442		19,893,442	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	60,202,033	0		60,202,033	60,202,033	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	3,844,097	0	1,027,347	2,816,750	3,844,097	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
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	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	83,939,572	0	20,920,789	63,018,783	83,939,572	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	83,939,572	0	20,920,789	63,018,783	83,939,572	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,900,896	0	1,700,786	5,200,110	6,900,896	16.00
17.00	Special add-on payments for new technologies	54.00	3,540	0	2,071	1,469	3,540	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	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2018 8:59 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	22,623,646	68,220,362	90,844,008	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,513,758	0	1,610,444	4,903,314	6,513,758	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	249,698	0	56,362	193,336	249,698	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0211	0.0211	0.0211	0.0211		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	137,440	0	33,980	103,460	137,440	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,900,896	0	1,700,786	5,200,110	6,900,896	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0231		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2018 8:59 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 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	19,893,442	19,893,442		19,893,442	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	60,202,033		60,202,033	60,202,033	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	3,844,097	1,027,347	2,816,750	3,844,097	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	83,939,572	20,920,789	63,018,783	83,939,572	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	83,939,572	20,920,789	63,018,783	83,939,572	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,900,896	1,700,786	5,200,110	6,900,896	16.00
17.00	Special add-on payments for new technologies	54.00	3,540	2,071	1,469	3,540	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			22,623,646	68,220,362	90,844,008	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2018 8:59 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	6,513,758	1,610,444	4,903,314	6,513,758	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	249,698	56,362	193,336	249,698	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	0.0211	0.0211	0.0211		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	137,440	33,980	103,460	137,440	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,900,896	1,700,786	5,200,110	6,900,896	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	593,383	75,685	517,698	593,383	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	-1,032,221	-147,227	-884,994	-1,032,221	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		225,521		225,521	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/28/2018 8:59 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,330	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		68,281,948	2.00
3.00	OPPS payments		58,086,267	3.00
4.00	Outlier payment (see instructions)		314,528	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		222,818	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26,330	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		144,058	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)		144,058	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)		144,058	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		117,728	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)		26,330	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)		58,623,613	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,348	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		10,627,597	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)		48,016,998	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)		48,016,998	30.00
31.00	Primary payer payments		8,390	31.00
32.00	Subtotal (line 30 minus line 31)		48,008,608	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)		740,344	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		481,224	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		641,311	36.00
37.00	Subtotal (see instructions)		48,489,832	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-121	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)		3,016	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		48,489,953	40.00
40.01	Sequestration adjustment (see instructions)		969,799	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		47,517,061	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3,093	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2018 8:59 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		81,386,326		46,818,446	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		630,485		698,615	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		82,016,811		47,517,061	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		35,409		3,093	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		82,052,220		47,520,154	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part II
Date/Time Prepared:
11/28/2018 8:59 am

Title XVIII		Hospital	PPS
			1.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/28/2018 8:59 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		5,277,605		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,277,605	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,277,605	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		5,277,605	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		5,277,605	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet G

Date/Time Prepared:
11/28/2018 8:59 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-8,461,191	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	88,727,929	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	11,935,888	0	0	0	7.00
8.00	Prepaid expenses	2,660,691	0	0	0	8.00
9.00	Other current assets	843,421	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	95,706,738	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,619,677	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	550,612,045	0	0	0	15.00
16.00	Accumulated depreciation	-471,113,376	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	302,040,176	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	392,158,522	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	45,948,946	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	45,948,946	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	533,814,206	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,510,466	0	0	0	37.00
38.00	Salaries, wages, and fees payable	30,684,207	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	115,477,390	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	163,672,063	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,125,331	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	24,125,331	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	187,797,394	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	346,016,812				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	346,016,812	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	533,814,206	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
11/28/2018 8:59 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		752,058,236		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		53,771,340			2.00
3.00	Total (sum of line 1 and line 2)		805,829,576		0	3.00
4.00	TRANSFERS	-64,333,346		0		4.00
5.00	MINORITY INTEREST	1,378,654		0		5.00
6.00	TEMP RESTRICTED NET ASSETS	2,419,858		0		6.00
7.00	PERM RESTRICTED NET ASSETS	312,462		0		7.00
8.00	DISTRIBUTIONS	242,000		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		-59,980,372		0	10.00
11.00	Subtotal (line 3 plus line 10)		745,849,204		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS TO AFFILIATES	399,832,391		0		13.00
14.00	RECONCILING ITEM	1		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		399,832,392		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		346,016,812		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TRANSFERS		0			4.00
5.00	MINORITY INTEREST		0			5.00
6.00	TEMP RESTRICTED NET ASSETS		0			6.00
7.00	PERM RESTRICTED NET ASSETS		0			7.00
8.00	DISTRIBUTIONS		0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	TRANSFERS TO AFFILIATES		0			13.00
14.00	RECONCILING ITEM		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2018 8:59 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	136,356,950		136,356,950	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF		0	0	5.00
6.00	Swing bed - NF		0	0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	136,356,950		136,356,950	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	27,518,957		27,518,957	11.00
12.00	CORONARY CARE UNIT	29,108,302		29,108,302	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NICU	20,494,019		20,494,019	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	77,121,278		77,121,278	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	213,478,228		213,478,228	17.00
18.00	Ancillary services	965,621,382		965,621,382	18.00
19.00	Outpatient services		2,151,725,764	2,151,725,764	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	8,217,593	0	8,217,593	27.00
27.01	PROFESSIONAL FEES	0	3,630,088	3,630,088	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,187,317,203	2,155,355,852	3,342,673,055	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		645,344,741		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		645,344,741		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0231

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
11/28/2018 8:59 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,342,673,055	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,670,937,472	2.00
3.00	Net patient revenues (line 1 minus line 2)	671,735,583	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	645,344,741	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,390,842	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,807,282	6.00
7.00	Income from investments	1,014,155	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	102,118	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	1,228,811	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE	0	24.00
24.01	IHP DISTRIBUTIONS	566,600	24.01
24.02	CLINICAL INTEGRATION	194,593	24.02
24.03	CLINICAL TRIALS	-2,494	24.03
24.04	PERINATAL HEALTH PROMOTIONS	0	24.04
24.05	LABORATORY OTHER REVENUE	13,654,433	24.05
24.06	SIMULATION AND TRAINING	0	24.06
24.07	CARDIOGRAPHICS OTHER REVENUE	0	24.07
24.08	OUTPATIENT PHARMACY	0	24.08
24.09	OCCUPATIONAL HEALTH	1,358,073	24.09
24.10	OTHER REVENUE	7,142,215	24.10
24.11	ER TRAUMA	0	24.11
24.12	INTERCO REVENUE	479,748	24.12
24.13	COMMUNITY & SEMINARS	84,896	24.13
24.14	DISCOUNT	82,902	24.14
24.15	MANAGEMENT FEES OTHER	552,516	24.15
24.16	GAIN/LOSS ON SALE ASSETS	-5,376	24.16
24.17	INVEST INCOME REALIZED	-1,504	24.17
24.18	NON CONTROLLING INTEREST	-878,471	24.18
24.19	OTHER (SPECIFY)	0	24.19
24.20	OTHER (SPECIFY)	0	24.20
25.00	Total other income (sum of lines 6-24)	27,380,497	25.00
26.00	Total (line 5 plus line 25)	53,771,339	26.00
27.00	ROUNDING	-1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	53,771,340	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0231	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/28/2018 8:59 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,513,758	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		249,698	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)		239.22	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)		1.40	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		8.94	8.00
9.00	Sum of lines 7 and 8		10.34	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.11	10.00
11.00	Disproportionate share adjustment (see instructions)		137,440	11.00
12.00	Total prospective capital payments (see instructions)		6,900,896	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