

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 LOYOLA UNIVERSITY MEDICAL CENTER (14-0276) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT 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.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	1380267	446471	1
2.01	SUBPROVIDER II	329398		2
3	SWING BED - SNF			2.01
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	1709665	446471	9
				100

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 THIS INFORMATION COLLECTION IS ESTIMATED 657 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 THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2160 SOUTH FIRST AVENUE P.O. BOX: 1
 1.01 CITY: MAYWOOD STATE: IL ZIP CODE: 60153 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	LOYOLA UNIVERSITY MEDICAL CENTER 14-0276	05/01/1969	N	P	P	2
3	SUBPROVIDER I	LOYOLA UNIVERSITY MEDICAL CENTER P 14-S276	07/01/1984	N	P	O	3
3.01	SUBPROVIDER II	LOYOLA UNIVERSITY MEDICAL CENTER R 14-T276	07/01/1999	N	P	O	3.01
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	LOYOLA UNIVERSITY MEDICAL CENTER H 14-7257	01/09/1984	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE	LOYOLA UNIVERSITY MEDICAL CENTER F 14-1566	10/14/1994				12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS	INPATIENT RENAL UNIT 14-2329	03/31/2004				16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2009 TO: 06/30/2010					17
18	TYPE OF CONTROL		1				18
19	HOSPITAL		1				19
20	SUBPROVIDER I		4				20
20.01	SUBPROVIDER II		5				20.01

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.		YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).		NO		NO		21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		YES				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				01/01/1985		23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				10/17/1986		23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				10/10/2000		23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				02/02/1995		23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 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. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 '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)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	NO			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:						54
	PREMIUMS: 18910131 PAID LOSSES: AND/OR SELF INSURANCE:						
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
		/ /	NO	0.00	NO	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.		YES	NO		58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO			60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		8244	4891	23963	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 NEONATAL INTENSIVE CARE					10
10.01 PEDIATRIC INTENSIVE CARE					10.01
10.03 HEART TRANSPLANT ICU					10.03
10.04 BONE INTENSIVE CARE					10.04
11 NURSERY					11
12 TOTAL HOSPITAL		8244	4891	23963	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
14.01 SUBPROVIDER II-REHAB		454	62	696	14.01
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28
28.01 EMP. DISC. DAYS(IRF Sub)					28.01

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	1
2 TOTAL SALARIES	397163721		397163721	10338863.00	38.41		2
3 NON-PHYSICIAN ANESTHETIST PART A			2349751	29833.00	78.76		3
4 NON-PHYSICIAN ANESTHETIST PART B	2349751		2349751	22626.00	107.32		4
4.01 PHYSICIAN - PART A	2697943	-269794	2428149	2514.00	107.32		4.01
5 TEACHING PHYSICIAN SALARIES		269794	269794	163368.00	102.61		5
5.01 PHYSICIAN - PART B	16763510		16763510				5.01
6 NON-PHYSICIAN - PART B			18607481	824242.00	22.58		6
6.01 INTERNS & RESIDENTS (IN APPR PGM)	18607481		18607481				6.01
7 CONTRACT SERVICES, I&R							7
8 HOME OFFICE PERSONNEL							8
8.01 SNF							8.01
9 EXCLUDED AREA SALARIES	112233153	-4058159	108174994	1002327.00	107.92	PROVIDER RECORD	9
9.01 OTHER WAGES & RELATED COSTS							9.01
9.02 CONTRACT LABOR	1147710		1147710	20415.00	56.22		9.02
9.03 PHARMACY SERVICES UNDER CONTRACT							9.03
10 LABORATORY SERVICES UNDER CONTRACT							10
10.01 MANAGEMENT AND ADMINISTRATIVE SERVICES'							10.01
11 CONTRACT LABOR: PHYSICIAN PART A							11
12 TEACHING PHYSICIAN UNDER CONTRACT							12
12.01 HOME OFFICE SALARIES & WAGE REL COSTS	7956301	-5533656	2422645	14541.00	166.61		12.01
13 HOME OFFICE: PHYSICIAN PART A		5533656	5533656	33213.00	166.61		13
14 TEACHING PHYSICIAN SALARIES							14
15 WAGE-RELATED COSTS	41593709		41593709			CMS 339	15
16 WAGE RELATED COSTS (CORE)						CMS 339	16
17 WAGE RELATED COSTS (OTHER)						CMS 339	17
18 EXCLUDED AREAS	19074300		19074300			CMS 339	18
19 NON-PHYSICIAN ANESTHETIST PART A			414423			CMS 339	19
20 NON-PHYSICIAN ANESTHETIST PART B	414423		414423			CMS 339	20
21 PHYSICIAN PART A	2573661		2573661			CMS 339	21
22 PART A TEACHING PHYSICIANS	285962		285962			CMS 339	22
23 PHYSICIAN PART B	17768102		17768102			CMS 339	23
24 WAGE RELATED COSTS (RHC/FQHC)							24
25 INTERNS & RESIDENTS (IN APPR PGM)	3281782		3281782			CMS 339	25
26 OVERHEAD COSTS - DIRECT SALARIES							26
27 EMPLOYEE BENEFITS	1932383		1932383	78282.00	24.68		27
28 ADMINISTRATIVE & GENERAL	49100699		49100699	1319349.00	37.22		28
29 ADMINISTRATIVE & GENERAL UNDER CONTACT	789900		789900	16305.00	48.45		29
30 MAINTENANCE & REPAIRS							30
31 OPERATION OF PLANT	10717918		10717918	424653.00	25.24		31
32 LAUNDRY & LINEN SERVICE	220358		220358	16665.00	13.22		32
33 HOUSEKEEPING	1405203	-1405201	2				33
34 HOUSEKEEPING UNDER CONTRACT	9865530		9865530	436751.00	22.59		34
35 DIETARY	2750941	-716294	2034647	140982.00	14.43		35
36 CAFETERIA	439118	502199	941317	94272.00	9.99		36
37 MAINTENANCE OF PERSONNEL	975077		975077	87418.00	11.15		37
38 NURSING ADMINISTRATION	2638193	176952	2815145	74540.00	37.77		38
39 CENTRAL SERVICES AND SUPPLY	1286900		1286900	79660.00	16.15		39
40 PHARMACY	7096051		7096051	183922.00	38.58		40
41 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2947082		2947082	149975.00	19.65		41
42 SOCIAL SERVICE	1381520	65941	1447461	54268.00	26.67		42
43 OTHER GENERAL SERVICE							43

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	4	5		
1 NET SALARIES	370098409	-269794	369828615	9771962.00	37.85		1
2 EXCLUDED AREA SALARIES	112233153	-4058159	108174994	1002327.00	107.92		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	257865256	3788365	261653621	8769635.00	29.84		3
4 SUBTOTAL OTHER WAGES & REL COSTS	9104011		9104011	68169.00	133.55		4
5 SUBTOTAL WAGE-RELATED COSTS	44167370		44167370		16.88%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	311136637	3788365	314925002	8837804.00	35.63		6
7 NET SALARIES							7
8 EXCLUDED AREA SALARIES							8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10 SUBTOTAL OTHER WAGES & REL COSTS							10
11 SUBTOTAL WAGE-RELATED COSTS							11
12 TOTAL (SUM OF LINES 9 THRU 11)							12
13 TOTAL OVERHEAD COSTS	93546873	-1376403	92170470	3157042.00	29.20		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7257

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2351	326	62	2739	1
2 UNDUPLICATED CENSUS COUNT		1015.00	348.00	803.00	2166.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)		.67	.67	4
5 OTHER ADMINISTRATIVE PERSONNEL		14.81	14.81	5
6 DIRECT NURSING SERVICE		25.24	25.24	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		6.46	6.46	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		.10	.10	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		1.00	1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		2.82	2.82	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		16974		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7257

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21	8464	244	601	152			9461	21
22	1443548	41376	103229	27285			1615438	22
23	5856	14	79	110			6059	23
24	991375	2361	13378	18637			1025751	24
25	755	12	3	13			783	25
26	127896	2026	510	2204			132636	26
27	148		14				162	27
28	25071		2378				27449	28
29	91		3	3			97	29
30	20923		692	692			22307	30
31	1712	26	13	46			1797	31
32	201868	3044	1537	5410			211859	32
33	17026	296	713	324			18359	33
34								34
35	2810681	48807	121724	54228			3035440	35
36	1068		271	22			1361	36
37		5					5	37
38	60830	2635	6392	1420			71277	38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2329

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		150			24	1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS		3.00				2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP		4.50				3
4 CAPD EXCHANGES PER DAY					4	4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED		314				5
6 NUMBER OF STATIONS		31				6
7 TREATMENT CAPACITY PER DAY PER STATION		3				7
8 UTILIZATION						8
9 AVERAGE TIMES DIALYZERS RE-USED						9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						10
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST					554	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD					55	12
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER					747788	13
13.01 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						13.01
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT					5523580	14
14.01 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)						
15 MCP X INITIAL METHOD						15
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						16
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						17
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						19

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09
 11/29/2010 13:58

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1566

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
1 CONTINUOUS HOME CARE	3	1			3	7 1
2 ROUTINE HOME CARE	7231	436			541	8208 2
3 INPATIENT RESPITE CARE	5				1	6 3
4 GENERAL INPATIENT CARE	138				3	141 4
5 TOTAL HOSPICE DAYS	7377	437			548	8362 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	209	16			61	286 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	35.30	27.31			8.98	29.24 8
9 UNDUPLICATED CENSUS COUNT	209	16			61	286 9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.377352 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
3.01	0301				12977311	12977311	-239342	12737969	3.01
4	0400				23739422	23739422	-18619	23720803	4
5	0500				11437404	2968511	-2831183	137328	5
6.01	1160	1932383	-10401276	-8468893	11437404	2968511	-2831183	137328	6.01
6.02	0620	1160700	2253647	3414347	-551503	2862844	-432470	2430374	6.02
6.03	0630	5636942	6422757	12059699	-3267575	8792124	-1030020	7762104	6.03
6.04	0631	1223348	9899515	11122863	-242222	10880641	-81822	10798819	6.04
6.05	0631	50934	156817	207751	-27491	180260	-3407	176853	6.05
6.06	0640	1074326	545570	1619896	-38588	1581308	-71855	1509453	6.06
6.07	0641	1234435	505671	1740106	-54522	1685584	-82563	1603021	6.07
6.08	0650	4339149	5814154	10153303	-153591	9999712	-501218	9498494	6.08
6.09	0660	2160302	948801	3109103	-236490	2872613	-144489	2728124	6.09
6.10	0661	537772	417899	955671	-15921	939750	-180690	759060	6.10
6.11	0666	1062484	424057	1486541	-230868	1255673	-71063	1184610	6.11
6.12	0662	27884612	88294287	116178899	-2394310	113784589	3161403	116945992	6.12
6.14	0663	27244441	4034049	6758490	-29125	6729365	-230671	6498694	6.14
7	0700	112254	3414252	3425506	684403	4109909	-97150	4012759	7
8	0800								8
8.01	0801	8547091	21280019	29827110	-9882545	19944565	-680888	19263677	8.01
9	0900	2170827	1502600	3673427	-745878	2927549	-145193	2782356	9
10	1000	220358	1621403	1841761	-42541	1799220	-14738	1784482	10
11	1100	1405203	10398714	11803917	-3893210	7910707		7910707	11
12	1200	2750941	4279620	7030561	-2107722	4922839	-203247	4719592	12
13	1300	439118	707423	1146541	1547431	2693972	-2693972		13
13.01	1300								13.01
14	1400	975077	342973	1318050	-19658	1298392	-65217	1233175	14
15	1500	2638193	1327080	3965273	-118199	3847074	-176809	3670265	15
15.01	1501	1193395	8317480	9510875	-7508166	2002709	-372371	1630338	15.01
16	1600	93505	281126	374631		374631	-6254	368377	16
17	1700	7096051	27867395	34963446	-23919448	11043998	-1606707	9437291	17
18	1800	2947082	6526280	9473362	-2447517	7025845	-1335111	5690734	18
18.01	1801	1381520	429277	1810797	75172	1885969	-92401	1793568	18.01
20	2000				14508750	14508750	1502175	16010925	20
21	2100				2467789	2467789	-2467789		21
22	2200								22
23	2300	18607481	5764861	24372342	-11037080	13335262	-1393971	11941291	23
24	2400						7076635	7076635	24
24.01	2401	487263	228640	715903	-36069	679834	-41251	638583	24.01
24.02	2402								24.02
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	29093795	14878627	43972422	-202084	43770338	-3089840	40680498	25
26	2600	11454211	4952809	16407020	-389424	16017596	-1199073	14818523	26
28	2800	3269434	1659044	4928478	-1937774	2990704	-391309	2599395	28
30	3000	7610801	2958332	10569133	-480243	10088890	-787225	9301665	30
30.01	3001	1868066	848389	2716455	-172700	2543755	-197162	2346593	30.01
30.03	3003	2081655	889692	2971347	-176525	2794822	-227792	2567030	30.03
30.04	3004	2261717	934639	3196356	-48008	3148348	-254085	2894263	30.04
31.01	3101	4458270	2156174	6614444	-1557237	5057207	-514113	4543094	31.01
33	3300				515352	515352		515352	33
ANCILLARY SERVICE COST CENTERS									
37	3700	10709933	42787074	53497007	-4765116	48731891	-2286842	46445049	37
37.01	3701	2742719	6946068	9688787	-1434997	8253790	-1190038	7063752	37.01
38	3800	2212224	1511263	3723487	-239640	3483847	-679503	2804344	38
39	3900	1755124	1119916	2875040	-205930	2669110	-223555	2445555	39
40	4000	2585239	2964928	5550167	-2285423	3264744	-913316	2351428	40
41	4100	6685584	11497675	18183259	-2401862	15781397	-1570426	14210971	41
41.01	4101	794849	755704	1550553	-78351	1472202	-273231	1198971	41.01
41.02	4102	1570075	3396636	4966711	-1434683	3532028	-813457	2718571	41.02
41.03	4103	2010098	4093184	6103282	-257182	5846100	-1649423	4196677	41.03
42	4200	380407	272346	652753	-652753				42
43	4300	1500925	2817740	4318665	-145536	4173129	-700702	3472427	43
44	4400	7978145	14750861	22729006	-1572824	21156182	-4956573	16199609	44
44.01	4401	1452448	4235962	5688410	-237803	5450607	-635995	4814612	44.01
44.02	4402								44.02
44.03	4403								44.03
46.30	4630	120629	812941	933570	-30082	903488	-56867	846621	46.30
47	4700	1371037	7045182	8416219	-204673	8211546	-573646	7637900	47
49	4900	5126502	3993076	9119578	-271623	8847955	-744512	8103443	49
50	5000	2801678	1620095	4421773	398371	4820144	-480031	4340113	50
51	5100	790672	575172	1365844	523241	1889085	-122456	1766629	51
52	5200	346481	153683	500164	146207	646371	-39654	606717	52

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
53	5300 ELECTROCARDIOLOGY	2964378	13198095	16162473	-1375282	14787191	-1416404	13370787	53
54	5400 ELECTROENCEPHALOGRAPHY	1195840	8822233	2078073	-187916	1890157	-197062	1693095	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				7244182	7244182		7244182	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS				23320814	23320814		23320814	56
57	5700 RENAL DIALYSIS	2865565	4275986	7141551	-422934	6718617	-972731	5745886	57
59	3560 PULMONARY LABS	369507	331580	701087	-205502	495585	-62220	433365	59
59.01	3950 OCCUPATIONAL HEALTH	100730	166686	267416	-56264	211152	-81484	129668	59.01
59.03	3951 HYPERALIMENTATION								59.03
59.04	3650 PERIPHERAL VASCULAR	676171	532078	1208249	-94051	1114198	-182024	932174	59.04
59.05	3952 PEDIATRIC ENDO NUTRITION								59.05
59.06	3120 CARDIAC CATHETER LAB	3005859	11126919	14132778	-2807928	11324850	-1189165	10135685	59.06
59.07	3340 GASTROINTESTINAL SERVICE	1938732	3083516	5022248	-449004	4573244	-627293	3945951	59.07
59.08	3121 BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09	3953 BONE MARROW PROCUREMENT		1315301	1315301		1315301		1315301	59.09
59.97	3997 CARDIAC REHABILITATION								59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY								59.98
59.99	3999 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS								59.99
60	6000 CLINIC	186296	178077	364373	-39560	324813	-22186	302627	60
60.01	6001 CARDIAC REHABILITATION	275014	84464	359478	-30	359448	-21499	337949	60.01
60.02	6002 CANCER CENTER	5073833	23303028	28376861	-967578	27409283	-1930437	25478846	60.02
60.03	6003 PSYCH SOCIAL REHAB	283600	127512	411112	-23757	387355	-20501	366854	60.03
60.04	6004 WELLNESS ASSESSMENT								60.04
60.06	6006 HEART FAILURE CLINIC								60.06
60.07	6007 LOC OUTPATIENT CENTER	16382333	16441134	32823467	-3173945	29649522	-4375160	25274362	60.07
60.08	6008 OUTPATIENT CENTER	3664441	4306932	7971373	-650674	7320699	-699369	6621330	60.08
60.09	6009 ELMHURST IMMEDIATE CARE	1449799	1027229	2477028	-58691	2418337	-1326203	1092134	60.09
60.10	6010 LAGRANGE FAMILY PCC	1589519	1571208	3160727	-222028	2938699	-697166	2241533	60.10
60.12	6012 NORTH RIVERSIDE PCC	3265760	2488513	5754273	-65512	5688761	-3241452	2447309	60.12
60.13	6013 GLENDALE HEIGHTS PCC	27000	91414	118414	-6493	111921	-67165	44756	60.13
60.14	6014 WHEATON PCC	1352864	1358883	2711747	-52660	2659087	-1095492	1563595	60.14
60.15	6015 OUT II PCC	3297722	2284172	5581894	-77191	5504703	-3221510	2283193	60.15
60.16	6016 HICKORY HILLS PCC	2505713	2319742	4825455	-203919	4621536	-1466037	3155499	60.16
60.18	6018 DARIEN PCC	2094853	1445229	3540082	-82614	3457468	-1921707	1535761	60.18
60.20	6020 ORLANAD PARK - FP	2324190	2113340	4437530	-75461	4362069	-2003903	2358166	60.20
60.21	6021 FAMILY PRACTICE MAYWOOD PCC	754725	586664	1341389	-89760	1251629	-255581	996048	60.21
60.22	4040 HOMER GLEN PCC	2492142	4684941	7177083	-297905	6879178	-1203869	5675309	60.22
60.23	4950 OAK PARK PCC	1204234	909236	2113470	-37441	2076029	-1168858	907171	60.23
60.24	4041 PARK RIDGE PCC	359879	725108	1084987	-287867	797120	-68980	728140	60.24
60.25	4951 LOYOLA CLINIC AT GOTTLIEB	101429	115263	216692	-16634	200058	-17746	182312	60.25
60.26	4952 WOODRIDGE PCC								60.26
60.27	4953 NEUROLOGY - NILES	3933	12669	16602		16602	-223	16379	60.27
61	6100 EMERGENCY	10744525	8334233	19078758	-340269	18738489	-10638912	8099577	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
62.01	6201 OBSERVATION BEDS-DISTINCT	270511	183223	453734	-33435	420299	-35722	384577	62.01
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	6500 AMBULANCE SERVICES		207036	207036	-2293	204743	-260	204483	65
67	6700 DURABLE MEDICAL EQUIP-SOLD	36099	2485770	2521869		2521869	-403797	2118072	67
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	3550235	2216967	5767202	-137939	5629263	-331949	5297314	71
82	8200 LUNG ACQUISITION	876144	1733283	2609427	-626732	1982695	-79801	1902894	82
83	8300 KIDNEY ACQUISITION	862992	1607132	2470124	-621684	1848440	-115931	1732509	83
84	8400 LIVER ACQUISITION	711509	759386	1470895	-350280	1120615	-58168	1062447	84
85	8500 HEART ACQUISITION	450502	734920	1185422	-311489	873933	-40763	833170	85
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
86	8600 OTHER ORGAN ACQUISITION (SPECIF				44663	44663		44663	86
93	9300 HOSPICE	596224	450500	1046724	-29539	1017185	-64128	953057	93
95	9500 SUBTOTALS	296923707	464031905	760955612	2135560	763091172	-73968317	689122855	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	59869	156039	215908	-5617	210291	-4004	206287	96
96.01	9601 HINES RADIATION THERAPY	738990	661231	1400221	-13866	1386355	-49426	1336929	96.01
96.02	9602 HOME INFUSION THERAPY	892988	4244767	5137755	-1115	5136640	-1628324	3508316	96.02
96.03	9603 OP HOSPITAL PHARMACY	139010	3263610	3402620	-24309	3378311	-9297	3369014	96.03
96.04	9604 HOSPITALIST	2196933	1077608	3274541	-48663	3225878	1570849	4796727	96.04
98	9800 PHYSICIANS' PRIVATE OFFICES	176420	172033	348453	-83479	264974	-11800	253174	98
98.01	9801 FACUALTY CLINICAL OPERATIONS	96035804	59579943	155615747	-1958511	153657236	-39994437	113662799	98.01

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
11/29/2010 13:58

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7
101 TOTAL	397163721	533187136	930350857		930350857	-114094756	816256101 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		12977311	1
2 DEPR	A	NEW CAP REL COSTS-MVBLE EQUIP	4		23739422	2
3	A					3
4	A					4
5	A					5
6	A					6
7	A					7
8	A					8
9	A					9
10	A					10
11	A					11
12	A					12
13	A					13
14	A					14
15	A					15
16	A					16
17	A					17
18	A					18
19	A					19
20	A					20
21	A					21
22	A					22
23	A					23
24	A					24
25	A					25
26	A					26
27	A					27
28	A					28
29	A					29
30	A					30
31	A					31
32	A					32
33	A					33
34	A					34
35	A					35
36 SUBTOTAL					36716733	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 DEPRECIATION EXPENSE	A	EMPLOYEE BENEFITS	5		61851	9 1
2 DEPR	A	COMMUNICATION	6.01		177503	9 2
3	A	SYSTEM & COMPUTERS	6.02		1927575	3
4	A	PURCHASING	6.03		104222	4
5	A	OPC STORES	6.04		27491	5
6	A	PATIENT AFFAIRS	6.05		38588	6
7	A	PATIENT ADMITTING	6.06		54522	7
8	A	PATIENT ACCOUNTS	6.07		153591	8
9	A	ACCOUNTING	6.08		236490	9
10	A	EMPLOYEE HEALTH SERVICES	6.09		15921	10
11	A	PASTORAL CARE	6.10		70868	11
12	A	HOSPITAL ADMINISTRATION	6.11		1219552	12
13	A	AMBULATORY ADMINISTRATION	6.12		24491	13
14	A	OPERATION OF PLANT	8		3340545	14
15	A	SAFETY AND SECURITY	8.01		235878	15
16	A	LAUNDRY & LINEN SERVICE	9		42541	16
17	A	HOUSEKEEPING	10		49672	17
18	A	DIETARY	11		222997	18
19	A	CAFETERIA	12		12055	19
20	A	PATIENT TRANSPORTATION	13.01		19658	20
21	A	NURSING ADMINISTRATION	14		189938	21
22	A	CENTRAL SERVICES & SUPPLY	15		263984	22
23	A	PHARMACY	16		273816	23
24	A	MEDICAL RECORDS & LIBRARY	17		2447517	24
25	A	SOCIAL SERVICE	18		6872	25
26	A	I&R SERVICES-SALARY & FRINGES	22		7178	26
27	A	PARAMEDICAL ED-MICU	24.01		36069	27
28	A	ADULTS & PEDIATRICS	25		2515902	28
29	A	INTENSIVE CARE UNIT	26		464299	29
30	A	BURN INTENSIVE CARE UNIT	28		249710	30
31	A	NEONATAL INTENSIVE CARE	30		275343	31
32	A	PEDIATRIC INTENSIVE CARE	30.01		139819	32
33	A	HEART TRANSPLANT ICU	30.03		117174	33
34	A	BONE INTENSIVE CARE	30.04		74856	34
35	A	SUBPROVIDER II-REHAB	31.01		273715	35
36 SUBTOTAL					15372203	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	A				1
2	A				2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12	A				12
13	A				13
14	A				14
15	A				15
16	A				16
17	A				17
18	A				18
19	A				19
20	A				20
21	A				21
22	A				22
23	A				23
24	A				24
25	A				25
26	A				26
27	A				27
28	A				28
29	A				29
30	A				30
31	A				31
32	A				32
33	A				33
34	A				34
35	A				35
36 SUBTOTAL					36716733 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	A	OPERATING ROOM	37		4547516	1
2	A	AMBULATORY SURGERY CENTER	37.01		838214	2
3	A	RECOVERY ROOM	38		224280	3
4	A	DELIVERY ROOM & LABOR ROOM	39		163785	4
5	A	ANESTHESIOLOGY	40		182468	5
6	A	RADIOLOGY-DIAGNOSTIC	41		1985822	6
7	A	RADIOLOGY-ULTRASOUND	41.01		127981	7
8	A	RADIOLOGY-MRI	41.02		648788	8
9	A	RADIOLOGY-CAT SCAN	41.03		590861	9
10	A	RADIOISOTOPE	43		267289	10
11	A	LABORATORY	44		396399	11
12	A	LABORATORY-SURGICAL PATHOLOGY	44.01		134637	12
13	A	LABORATORY-HLA	44.03		18213	13
14	A	BLOOD STORING, PROCESSING & T	47		35932	14
15	A	RESPIRATORY THERAPY	49		250644	15
16	A	PHYSICAL THERAPY	50		101341	16
17	A	OCCUPATIONAL THERAPY	51		57655	17
18	A	SPEECH PATHOLOGY	52		30697	18
19	A	ELECTROCARDIOLOGY	53		1654683	19
20	A	ELECTROENCEPHALOGRAPHY	54		160434	20
21	A	RENAL DIALYSIS	57		264828	21
22	A	PULMONARY LABS	59		81598	22
23	A	OCCUPATIONAL HEALTH	59.01		56264	23
24	A	PERIPHERAL VASCULAR	59.04		89658	24
25	A	CARDIAC CATHETER LAB	59.06		1437527	25
26	A	GASTROINTESTINAL SERVICE	59.07		378604	26
27	A	CLINIC	60		39560	27
28	A	CARDIAC REHABILITATION	60.01		30	28
29	A	CANCER CENTER	60.02		325247	29
30	A	PSYCH SOCIAL REHAB	60.03		23757	30
31	A	LOC OUTPATIENT CENTER	60.07		3353562	31
32	A	OBT OUTPATIENT CENTER	60.08		633778	32
33	A	ELMHURST IMMEDIATE CARE	60.09		58691	33
34	A	LAGRANGE FAMILY PCC	60.10		211361	34
35	A	NORTH RIVERSIDE PCC	60.12		65512	35
36		SUBTOTAL			34809819	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1	A				1
2	A				2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12	A				12
13	A				13
14	A				14
15	A				15
16	A				16
17	A				17
18	A				18
19	A				19
20	A				20
21	A				21
22	A				22
23	A				23
24	A				24
25	A				25
26	A				26
27 CRNA	B	NONPHYSICIAN ANESTHETISTS	20	2349751	118038 27
28	B				28
29	B	PHYSICIANS' PRIVATE OFFICES	98		24988 29
30	B				30
31 SHARED SERVICE TO HE	D	HOSPITAL ADMINSTRATION	6.11		12136000 31
32	D				32
33	D				33
34	D				34
35	D				35
36 SUBTOTAL				2349751	48995759 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10	
			LINE #	SALARY	OTHER		
	1	6	7	8	9		
1	A	GLENDAL HEIGHTS PCC	60.13		6493	1	
2	A	WHEATON PCC	60.14		52660	2	
3	A	OBT II PCC	60.15		77191	3	
4	A	HICKORY HILLS PCC	60.16		203919	4	
5	A	DARIEN PCC	60.18		82614	5	
6	A	ORLANAD PARK - FP	60.20		75461	6	
7	A	FAMILY PRACTICE MAYWOOD PCC	60.21		72960	7	
8	A	HOMER GLEN PCC	60.22		297905	8	
9	A	OAK PARK PCC	60.23		37441	9	
10	A	PARK RIDGE PCC	60.24		287308	10	
11	A	LOYOLA CLINIC AT GOTTLIEB	60.25		16634	11	
12	A	EMERGENCY	61		293024	12	
13	A	OBSERVATION BEDS-DISTINCT	62.01		36947	13	
14	A	AMBULANCE SERVICES	65		2293	14	
15	A	HOME HEALTH AGENCY	71		18551	15	
16	A	LUNG ACQUISITION	82		19872	16	
17	A	KIDNEY ACQUISITION	83		2522	17	
18	A	LIVER ACQUISITION	84		25645	18	
19	A	HEART ACQUISITION	85		34314	19	
20	A	HOSPICE	93		3939	20	
21	A	GIFT, FLOWER, COFFEE SHOP & C	96		5617	21	
22	A	HINES RADIATION THERAPY	96.01		13866	22	
23	A	HOME INFUSION THERAPY	96.02		1115	23	
24	A	OP HOSPITAL PHARMACY	96.03		24309	24	
25	A	PHYSICIANS' PRIVATE OFFICES	98		11763	25	
26	A	FACULTY CLINICAL OPERATIONS	98.01		202551	26	
27	CRNA	B	AMBULATORY SURGERY CENTER	37.01	22333	5454	27
28		B	ANESTHESIOLOGY	40	467604	114189	28
29		B	PHYSICIANS' PRIVATE OFFICES	98	100100		29
30		B	FACULTY CLINICAL OPERATIONS	98.01	1759714	23383	30
31	SHARED SERVICE TO HE	D	EMPLOYEE BENEFITS	5		446000	31
32		D	COMMUNICATION	6.01		374000	32
33		D	SYSTEM & COMPUTERS	6.02		1340000	33
34		D	PURCHASING	6.03		138000	34
35		D	PASTORAL CARE	6.10		160000	35
36	SUBTOTAL				2349751	39317759	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	D				1
2	D				2
3	D				3
4	D				4
5	D				5
6 SERVICE ASSOCIATE	J	ADULTS & PEDIATRICS	25	958053	281127 6
7	J	INTENSIVE CARE UNIT	26	172927	50743 7
8	J	BURN INTENSIVE CARE UNIT	28	38404	11269 8
9	J	PEDIATRIC INTENSIVE CARE	30.01	29007	8512 9
10	J	HEART TRANSPLANT ICU	30.03	38231	11218 10
11	J	BONE INTENSIVE CARE	30.04	43729	12832 11
12	J	SUBPROVIDER II-REHAB	31.01	108633	31877 12
13	J	NURSERY	33	16217	4759 13
14 CAFETERIA	K	CAFETERIA	12	502199	1057287 14
15 MEDICAL SUPPLY CHG TO PATIENT	L	MEDICAL SUPPLIES CHARGED TO P	55		7244182 15
16 DRUGS CHG TO PATIENT	M	DRUGS CHARGED TO PATIENTS	56		23320814 16
17 DPU REHAB THERAPY	O	PHYSICAL THERAPY	50	414493	101219 17
18	O	OCCUPATIONAL THERAPY	51	466883	114013 18
19	O	SPEECH PATHOLOGY	52	142183	34721 19
20	O	SOCIAL SERVICE	18	65941	16103 20
21 INSURANCE	P	HOSPITAL ADMINISTRATION	6.11		527910 21
22	P	PRIMARY CARE ADMINISTRATION	6.14		684403 22
23	P				23
24	P				24
25	P				25
26 BOND AMORTIZATION	Q	NEW CAPITAL-BLDG INTEREST	3.01		243203 26
27 HOSPITAL MEDICAL ADMIN (50990)	R	HOSPITAL MEDICAL ADMIN	18.01		1091349 27
28	R	PHYSICIANS' PRIVATE OFFICES	98		41796 28
29 NURSERY	T	NURSERY	33	343068	151308 29
30 INTERST EXPENSE	U	NEW CAPITAL-BLDG INTEREST	3.01		6926818 30
31 NEW AU - 11675	V	RADIOLOGY-DIAGNOSTIC	41	255045	68206 31
32	V	RADIOLOGY-ULTRASOUND	41.01	44427	11881 32
33	V	RADIOLOGY-MRI	41.02	145771	38983 33
34	V	RADIOLOGY-CAT SCAN	41.03	321037	85854 34
35	V	RADIOISOTOPE	43	92593	24762 35
36 SUBTOTAL				6548592	91192908 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	D	HOSPITAL ADMINISTRATION	6.11		445000	1
2	D	OPERATION OF PLANT	8		6542000	2
3	D	SAFETY AND SECURITY	8.01		510000	3
4	D	HOUSEKEEPING	10		2026000	4
5	D	RADIOLOGY-THERAPEUTIC	42		155000	5
6 SERVICE ASSOCIATE	J	HOUSEKEEPING	10	1405201	412337	6
7	J					7
8	J					8
9	J					9
10	J					10
11	J					11
12	J					12
13	J					13
14 CAFETERIA	K	DIETARY	11	502199	1057287	14
15 MEDICAL SUPPLY CHG TO PATIENT	L	CENTRAL SERVICES & SUPPLY	15		7244182	15
16 DRUGS CHG TO PATIENT	M	PHARMACY	16		23320814	16
17 DPU REHAB THERAPY	O	SUBPROVIDER II-REHAB	31.01	1089500	266056	17
18	O					18
19	O					19
20	O					20
21 INSURANCE	P	AMBULATORY SURGERY CENTER	37.01		208006	21
22	P	RADIOLOGY-MRI	41.02		475838	22
23	P	CANCER CENTER	60.02		477313	23
24	P	PARK RIDGE PCC	60.24		559	24
25	P	HOME HEALTH AGENCY	71		50597	25
26 BOND AMORTIZATION	Q	HOSPITAL ADMINISTRATION	6.11		243203	11 26
27 HOSPITAL MEDICAL ADMIN (50990)	R	DELIVERY ROOM & LABOR ROOM	39		42145	27
28	R	CARDIAC CATHETER LAB	59.06		1091000	28
29 NURSERY	T	ADULTS & PEDIATRICS	25	343068	151308	29
30 INTERST EXPENSE	U	HOSPITAL ADMINISTRATION	6.11		6926818	11 30
31 NEW AU - 11675	V	RADIOLOGY-DIAGNOSTIC	41	690716	182650	31
32	V	LOC OUTPATIENT CENTER	60.07	170928	47777	32
33	V					33
34	V					34
35	V					35
36 SUBTOTAL				6551363	91193649	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	V	OBSERVATION BEDS-DISTINCT	62.01	2771	741	1
2 RADIOLOGY ALLOCATED	Y	RADIOLOGY-DIAGNOSTIC	41		31059	2
3 RADIOLOGY ALLOCATED	Y	RADIOLOGY-DIAGNOSTIC	41		50368	3
4 RADIOLOGY ALLOCATED	Y	RADIOLOGY-CAT SCAN	41.03		222526	4
5 RADIOLOGY ALLOCATED	Y	RADIOLOGY-CAT SCAN	41.03		1574	5
6 RADIOLOGY ALLOCATED	Y	RADIOLOGY-ULTRASOUND	41.01		36706	6
7 RADIOLOGY ALLOCATED	Y	RADIOLOGY-MRI	41.02		133605	7
8 TRANSPLANT PRE VS POST	AB	NURSING ADMINISTRATION	14	176952		8
9 TRANSPLANT PRE VS POST	AB	LOC OUTPATIENT CENTER	60.07	1040526		9
10 TRANSPLANT PRE VS POST	AB	OTHER ORGAN ACQUISITION (SPEC	86	26310	18353	10
11 TRANSPLANT PRE VS POST	AB	LUNG ACQUISITION	82		37696	11
12 AU 34291	AC	KIDNEY ACQUISITION	83		168959	12
13 RADIATION CONTROL	AE	RADIOLOGY-DIAGNOSTIC	41	279086	86091	13
14 RADIATION CONTROL	AE	RADIOISOTOPE	43	101321	31255	14
15 7N_7BICU	AF	ADULTS & PEDIATRICS	25	1134340	603397	15
16 LAWSON AU 12265	AG	LOC OUTPATIENT CENTER	60.07	214095	72744	16
17 LAWSON AU 10637	AH	ELECTROCARDIOLOGY	53	168889	110512	17
18 EMPLOYEE BENEFITS	AI	EMPLOYEE BENEFITS	5		11945255	18
19	AI					19
20 HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL MEDICAL ADMIN	18.01		13417401	20
21	AK	FACULTY CLINICAL OPERATIONS	98.01		27137	21
22	AK					22
23	AK					23
24	AK					24
25	AK					25
26	AK					26
27	AK					27
28	AK					28
29	AK					29
30	AK					30
31	AK					31
32	AK					32
33	AK					33
34	AK					34
35	AK					35
36 SUBTOTAL				9692882	118188287	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	V					1
2 RADIOLOGY ALLOCATED	Y	RADIOLOGY-MRI	41.02		475838	2
3 RADIOLOGY ALLOCATED	Y					3
4 RADIOLOGY ALLOCATED	Y					4
5 RADIOLOGY ALLOCATED	Y					5
6 RADIOLOGY ALLOCATED	Y					6
7 RADIOLOGY ALLOCATED	Y					7
8 TRANSPLANT PRE VS POST	AB	LOC OUTPATIENT CENTER	60.07		141624	8
9 TRANSPLANT PRE VS POST	AB	LIVER ACQUISITION	84	188656	3130	9
10 TRANSPLANT PRE VS POST	AB	HEART ACQUISITION	85	189431	80254	10
11 TRANSPLANT PRE VS POST	AB	LUNG ACQUISITION	82	401764		11
12 AU 34291	AC	KIDNEY ACQUISITION	83	463937		12
13 RADIATION CONTROL	AE	RADIOLOGY-THERAPEUTIC	42	380407	117346	13
14 RADIATION CONTROL	AE					14
15 7N_7BICU	AF	BURN INTENSIVE CARE UNIT	28	1134340	603397	15
16 LAWSON AU 12265	AG	DIETARY	11	214095	72744	16
17 LAWSON AU 10637	AH	CARDIAC CATHETER LAB	59.06	168889	110512	17
18 EMPLOYEE BENEFITS	AI	I&R SERVICES-SALARY & FRINGES	22		10856956	18
19	AI	HOSPITAL ADMINISTRATION	6.11		1088299	19
20 HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL ADMINISTRATION	6.11		5135348	20
21	AK	AMBULATORY ADMINISTRATION	6.12		4634	21
22	AK	DIETARY	11		38400	22
23	AK	NURSING ADMINISTRATION	14		105213	23
24	AK	PHARMACY	16		324818	24
25	AK	I&R SERVICES-SALARY & FRINGES	22		172946	25
26	AK	ADULTS & PEDIATRICS	25		168723	26
27	AK	INTENSIVE CARE UNIT	26		148795	27
28	AK	NEONATAL INTENSIVE CARE	30		204900	28
29	AK	PEDIATRIC INTENSIVE CARE	30.01		70400	29
30	AK	HEART TRANSPLANT ICU	30.03		108800	30
31	AK	BONE INTENSIVE CARE	30.04		29713	31
32	AK	SUBPROVIDER II-REHAB	31.01		68476	32
33	AK	OPERATING ROOM	37		217600	33
34	AK	AMBULATORY SURGERY CENTER	37.01		360990	34
35	AK	RECOVERY ROOM	38		15360	35
36 SUBTOTAL				9692882	111918865	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	AK				1
2	AK				2
3	AK				3
4	AK				4
5	AK				5
6	AK				6
7	AK				7
8	AK				8
9	AK				9
10	AK				10
11	AK				11
12	AK				12
13	AK				13
14	AK				14
15	AK				15
16	AK				16
17	AK				17
18	AK				18
19	AK				19
20	AK				20
21	AK				21
22	AK				22
23	AK				23
24	AK				24
25	AK				25
26	AK				26
27	AK				27
28	AK				28
29	AK				29
30	AK				30
31	AK				31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				9692882	118188287

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	AK	ANESTHESIOLOGY	40		1521162	1
2	AK	RADIOLOGY-DIAGNOSTIC	41		312529	2
3	AK	RADIOLOGY-ULTRASOUND	41.01		43384	3
4	AK	RADIOLOGY-MRI	41.02		152578	4
5	AK	RADIOLOGY-CAT SCAN	41.03		297312	5
6	AK	RADIOISOTOPE	43		128178	6
7	AK	LABORATORY	44		1176425	7
8	AK	LABORATORY-SURGICAL PATHOLOGY	44.01		103166	8
9	AK	LABORATORY-HLA	44.03		11869	9
10	AK	BLOOD STORING, PROCESSING & T	47		168741	10
11	AK	RESPIRATORY THERAPY	49		20979	11
12	AK	PHYSICAL THERAPY	50		16000	12
13	AK	ELECTROENCEPHALOGRAPHY	54		27482	13
14	AK	RENAL DIALYSIS	57		158106	14
15	AK	PULMONARY LABS	59		123904	15
16	AK	PERIPHERAL VASCULAR	59.04		4393	16
17	AK	GASTROINTESTINAL SERVICE	59.07		70400	17
18	AK	CANCER CENTER	60.02		165018	18
19	AK	LOC OUTPATIENT CENTER	60.07		787419	19
20	AK	OBT OUTPATIENT CENTER	60.08		16896	20
21	AK	LAGRANGE FAMILY PCC	60.10		10667	21
22	AK	FAMILY PRACTICE MAYWOOD PCC	60.21		16800	22
23	AK	EMERGENCY	61		47245	23
24	AK	HOME HEALTH AGENCY	71		68791	24
25	AK	LUNG ACQUISITION	82		242792	25
26	AK	KIDNEY ACQUISITION	83		324184	26
27	AK	LIVER ACQUISITION	84		132849	27
28	AK	HEART ACQUISITION	85		7490	28
29	AK	HOSPICE	93		25600	29
30	AK	HOSPITALIST	96.04		48663	30
31	AK	PHYSICIANS' PRIVATE OFFICES	98		38400	31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			9692882	118188287	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	849446					849446	1
2 LAND IMPROVEMENTS	2193980					2193980	2
3 BUILDINGS AND FIXTURES	78685489					78685489	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	81728915					81728915	7
8 RECONCILING ITEMS							8
9 TOTAL	81728915					81728915	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	500000					500000	1
2 LAND IMPROVEMENTS	4651466					4651466	2
3 BUILDINGS AND FIXTURES	360749829	6462668		6462668	591546	366620951	3
4 BUILDING IMPROVEMENTS	248502725	7736187		7736187	3546867	252692045	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL	614404020	14198855		14198855	4138413	624464462	7
8 RECONCILING ITEMS							8
9 TOTAL	614404020	14198855		14198855	4138413	624464462	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
3.01 NEW CAPITAL-BLDG INTEREST				.000000				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	13770373		-1032404				12737969 3	
3.01 NEW CAPITAL-BLDG INTEREST			4667656				4667656 3.01	
4 NEW CAP REL COSTS-MVBLE EQUIP	23720803						23720803 4	
5 TOTAL	37491176		3635252				41126428 5	

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT							3	
3.01 NEW CAPITAL-BLDG INTEREST							3.01	
4 NEW CAP REL COSTS-MVBLE EQUIP							4	
5 TOTAL							5	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
3.01 INV INC-NEW BLDGS AND FIXT	B	-2502365	NEW CAPITAL-BLDG INTEREST	3.01	11 3.01
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-315838	COMMUNICATION	6.01	9
10 TELEVISION AND RADIO SERVICE	A	-17216	OPERATION OF PLANT	8	10
11 PARKING LOT	B	-92012	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2				12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-2213987			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	A	-2664602	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37 PATIENT TELEVISION EQUIPMENT	A	-25538	NEW CAP REL COSTS-BLDG & FIXT	3	11 37
37.01 PARKING	B	-1006866	NEW CAP REL COSTS-BLDG & FIXT	3	11 37.01
37.02 PARKING	B	-11627	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.02
38 OTHER OPERATING REVENUE	B	-64511	HOSPITAL ADMINISTRATION	6.11	38
38.01 OTHER OPERATING REVENUE	B	-146665	CENTRAL SERVICES & SUPPLY	15	38.01
38.02 OTHER OPERATING REVENUE	B	-2331	CENTRAL SERVICES & SUPPLY	15	38.02
38.03 OTHER OPERATING REVENUE	B	-22450	RADIOLOGY-DIAGNOSTIC	41	38.03
38.04 OTHER OPERATING REVENUE	B	-243981	LABORATORY	44	38.04
38.05 OTHER OPERATING REVENUE	B	-514580	LABORATORY	44	38.05
38.06 OTHER OPERATING REVENUE	B	-33963	PHYSICAL THERAPY	50	38.06
38.07 OTHER OPERATING REVENUE	B	-936	CANCER CENTER	60.02	38.07
38.08 OTHER OPERATING REVENUE	B	-300000	CANCER CENTER	60.02	38.08
38.09 OTHER OPERATING REVENUE	B	-17333	DARLEN PCC	60.18	38.09
39 LOBBYING EXPENSE	A	-41506	HOSPITAL ADMINISTRATION	6.11	39
39.01 PHYSICIAN RECRUITING	A	-100699	HOSPITAL ADMINISTRATION	6.11	39.01
39.02 PHYSICIAN RECRUITING	A	-4781	FACULTY CLINICAL OPERATIONS	98.01	39.02
39.03 BOARD OF DIRECTORS	A	-12282	HOSPITAL ADMINISTRATION	6.11	39.03
39.04 OTHER NON-ALLOWABLE EXPENSE	A	-145174	HOSPITAL ADMINISTRATION	6.11	39.04
39.05 DONATIONS	A	-70970	HOSPITAL ADMINISTRATION	6.11	39.05
39.06 FLOWERS AND GIFTS	A	-41558	HOSPITAL ADMINISTRATION	6.11	39.06
39.07 ENTERTAINMENT	A	-120081	HOSPITAL ADMINISTRATION	6.11	39.07
39.08 ADVERTISING	A	-7361657	HOSPITAL ADMINISTRATION	6.11	39.08
40 CRNA'S	A	-2467789	NONPHYSICIAN ANESTHETISTS	20	40
40.01 SELF INSURANCE	A	-109750	EMPLOYEE BENEFITS	5	40.01
40.02 SELF INSURANCE	A	-65922	COMMUNICATION	6.01	40.02
40.03 SELF INSURANCE	A	-320152	SYSTEM & COMPUTERS	6.02	40.03
40.04 SELF INSURANCE	A	-69480	PURCHASING	6.03	40.04
40.05 SELF INSURANCE	A	-2893	OPC STORES	6.04	40.05
40.06 SELF INSURANCE	A	-61017	PATIENT AFFAIRS	6.05	40.06

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION			BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO.	WKST A-7 REF
			1	2	COST CENTER 3	4	5
40.07	SELF INSURANCE		A	-70110	PATIENT ADMITTING	6.06	40.07
40.08	SELF INSURANCE		A	-246443	PATIENT ACCOUNTS	6.07	40.08
40.09	SELF INSURANCE		A	-122695	ACCOUNTING	6.08	40.09
40.10	SELF INSURANCE		A	-30543	EMPLOYEE HEALTH SERVICES	6.09	40.10
40.11	SELF INSURANCE		A	-60344	PASTORAL CARE	6.10	40.11
40.12	SELF INSURANCE		A	-1583714	HOSPITAL ADMINISTRATION	6.11	40.12
40.13	SELF INSURANCE		A	-154735	AMBULATORY ADMINISTRATION	6.12	40.13
40.14	SELF INSURANCE		A	-639	PRIMARY CARE ADMINISTRATION	6.14	40.14
40.15	SELF INSURANCE		A	-485434	OPERATION OF PLANT	8	40.15
40.16	SELF INSURANCE		A	-123293	SAFETY AND SECURITY	8.01	40.16
40.17	SELF INSURANCE		A	-12515	LAUNDRY & LINEN SERVICE	9	40.17
40.18	SELF INSURANCE		A	-156240	DIETARY	11	40.18
40.19	SELF INSURANCE		A	-24940	CAFETERIA	12	40.19
40.20	SELF INSURANCE		A	-55380	PATIENT TRANSPORTATION	13.01	40.20
40.21	SELF INSURANCE		A	-149837	NURSING ADMINISTRATION	14	40.21
40.22	SELF INSURANCE		A	-67779	CENTRAL SERVICES & SUPPLY	15	40.22
40.23	SELF INSURANCE		A	-5311	CENTRAL PROCESSING	15.01	40.23
40.24	SELF INSURANCE		A	-403022	PHARMACY	16	40.24
40.25	SELF INSURANCE		A	-167380	MEDICAL RECORDS & LIBRARY	17	40.25
40.26	SELF INSURANCE		A	-78464	SOCIAL SERVICE	18	40.26
40.27	SELF INSURANCE		A	-1056817	I&R SERVICES-SALARY & FRINGES A	22	40.27
40.28	SELF INSURANCE		A	-27674	PARAMEDICAL ED-MICU	24.01	40.28
40.29	SELF INSURANCE		A	-1652390	ADULTS & PEDIATRICS	25	40.29
40.30	SELF INSURANCE		A	-650545	INTENSIVE CARE UNIT	26	40.30
40.31	SELF INSURANCE		A	-185688	BURN INTENSIVE CARE UNIT	28	40.31
40.32	SELF INSURANCE		A	-432258	NEONATAL INTENSIVE CARE	30	40.32
40.33	SELF INSURANCE		A	-106097	PEDIATRIC INTENSIVE CARE	30.01	40.33
40.34	SELF INSURANCE		A	-118228	HEART TRANSPLANT ICU	30.03	40.34
40.35	SELF INSURANCE		A	-128455	BONE INTENSIVE CARE	30.04	40.35
40.36	SELF INSURANCE		A	-253209	SUBPROVIDER II-REHAB	31.01	40.36
40.37	SELF INSURANCE		A	-608274	OPERATING ROOM	37	40.37
40.38	SELF INSURANCE		A	-155773	AMBULATORY SURGERY CENTER	37.01	40.38
40.39	SELF INSURANCE		A	-125644	RECOVERY ROOM	38	40.39
40.40	SELF INSURANCE		A	-99683	DELIVERY ROOM & LABOR ROOM	39	40.40
40.41	SELF INSURANCE		A	-146829	ANESTHESIOLOGY	40	40.41
40.42	SELF INSURANCE		A	-379710	RADIOLOGY-DIAGNOSTIC	41	40.42
40.43	SELF INSURANCE		A	-45144	RADIOLOGY-ULTRASOUND	41.01	40.43
40.44	SELF INSURANCE		A	-89173	RADIOLOGY-MRI	41.02	40.44
40.45	SELF INSURANCE		A	-114164	RADIOLOGY-CAT SCAN	41.03	40.45
40.47	SELF INSURANCE		A	-85245	RADIOISOTOPE	43	40.47
40.48	SELF INSURANCE		A	-453121	LABORATORY	44	40.48
40.49	SELF INSURANCE		A	-82492	LABORATORY-SURGICAL PATHOLOGY	44.01	40.49
40.50	SELF INSURANCE		A	-6851	LABORATORY-HLA	44.03	40.50
40.51	SELF INSURANCE		A	-77868	BLOOD STORING, PROCESSING & TRA	47	40.51
40.52	SELF INSURANCE		A	-291161	RESPIRATORY THERAPY	49	40.52
40.53	SELF INSURANCE		A	-159122	PHYSICAL THERAPY	50	40.53
40.54	SELF INSURANCE		A	-44906	OCCUPATIONAL THERAPY	51	40.54
40.55	SELF INSURANCE		A	-19678	SPEECH PATHOLOGY	52	40.55
40.56	SELF INSURANCE		A	-168363	ELECTROCARDIOLOGY	53	40.56
40.57	SELF INSURANCE		A	-67918	ELECTROENCEPHALOGRAPHY	54	40.57
40.58	SELF INSURANCE		A	-162751	RENAL DIALYSIS	57	40.58
40.59	SELF INSURANCE		A	-20986	PULMONARY LABS	59	40.59
40.60	SELF INSURANCE		A	-5721	OCCUPATIONAL HEALTH	59.01	40.60
40.61	SELF INSURANCE		A	-39403	PERIPHERAL VASCULAR	59.04	40.61
40.62	SELF INSURANCE		A	-170719	CARDIAC CATHETER LAB	59.06	40.62
40.63	SELF INSURANCE		A	-110111	GASTROINTESTINAL SERVICE	59.07	40.63
40.64	SELF INSURANCE		A	-10581	CLINIC	60	40.64
40.65	SELF INSURANCE		A	-15619	CARDIAC REHABILITATION	60.01	40.65
40.66	SELF INSURANCE		A	-288170	CANCER CENTER	60.02	40.66
40.67	SELF INSURANCE		A	-16107	PSYCH SOCIAL REHAB	60.03	40.67
40.68	SELF INSURANCE		A	-930439	LOC OUTPATIENT CENTER	60.07	40.68
40.69	SELF INSURANCE		A	-208123	OBT OUTPATIENT CENTER	60.08	40.69
40.70	SELF INSURANCE		A	-82342	ELMHURST IMMEDIATE CARE	60.09	40.70
40.71	SELF INSURANCE		A	-90277	LAGRANGE FAMILY PCC	60.10	40.71
40.72	SELF INSURANCE		A	-185480	NORTH RIVERSIDE PCC	60.12	40.72
40.73	SELF INSURANCE		A	-1533	GLENDALE HEIGHTS PCC	60.13	40.73
40.74	SELF INSURANCE		A	-76868	WHEATON PCC	60.14	40.74
40.75	SELF INSURANCE		A	-187295	OBT II PCC	60.15	40.75
40.76	SELF INSURANCE		A	-142313	HICKORY HILLS PCC	60.16	40.76
40.77	SELF INSURANCE		A	-118978	DARIEN PCC	60.18	40.77
40.78	SELF INSURANCE		A	-132003	ORLANAD PARK - FP	60.20	40.78
40.79	SELF INSURANCE		A	-42865	FAMILY PRACTICE MAYWOOD PCC	60.21	40.79
40.80	SELF INSURANCE		A	-141542	HOMER GLEN PCC	60.22	40.80
40.81	SELF INSURANCE		A	-68395	OAK PARK PCC	60.23	40.81
40.82	SELF INSURANCE		A	-20439	PARK RIDGE PCC	60.24	40.82
40.83	SELF INSURANCE		A	-5761	LOYOLA CLINIC AT GOTTLIEB	60.25	40.83

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
40.84 SELF INSURANCE	A	-223	NEUROLOGY - NILES	60.27	40.84
40.85 SELF INSURANCE	A	-610238	EMERGENCY	61	40.85
40.86 SELF INSURANCE	A	-15364	OBSERVATION BEDS-DISTINCT	62.01	40.86
40.87 SELF INSURANCE	A	-2050	DURABLE MEDICAL EQUIP-SOLD	67	40.87
40.88 SELF INSURANCE	A	-201637	HOME HEALTH AGENCY	71	40.88
40.89 SELF INSURANCE	A	-49761	LUNG ACQUISITION	82	40.89
40.90 SELF INSURANCE	A	-49014	KIDNEY ACQUISITION	83	40.90
40.91 SELF INSURANCE	A	-40410	LIVER ACQUISITION	84	40.91
40.92 SELF INSURANCE	A	-25586	HEART ACQUISITION	85	40.92
40.93 SELF INSURANCE	A	-33863	HOSPICE	93	40.93
40.94 SELF INSURANCE	A	-3400	GIFT, FLOWER, COFFEE SHOP & CAN	96	40.94
40.95 SELF INSURANCE	A	-41971	HINES RADIATION THERAPY	96.01	40.95
40.96 SELF INSURANCE	A	-50718	HOME INFUSION THERAPY	96.02	40.96
40.97 SELF INSURANCE	A	-7895	OP HOSPITAL PHARMACY	96.03	40.97
40.98 SELF INSURANCE	A	-124775	HOSPITALIST	96.04	40.98
40.99 SELF INSURANCE	A	-10020	PHYSICIANS' PRIVATE OFFICES	98	40.99
41 SELF INSURANCE	A	-5454380	FACULTY CLINICAL OPERATIONS	98.01	41
42 BAD DEBT EXPENSE	A	527520	HOSPITAL ADMINISTRATION	6.11	42
42.01 BAD DEBT EXPENSE	A	7344	AMBULATORY ADMINISTRATION	6.12	42.01
42.02 BAD DEBT EXPENSE	A	464	PRIMARY CARE ADMINISTRATION	6.14	42.02
42.03 BAD DEBT EXPENSE	A	-19254	DIETARY	11	42.03
42.04 BAD DEBT EXPENSE	A	-357	NURSING ADMINISTRATION	14	42.04
42.05 BAD DEBT EXPENSE	A	-143557	CENTRAL SERVICES & SUPPLY	15	42.05
42.06 BAD DEBT EXPENSE	A	-1132097	PHARMACY	16	42.06
42.07 BAD DEBT EXPENSE	A	-1143940	ADULTS & PEDIATRICS	25	42.07
42.08 BAD DEBT EXPENSE	A	-432973	INTENSIVE CARE UNIT	26	42.08
42.09 BAD DEBT EXPENSE	A	-172638	BURN INTENSIVE CARE UNIT	28	42.09
42.10 BAD DEBT EXPENSE	A	-278186	NEONATAL INTENSIVE CARE	30	42.10
42.11 BAD DEBT EXPENSE	A	-72219	PEDIATRIC INTENSIVE CARE	30.01	42.11
42.12 BAD DEBT EXPENSE	A	-88563	HEART TRANSPLANT ICU	30.03	42.12
42.13 BAD DEBT EXPENSE	A	-102813	BONE INTENSIVE CARE	30.04	42.13
42.14 BAD DEBT EXPENSE	A	-215927	SUBPROVIDER II-REHAB	31.01	42.14
42.15 BAD DEBT EXPENSE	A	-1570522	OPERATING ROOM	37	42.15
42.16 BAD DEBT EXPENSE	A	-1006595	AMBULATORY SURGERY CENTER	37.01	42.16
42.17 BAD DEBT EXPENSE	A	-531541	RECOVERY ROOM	38	42.17
42.18 BAD DEBT EXPENSE	A	-106166	DELIVERY ROOM & LABOR ROOM	39	42.18
42.19 BAD DEBT EXPENSE	A	-740406	ANESTHESIOLOGY	40	42.19
42.20 BAD DEBT EXPENSE	A	-1100819	RADIOLOGY-DIAGNOSTIC	41	42.20
42.21 BAD DEBT EXPENSE	A	-220068	RADIOLOGY-ULTRASOUND	41.01	42.21
42.22 BAD DEBT EXPENSE	A	-708444	RADIOLOGY-MRI	41.02	42.22
42.23 BAD DEBT EXPENSE	A	-1514980	RADIOLOGY-CAT SCAN	41.03	42.23
42.25 BAD DEBT EXPENSE	A	-600315	RADIOISOTOPE	43	42.25
42.26 BAD DEBT EXPENSE	A	-3323922	LABORATORY	44	42.26
42.27 BAD DEBT EXPENSE	A	-538850	LABORATORY-SURGICAL PATHOLOGY	44.01	42.27
42.28 BAD DEBT EXPENSE	A	-48799	LABORATORY-HLA	44.03	42.28
42.29 BAD DEBT EXPENSE	A	-307823	BLOOD STORING, PROCESSING & TRA	47	42.29
42.30 BAD DEBT EXPENSE	A	-401633	RESPIRATORY THERAPY	49	42.30
42.31 BAD DEBT EXPENSE	A	-258682	PHYSICAL THERAPY	50	42.31
42.32 BAD DEBT EXPENSE	A	-69573	OCCUPATIONAL THERAPY	51	42.32
42.33 BAD DEBT EXPENSE	A	-16481	SPEECH PATHOLOGY	52	42.33
42.34 BAD DEBT EXPENSE	A	-1218135	ELECTROCARDIOLOGY	53	42.34
42.35 BAD DEBT EXPENSE	A	-117080	ELECTROENCEPHALOGRAPHY	54	42.35
42.36 BAD DEBT EXPENSE	A	-132326	RENAL DIALYSIS	57	42.36
42.37 BAD DEBT EXPENSE	A	-37506	PULMONARY LABS	59	42.37
42.38 BAD DEBT EXPENSE	A	-2212	OCCUPATIONAL HEALTH	59.01	42.38
42.39 BAD DEBT EXPENSE	A	-135800	PERIPHERAL VASCULAR	59.04	42.39
42.40 BAD DEBT EXPENSE	A	-988122	CARDIAC CATHETER LAB	59.06	42.40
42.41 BAD DEBT EXPENSE	A	-497623	GASTROINTESTINAL SERVICE	59.07	42.41
42.42 BAD DEBT EXPENSE	A	-9726	CLINIC	60	42.42
42.43 BAD DEBT EXPENSE	A	-3106	CARDIAC REHABILITATION	60.01	42.43
42.44 BAD DEBT EXPENSE	A	-1290144	CANCER CENTER	60.02	42.44
42.45 BAD DEBT EXPENSE	A	-1533	PSYCH SOCIAL REHAB	60.03	42.45
42.46 BAD DEBT EXPENSE	A	-1789917	LOC OUTPATIENT CENTER	60.07	42.46
42.47 BAD DEBT EXPENSE	A	-454278	OBT OUTPATIENT CENTER	60.08	42.47
42.48 BAD DEBT EXPENSE	A	-30148	ELMHURST IMMEDIATE CARE	60.09	42.48
42.49 BAD DEBT EXPENSE	A	-141176	LAGRANGE FAMILY PCC	60.10	42.49
42.50 BAD DEBT EXPENSE	A	-414075	NORTH RIVERSIDE PCC	60.12	42.50
42.51 BAD DEBT EXPENSE	A	-25154	GLENDALE HEIGHTS PCC	60.13	42.51
42.52 BAD DEBT EXPENSE	A	-111502	WHEATON PCC	60.14	42.52
42.53 BAD DEBT EXPENSE	A	-513165	OBT II PCC	60.15	42.53
42.54 BAD DEBT EXPENSE	A	-273260	HICKORY HILLS PCC	60.16	42.54
42.55 BAD DEBT EXPENSE	A	-228065	DARIEN PCC	60.18	42.55
42.56 BAD DEBT EXPENSE	A	-270462	ORLANAD PARK - FP	60.20	42.56
42.57 BAD DEBT EXPENSE	A	-34121	FAMILY PRACTICE MAYWOOD PCC	60.21	42.57
42.58 BAD DEBT EXPENSE	A	-378246	HOMER GLEN PCC	60.22	42.58
42.59 BAD DEBT EXPENSE	A	-260569	OAK PARK PCC	60.23	42.59

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF	
			COST CENTER	LINE NO.		
	1	2	3	4	5	
42.60	BAD DEBT EXPENSE	A	-44910	PARK RIDGE PCC	60.24	42.60
42.61	BAD DEBT EXPENSE	A	-6386	LOYOLA CLINIC AT GOTTLIEB	60.25	42.61
42.62	BAD DEBT EXPENSE	A	-4080457	EMERGENCY	61	42.62
42.63	BAD DEBT EXPENSE	A	-17629	OBSERVATION BEDS-DISTINCT	62.01	42.63
42.64	BAD DEBT EXPENSE	A	-260	AMBULANCE SERVICES	65	42.64
42.65	BAD DEBT EXPENSE	A	-401383	DURABLE MEDICAL EQUIP-SOLD	67	42.65
42.66	BAD DEBT EXPENSE	A	-94496	HOME HEALTH AGENCY	71	42.66
42.67	BAD DEBT EXPENSE	A	-21201	LUNG ACQUISITION	82	42.67
42.68	BAD DEBT EXPENSE	A	-32076	KIDNEY ACQUISITION	83	42.68
42.69	BAD DEBT EXPENSE	A	-10580	LIVER ACQUISITION	84	42.69
42.70	BAD DEBT EXPENSE	A	-10632	HEART ACQUISITION	85	42.70
42.71	BAD DEBT EXPENSE	A	-24250	HOSPICE	93	42.71
42.72	BAD DEBT EXPENSE	A	-1568597	HOME INFUSION THERAPY	96.02	42.72
42.73	BAD DEBT EXPENSE	A	-429787	HOSPITALIST	96.04	42.73
42.74	BAD DEBT EXPENSE	A	-15831079	FACUALTY CLINICAL OPERATIONS	98.01	42.74
43	PARAMED ED PRGM	A	-239114	PARAMEDICAL ED-MICU	24.01	43
43.01	PARAMED ED PGM TRAINING	A	230453	PARAMEDICAL ED-MICU	24.01	43.01
44	PHYSICIAN SALARY	A	-144722	EMPLOYEE HEALTH SERVICES	6.09	44
44.01	PHYSICIAN SALARY	A	-28225	HOSPITAL ADMINISTRATION	6.11	44.01
44.02	PHYSICIAN SALARY	A	-55795	AMBULATORY ADMINISTRATION	6.12	44.02
44.03	PHYSICIAN SALARY	A	-96861	PRIMARY CARE ADMINISTRATION	6.14	44.03
44.04	PHYSICIAN SALARY	A	-72535	OCCUPATIONAL HEALTH	59.01	44.04
44.05	PHYSICIAN SALARY	A	-1338168	LOC OUTPATIENT CENTER	60.07	44.05
44.06	PHYSICIAN SALARY	A	-1003904	ELMHURST IMMEDIATE CARE	60.09	44.06
44.07	PHYSICIAN SALARY	A	-449677	LAGRANGE FAMILY PCC	60.10	44.07
44.08	PHYSICIAN SALARY	A	-2608951	NORTH RIVERSIDE PCC	60.12	44.08
44.09	PHYSICIAN SALARY	A	-40206	GLENDALE HEIGHTS PCC	60.13	44.09
44.10	PHYSICIAN SALARY	A	-893474	WHEATON PCC	60.14	44.10
44.11	PHYSICIAN SALARY	A	-2487781	OBT II PCC	60.15	44.11
44.12	PHYSICIAN SALARY	A	-1025185	HICKORY HILLS PCC	60.16	44.12
44.13	PHYSICIAN SALARY	A	-1536197	DARIEN PCC	60.18	44.13
44.14	PHYSICIAN SALARY	A	-1577991	ORLANAD PARK - FP	60.20	44.14
44.15	PHYSICIAN SALARY	A	-170981	FAMILY PRACTICE MAYWOOD PCC	60.21	44.15
44.16	PHYSICIAN SALARY	A	-658939	HOMER GLEN PCC	60.22	44.16
44.17	PHYSICIAN SALARY	A	-827745	OAK PARK PCC	60.23	44.17
44.18	PHYSICIAN SALARY	A	-50401	FACUALTY CLINICAL OPERATIONS	98.01	44.18
44.19	PHYSICIAN SALARY	A	-5839822	EMERGENCY	61	44.19
44.20	PHYSICIAN SALARY	A	2147575	HOSPITALIST	96.04	44.20
44.21	MOONLIGHTING RESIDENTS	A	-149434	I&R SERVICES-SALARY & FRINGES A	22	44.21
44.22	PHYSICIAN MALPRACTICE	A	-3099817	HOSPITAL ADMINISTRATION	6.11	44.22
44.23	PHYSICIAN MALPRACTICE	A	-11844768	FACUALTY CLINICAL OPERATIONS	98.01	44.23
45	GRANTS	A	-426825	HOSPITAL ADMINISTRATION	6.11	45
45.01	OUTSIDE PROGRAMS	A	-294935	HOSPITAL ADMINISTRATION	6.11	45.01
46	DEVELOPMENT	A	-2481302	HOSPITAL ADMINISTRATION	6.11	46
46.01	PENALTIES	A	-28	FACUALTY CLINICAL OPERATIONS	98.01	46.01
46.02	PENALTIES	A	-30	HOSPITAL ADMINISTRATION	6.11	46.02
46.03	GMH LEASE EXPENSE	A	-4576	LOYOLA CLINIC AT GOTTLIEB	60.25	46.03
46.04	HOSPITAL ACCESS IMPROVMENT	A	19097112	HOSPITAL ADMINISTRATION	6.11	46.04
47	PENSION EXPENSE	A	-968848	FACUALTY CLINICAL OPERATIONS	98.01	47
47.01	PENSION EXPENSE	A	-11710	COMMUNICATION	6.01	47.01
47.02	PENSION EXPENSE	A	-56868	SYSTEM & COMPUTERS	6.02	47.02
47.03	PENSION EXPENSE	A	-19495	EMPLOYEE BENEFITS	5	47.03
47.04	PENSION EXPENSE	A	-12342	PURCHASING	6.03	47.04
47.05	PENSION EXPENSE	A	-514	OPC STORES	6.04	47.05
47.06	PENSION EXPENSE	A	-10838	PATIENT AFFAIRS	6.05	47.06
47.07	PENSION EXPENSE	A	-12453	PATIENT ADMITTING	6.06	47.07
47.09	PENSION EXPENSE	A	-43775	PATIENT ACCOUNTS	6.07	47.09
47.10	PENSION EXPENSE	A	-21794	ACCOUNTING	6.08	47.10
47.11	PENSION EXPENSE	A	-5425	EMPLOYEE HEALTH SERVICES	6.09	47.11
47.12	PENSION EXPENSE	A	-10719	PASTORAL CARE	6.10	47.12
47.13	PENSION EXPENSE	A	-281311	HOSPITAL ADMINISTRATION	6.11	47.13
47.14	PENSION EXPENSE	A	-27485	AMBULATORY ADMINISTRATION	6.12	47.14
47.15	PENSION EXPENSE	A	-114	PRIMARY CARE ADMINISTRATION	6.14	47.15
47.16	PENSION EXPENSE	A	-86226	OPERATION OF PLANT	8	47.16
47.17	PENSION EXPENSE	A	-21900	SAFETY AND SECURITY	8.01	47.17
47.18	PENSION EXPENSE	A	-2223	LAUNDRY & LINEN SERVICE	9	47.18
47.19	PENSION EXPENSE	A	-27753	DIETARY	11	47.19
47.20	PENSION EXPENSE	A	-4430	CAFETERIA	12	47.20
47.21	PENSION EXPENSE	A	-9837	PATIENT TRANSPORTATION	13.01	47.21
47.22	PENSION EXPENSE	A	-26615	NURSING ADMINISTRATION	14	47.22
47.23	PENSION EXPENSE	A	-12039	CENTRAL SERVICES & SUPPLY	15	47.23
47.24	PENSION EXPENSE	A	-943	CENTRAL PROCESSING	15.01	47.24
47.25	PENSION EXPENSE	A	-71588	PHARMACY	16	47.25
47.26	PENSION EXPENSE	A	-29731	MEDICAL RECORDS & LIBRARY	17	47.26
47.27	PENSION EXPENSE	A	-13937	SOCIAL SERVICE	18	47.27
47.28	PENSION EXPENSE	A	-187720	I&R SERVICES-SALARY & FRINGES A	22	47.28

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
47.29 PENSION EXPENSE	A	-4916	PARAMEDICAL ED-MICU	24.01	47.29
47.30 PENSION EXPENSE	A	-293510	ADULTS & PEDIATRICS	25	47.30
47.31 PENSION EXPENSE	A	-115555	INTENSIVE CARE UNIT	26	47.31
47.32 PENSION EXPENSE	A	-32983	BURN INTENSIVE CARE UNIT	28	47.32
47.33 PENSION EXPENSE	A	-76781	NEONATAL INTENSIVE CARE	30	47.33
47.34 PENSION EXPENSE	A	-18846	PEDIATRIC INTENSIVE CARE	30.01	47.34
47.35 PENSION EXPENSE	A	-21001	HEART TRANSPLANT ICU	30.03	47.35
47.36 PENSION EXPENSE	A	-22817	BONE INTENSIVE CARE	30.04	47.36
47.37 PENSION EXPENSE	A	-44977	SUBPROVIDER II-REHAB	31.01	47.37
47.38 PENSION EXPENSE	A	-108046	OPERATING ROOM	37	47.38
47.39 PENSION EXPENSE	A	-27670	AMBULATORY SURGERY CENTER	37.01	47.39
47.40 PENSION EXPENSE	A	-22318	RECOVERY ROOM	38	47.40
47.41 PENSION EXPENSE	A	-17706	DELIVERY ROOM & LABOR ROOM	39	47.41
47.42 PENSION EXPENSE	A	-26081	ANESTHESIOLOGY	40	47.42
47.43 PENSION EXPENSE	A	-67447	RADIOLOGY-DIAGNOSTIC	41	47.43
47.44 PENSION EXPENSE	A	-8019	RADIOLOGY-ULTRASOUND	41.01	47.44
47.45 PENSION EXPENSE	A	-15840	RADIOLOGY-MRI	41.02	47.45
47.46 PENSION EXPENSE	A	-20279	RADIOLOGY-CAT SCAN	41.03	47.46
47.48 PENSION EXPENSE	A	-15142	RADIOISOTOPE	43	47.48
47.49 PENSION EXPENSE	A	-80487	LABORATORY	44	47.49
47.50 PENSION EXPENSE	A	-14653	LABORATORY-SURGICAL PATHOLOGY	44.01	47.50
47.51 PENSION EXPENSE	A	-1217	LABORATORY-HLA	44.03	47.51
47.52 PENSION EXPENSE	A	-13832	BLOOD STORING, PROCESSING & TRA	47	47.52
47.53 PENSION EXPENSE	A	-51718	RESPIRATORY THERAPY	49	47.53
47.54 PENSION EXPENSE	A	-28264	PHYSICAL THERAPY	50	47.54
47.55 PENSION EXPENSE	A	-7977	OCCUPATIONAL THERAPY	51	47.55
47.56 PENSION EXPENSE	A	-3495	SPEECH PATHOLOGY	52	47.56
47.57 PENSION EXPENSE	A	-29906	ELECTROCARDIOLOGY	53	47.57
47.58 PENSION EXPENSE	A	-12064	ELECTROENCEPHALOGRAPHY	54	47.58
47.59 PENSION EXPENSE	A	-28909	RENAL DIALYSIS	57	47.59
47.60 PENSION EXPENSE	A	-3728	PULMONARY LABS	59	47.60
47.61 PENSION EXPENSE	A	-1016	OCCUPATIONAL HEALTH	59.01	47.61
47.62 PENSION EXPENSE	A	-6821	PERIPHERAL VASCULAR	59.04	47.62
47.63 PENSION EXPENSE	A	-30324	CARDIAC CATHETER LAB	59.06	47.63
47.64 PENSION EXPENSE	A	-19559	GASTROINTESTINAL SERVICE	59.07	47.64
47.65 PENSION EXPENSE	A	-1879	CLINIC	60	47.65
47.66 PENSION EXPENSE	A	-2774	CARDIAC REHABILITATION	60.01	47.66
47.67 PENSION EXPENSE	A	-51187	CANCER CENTER	60.02	47.67
47.68 PENSION EXPENSE	A	-2861	PSYCH SOCIAL REHAB	60.03	47.68
47.69 PENSION EXPENSE	A	-165272	LOC OUTPATIENT CENTER	60.07	47.69
47.70 PENSION EXPENSE	A	-36968	OBT OUTPATIENT CENTER	60.08	47.70
47.71 PENSION EXPENSE	A	-14626	ELMHURST IMMEDIATE CARE	60.09	47.71
47.72 PENSION EXPENSE	A	-16036	LAGRANGE FAMILY PCC	60.10	47.72
47.73 PENSION EXPENSE	A	-32946	NORTH RIVERSIDE PCC	60.12	47.73
47.74 PENSION EXPENSE	A	-272	GLENDALE HEIGHTS PCC	60.13	47.74
47.75 PENSION EXPENSE	A	-13648	WHEATON PCC	60.14	47.75
47.76 PENSION EXPENSE	A	-33269	OBT II PCC	60.15	47.76
47.77 PENSION EXPENSE	A	-25279	HICKORY HILLS PCC	60.16	47.77
47.78 PENSION EXPENSE	A	-21134	DARIEN PCC	60.18	47.78
47.79 PENSION EXPENSE	A	-23447	ORLANAD PARK - FP	60.20	47.79
47.80 PENSION EXPENSE	A	-7614	FAMILY PRACTICE MAYWOOD PCC	60.21	47.80
47.81 PENSION EXPENSE	A	-25142	HOMER GLEN PCC	60.22	47.81
47.82 PENSION EXPENSE	A	-12149	OAK PARK PCC	60.23	47.82
47.83 PENSION EXPENSE	A	-3631	PARK RIDGE PCC	60.24	47.83
47.84 PENSION EXPENSE	A	-1023	LOYOLA CLINIC AT GOTTLIEB	60.25	47.84
47.85 PENSION EXPENSE	A	-108395	EMERGENCY	61	47.85
47.86 PENSION EXPENSE	A	-2729	OBSERVATION BEDS-DISTINCT	62.01	47.86
47.87 PENSION EXPENSE	A	-364	DURABLE MEDICAL EQUIP-SOLD	67	47.87
47.88 PENSION EXPENSE	A	-35816	HOME HEALTH AGENCY	71	47.88
47.89 PENSION EXPENSE	A	-8839	LUNG ACQUISITION	82	47.89
47.90 PENSION EXPENSE	A	-8706	KIDNEY ACQUISITION	83	47.90
47.91 PENSION EXPENSE	A	-7178	LIVER ACQUISITION	84	47.91
47.92 PENSION EXPENSE	A	-4545	HEART ACQUISITION	85	47.92
47.93 PENSION EXPENSE	A	-6015	HOSPICE	93	47.93
47.94 PENSION EXPENSE	A	-604	GIFT, FLOWER, COFFEE SHOP & CAN	96	47.94
47.95 PENSION EXPENSE	A	-7455	HINES RADIATION THERAPY	96.01	47.95
47.96 PENSION EXPENSE	A	-9009	HOME INFUSION THERAPY	96.02	47.96
47.97 PENSION EXPENSE	A	-1402	OP HOSPITAL PHARMACY	96.03	47.97
47.98 PENSION EXPENSE	A	-22164	HOSPITALIST	96.04	47.98
47.99 PENSION EXPENSE	A	-1780	PHYSICIANS' PRIVATE OFFICES	98	47.99
48 AP NURSING	A	-151364	LOC OUTPATIENT CENTER	60.07	48
48.01 AP NURSING	A	-195183	ELMHURST IMMEDIATE CARE	60.09	48.01
48.02 AP NURSING	A	-26135	KIDNEY ACQUISITION	83	48.02
48.03 AP NURSING	A	-476205	FACUALTY CLINICAL OPERATIONS	98.01	48.03
49					49
50 TOTAL		-114094756			50

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

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2	18.01	HOSPITAL MEDICAL ADMIN				2
3	23	I&R SERVICES-OTHER PRGM COSTS A				3
4						4
4.01	5	EMPLOYEE BENEFITS			2660938	4.01
4.02	17	MEDICAL RECORDS & LIBRARY			1138000	4.02
4.03	5	EMPLOYEE BENEFITS			41000	4.03
4.04	6.01	COMMUNICATION			39000	4.04
4.05	6.02	SYSTEM & COMPUTERS			653000	4.05
4.06	6.11	HOSPITAL ADMINISTRATION			1503000	4.06
4.07	6.07	PATIENT ACCOUNTS			211000	4.07
4.12	6.11	HOSPITAL ADMINISTRATION			-1310000	4.12
4.13	3	NEW CAP REL COSTS-BLDG & FIXT				9 4.13
4.14	3	NEW CAP REL COSTS-BLDG & FIXT				9 4.14
4.15	3	NEW CAP REL COSTS-BLDG & FIXT				9 4.15
4.16	6.11	HOSPITAL ADMINISTRATION				4.16
4.20	4	NEW CAP REL COSTS-MVBLE EQUIP				9 4.20
4.21	44	LABORATORY				4.21
4.22	47	BLOOD STORING, PROCESSING & TRA				4.22
4.23	57	RENAL DIALYSIS				4.23
4.27	98.01	FACULTY CLINICAL OPERATIONS				4.27
5		TOTALS	9509463	11723450	-2213987	5

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

THE SECRETARY, BY VIRTUE OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES 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 REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B LUMC		LUOC		UNIVERSITY	1
2	B LUMC		LUHS		HEALTHCARE	2
3	C LUMC		RML		HEALTHCARE	3
4	C LUMC		LASCO		HEALTHCARE	4
5						5

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE 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.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
11/29/2010 13:58

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.		2	3	4	5	6	7	8	9
101		TOTAL							

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
11/29/2010 13:58

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.		12	13	14	15	16	17	18
10	11							
101	TOTAL							

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CPTL BLG INSTRST 3.01	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNICTN 6.01	SYSTEM + COMPUTERS 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	12737969	12737969							3
3.01 NEW CAPITAL-BLDG INTEREST	4667656		4667656						3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	23720803			23720803					4
5 EMPLOYEE BENEFITS	137328	80586	29529	11765	259208				5
6.01 COMMUNICATION	2430374	26678	9776	174000	761	2641589			6.01
6.02 SYSTEM & COMPUTERS	7762104	207308	75965	1719881	3698	52933	9821889		6.02
6.03 PURCHASING	10798819	214250	78509	10447	803	28107		11130935	6.03
6.04 OPC STORES	176853	62142	22771	5901	33	266		3087	6.04
6.05 PATIENT AFFAIRS	1509453	36196	13264	8960	705	13097		359	6.05
6.06 PATIENT ADMITTING	1603021	32587	11941	23766	810	18088		2279	6.06
6.07 PATIENT ACCOUNTS	9498494	130470	47809	85080	2846	95821		718	6.07
6.08 ACCOUNTING	2728124	70327	25771	180949	1417	29969		1257	6.08
6.09 EMPLOYEE HEALTH SERVICES	759060	29067	10651	243	353	2888		7072	6.09
6.10 PASTORAL CARE	1184610	133388	48878	6806	697	16922		516	6.10
6.11 HOSPITAL ADMINISTRATION	116945992	763392	279735	829540	18292	158165		31028	6.11
6.12 AMBULATORY ADMINISTRATION	6498694	29953	10976	6915	1787	5561		1212	6.12
6.14 PRIMARY CARE ADMINISTRATION	4012759				7			22	6.14
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	19263677	185556	67995	317917	5607	44586		96229	8
8.01 SAFETY AND SECURITY	2782356	54379	19927	210278	1424	13718		2066	8.01
9 LAUNDRY & LINEN SERVICE	1784482	68905	25249	1745	145			19309	9
10 HOUSEKEEPING	7910707	95014	34816	16695		17556		1033	10
11 DIETARY	4719592	218639	80117	42001	1335	27359		111440	11
12 CAFETERIA		99330	36398	8435	618			98451	12
13 MAINTENANCE OF PERSONNEL									13
13.01 PATIENT TRANSPORTATION	1233175	7755	2842	19598	640	11235		292	13.01
14 NURSING ADMINISTRATION	3670265	74636	27349	43709	1847	21926	218	4670	14
15 CENTRAL SERVICES & SUPPLY	1630338	117529	43067	162656	783	1191		11978	15
15.01 CENTRAL PROCESSING	368377	30888	11319		61	241		15840	15.01
16 PHARMACY	9437291	145719	53397	162220	4655	22496		201584	16
17 MEDICAL RECORDS & LIBRARY	5690734	202204	74095	2224756	1933	50691		3110	17
18 SOCIAL SERVICE	1793568	31734	11628	4086	950	38291		763	18
18.01 HOSPITAL MEDICAL ADMIN	16010925								18.01
20 NONPHYSICIAN ANESTHETISTS					1541				20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	11941291	62223	22801	1137	12207	5725		22	22
23 I&R SERVICES-OTHER PRGM COSTS A	7076635								23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL ED-MICU	638583	39618	14518	34801	320			337	24.01
24.02 PARAMEDICAL ED-SOCIAL WORK									24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	40680498	1484541	543990	901017	20233	387654	809194	3338988	25
26 INTENSIVE CARE UNIT	14818523	369016	135221	232475	7627	68551	277351	1461189	26
28 BURN INTENSIVE CARE UNIT	2599395	88194	32317	56145	1426	8803	69369	278268	28
30 NEONATAL INTENSIVE CARE	9301665	199993	73285	142071	4993	47917	178346	162540	30
30.01 PEDIATRIC INTENSIVE CARE	2346593	37245	13648	27440	1244	17416	45464	201404	30.01
30.03 HEART TRANSPLANT ICU	2567030	90267	33077	32314	1391	12983	57191	215762	30.03
30.04 BONE INTENSIVE CARE	2894263	77846	28526	26083	1512	15073	66397	203930	30.04
31.01 SUBPROVIDER II-REHAB	4543094	235449	86277	45828	2281	35301	47186	145095	31.01
33 NURSERY	515352				236		6124		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	46445049	1262219	462523	3415013	7026	62863	769621	666562	37
37.01 AMBULATORY SURGERY CENTER	7063752	266930	97813	676661	1785		214743	355559	37.01
38 RECOVERY ROOM	2804344	282456	103502	95428	1451	13388	208376	221903	38
39 DELIVERY ROOM & LABOR ROOM	2445555	70336	25774	70510	1151	18924	48016	229828	39
40 ANESTHESIOLOGY	2351428	20841	7637	170479	1389		357133	18613	40
41 RADIOLOGY-DIAGNOSTIC	14210971	498526	182678	1592614	4283	116657	366889	144422	41
41.01 RADIOLOGY-ULTRASOUND	1198971	31238	11447	110458	551		62608	13707	41.01
41.02 RADIOLOGY-MRI	2718571	121699	44595	544769	1126	12932	205830	20903	41.02
41.03 RADIOLOGY-CAT SCAN	4196677	56151	20576	545532	1529		462162	63123	41.03
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE	3472427	113888	41733	200724	1112	17226	133087	22104	43
44 LABORATORY	16199609	244967	89765	249126	5234	53136	979769	238854	44
44.01 LABORATORY-SURGICAL PATHOLOGY	4814612	199749	73195	117888	953	30589	148459	42906	44.01
44.02 LABORATORY-NEUROSURGICAL									44.02
44.03 LABORATORY-HLA	846621	23849	8739	2741	79	1761	10652	6904	44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	7637900	55810	20451	2628	899	7372	122235	24955	47
49 RESPIRATORY THERAPY	8103443	85414	31299	203067	3363	4497	249433	111081	49
50 PHYSICAL THERAPY	4340113	113083	41438	12703	2110	28056	98799	27694	50
51 OCCUPATIONAL THERAPY	1766629	48885	17913	993	825		42040	19847	51
52 SPEECH PATHOLOGY	606717	9128	3345	17224	321	4712	14448	8397	52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CPTL	NEW CAP	EMPLOYEE	COMMUNICTN	SYSTEM +	PURCHASING	
	FOR COST	BLDGS &	BLG INTRST	MOVABLE	BENEFITS		COMPUTERS	6.03	
	ALLOCATION	FIXTURES		EQUIPMENT					
	0	3	3.01	4	5	6.01	6.02	6.03	
53 ELECTROCARDIOLOGY	13370787	275921	101107	1535102	2055	31299	440343	87517	53
54 ELECTROENCEPHALOGRAPHY	1693095	68905	25249	111017	784	18290	34759	9553	54
55 MEDICAL SUPPLIES CHARGED TO PAT	7244182						79014		55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	23320814						626334		56
57 RENAL DIALYSIS	5745886	95371	34947	156714	1880	11691	139225	86675	57
59 PULMONARY LABS	433365	27157	9951	62594	242	11134	10211	41154	59
59.01 OCCUPATIONAL HEALTH	129668	29758	10905	13978	66		2666	1560	59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR	932174	10665	3908	89588	444	4180	40882	1864	59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB	10135685	299030	109575	1274511	1861	11197	309105	67524	59.06
59.07 GASTROINTESTINAL SERVICE	3945951	74140	27167	233346	1272		114644	66839	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT	1315301						10305		59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	302627	29758	10905	3271	122		2750	25786	60
60.01 CARDIAC REHABILITATION	337949			30	180	532	1802	377326	60.01
60.02 CANCER CENTER	25478846	426785	156389	198158	3328	98671	486486	2369	60.02
60.03 PSYCH SOCIAL REHAB	366854	80838	29622	2100	186	17644	2322		60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER	25274362	1620700	593883	2244682	11458	355837	497183	326405	60.07
60.08 OB OUTPATIENT CENTER	6621330	788	289	388631	2404	40406	132864	75943	60.08
60.09 ELMHURST IMMEDIATE CARE	1092134			55781	951		13447	13078	60.09
60.10 LAGRANGE FAMILY PCC	2241533			104780	1043	30969	27760	30546	60.10
60.12 NORTH RIVERSIDE PCC	2447309			55490	2142	39633	23965	21700	60.12
60.13 GLENDALE HEIGHTS PCC	44756			6488	18	7992		4187	60.13
60.14 WHEATON PCC	1563595			33768	887	14478	10496	10844	60.14
60.15 OB II PCC	2283193			72649	2163	29867	27602	21947	60.15
60.16 HICKORY HILLS PCC	3155499			140024	1644	37911	42574	33386	60.16
60.18 DARIEN PCC	1535761			80217	1374	20114	20227	27672	60.18
60.20 ORLANAD PARK - FP	2358166			67883	1525	45295	25427	19477	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	996048	26100	9564	34752	495		14243	11989	60.21
60.22 HOMER GLEN PCC	5675309			222760	1635	519	87761	85979	60.22
60.23 OAK PARK PCC	907171			34716	790		8895	13864	60.23
60.24 PARK RIDGE PCC	728140			225959	236	215	12944	9980	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	182312			16621	67		2292	3390	60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES	16379				3				60.27
61 EMERGENCY	8099577	202106	74059	238187	7048	112807	344135	435005	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	384577	12997	4763	17164	179		4037	13550	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	204483	5926	2171	2291		595	72		65
67 DURABLE MEDICAL EQUIP-SOLD	2118072				24		15804	45	67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	5297314	46568	17064	2716	2329	34567	32426	2717	71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	1902894	19419	7116		311		11438	79	82
83 KIDNEY ACQUISITION	1732509	5714	2094	439	262	12514	16526	202	83
84 LIVER ACQUISITION	1062447	2577	944	582	343		5679	370	84
85 HEART ACQUISITION	833170	21597	7914	1527	171	4927	5208	247	85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF	44663	1301	477	92	17	291	288	11	86
93 HOSPICE	953057	3617	1325	2857	391	3002	8361	157	93
95 SUBTOTALS	689122855	12725931	4663245	23537683	194735	2639220	9743642	10790149	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	206287	12038	4411	4015	39	2369		629	96
96.01 HINES RADIATION THERAPY	1336929			7035	485			157	96.01
96.02 HOME INFUSION THERAPY	3508316			1114	586		76052	62854	96.02
96.03 OP HOSPITAL PHARMACY	3369014			2818	91			274968	96.03
96.04 HOSPITALIST	4796727				1441			404	96.04
98 PHYSICIANS' PRIVATE OFFICES	253174			4168	50		2195	1370	98
98.01 FACULTY CLINICAL OPERATIONS	113662799			163970	61781			404	98.01

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
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KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING
		0	3	3.01	4	5	6.01	6.02	6.03
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	816256101	12737969	4667656	23720803	259208	2641589	9821889	11130935 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	SUBTOTAL	ACCOUNTING	EMPLOYEE HEALTH SERVICES	SUBTOTAL
	6.04	6.05	6.06	6.07	5A	6.08	6.09	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL-BLDG INTEREST								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATION								6.01
6.02 SYSTEM & COMPUTERS								6.02
6.03 PURCHASING								6.03
6.04 OPC STORES	271053							6.04
6.05 PATIENT AFFAIRS		1582034						6.05
6.06 PATIENT ADMITTING			1692492					6.06
6.07 PATIENT ACCOUNTS				9861238				6.07
6.08 ACCOUNTING					3037814	3037814		6.08
6.09 EMPLOYEE HEALTH SERVICES					809334	3024	812358	6.09
6.10 PASTORAL CARE					1391817	5200	3311	1400328
6.11 HOSPITAL ADMINISTRATION	492				119026636	444315	42526	119513477
6.12 AMBULATORY ADMINISTRATION					6555098	24490	5229	6584817
6.14 PRIMARY CARE ADMINISTRATION					4012788	14992	174	4027954
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	422				19981989	74653	25795	20082437
8.01 SAFETY AND SECURITY	492				3084640	11524	9586	3105750
9 LAUNDRY & LINEN SERVICE					1899835	7098	1394	1908327
10 HOUSEKEEPING	844				8076665	30174	10283	8117122
11 DIETARY					5200483	19429	15860	5235772
12 CAFETERIA					243232	909	3486	247627
13 MAINTENANCE OF PERSONNEL								13
13.01 PATIENT TRANSPORTATION	281				1275818	4766	7320	1287904
14 NURSING ADMINISTRATION				219	3844839	14364	5752	3864955
15 CENTRAL SERVICES & SUPPLY					1967542	7351	6100	1980993
15.01 CENTRAL PROCESSING					426726	1594	523	428843
16 PHARMACY					10027362	37462	16035	10080859
17 MEDICAL RECORDS & LIBRARY					8247523	30813	12200	8290536
18 SOCIAL SERVICE					1881020	7027	4357	1892404
18.01 HOSPITAL MEDICAL ADMIN					16010925	59817		16070742
20 NONPHYSICIAN ANESTHETISTS					1541	6		1547
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					12045406	45002	95162	12185570
23 I&R SERVICES-OTHER PRGM COSTS A					7076635	26438		7103073
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL ED-MICU					728177	2720	1394	732291
24.02 PARAMEDICAL ED-SOCIAL WORK								24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	70		253493	812482	49232160	183931	87667	49503758
26 INTENSIVE CARE UNIT			86878	278478	17735309	66259	26840	17828408
28 BURN INTENSIVE CARE UNIT			21729	69651	3225297	12050	5577	3242924
30 NEONATAL INTENSIVE CARE			55865	179070	10345745	38652	16035	10400432
30.01 PEDIATRIC INTENSIVE CARE			14241	45648	2750343	10275	4009	2764627
30.03 HEART TRANSPLANT ICU			17915	57424	3085354	11527	4531	3101412
30.04 BONE INTENSIVE CARE			20798	66667	3401095	12706	5403	3419204
31.01 SUBPROVIDER II-REHAB			14780	47377	5202668	19437	10283	5232388
33 NURSERY			1918	6149	529779	1979		531758
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			206549	772749	54070174	202006	31895	54304075
37.01 AMBULATORY SURGERY CENTER	192395		922	215616	9086176	33946	6972	9127094
38 RECOVERY ROOM			45992	209222	3986062	14892	5577	4006531
39 DELIVERY ROOM & LABOR ROOM			12455	48211	2970760	11099	4357	2986216
40 ANESTHESIOLOGY			94795	358584	3380899	12631	3137	3396667
41 RADIOLOGY-DIAGNOSTIC	1476		57384	368380	17544280	65545	17952	17627777
41.01 RADIOLOGY-ULTRASOUND	70		5044	62863	1496957	5593	1569	1504119
41.02 RADIOLOGY-MRI	1757		16964	206666	3895812	14555	2963	3913330
41.03 RADIOLOGY-CAT SCAN			47983	464040	5857773	21885	3834	5883492
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE			4533	133628	4140462	15469	2789	4158720
44 LABORATORY			139408	983190	19183058	71668	20392	19275118
44.01 LABORATORY-SURGICAL PATHOLOGY			18260	149062	5595673	20905	4706	5621284
44.02 LABORATORY-NEUROSURGICAL								44.01
44.03 LABORATORY-HLA			245	10695	912286	3408	349	916043
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	1125		26958	122731	8023064	29974	3137	8056175
49 RESPIRATORY THERAPY			76868	250446	9118911	34068	14640	9167619
50 PHYSICAL THERAPY		117384	14675	99201	4895256	18289	6972	4920517
51 OCCUPATIONAL THERAPY		20354	9729	42211	1969426	7358	1917	1978701
52 SPEECH PATHOLOGY	141		4461	14507	683401	2553	697	686651

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	SUBTOTAL	ACCOUNTING	EMPLOYEE HEALTH SERVICES	SUBTOTAL	
	6.04	6.05	6.06	6.07	5A	6.08	6.09		
53 ELECTROCARDIOLOGY			87373	442132	16373636	61172	7494	16442302	53
54 ELECTROENCEPHALOGRAPHY			5022	34900	2001574	7478	3660	2012712	54
55 MEDICAL SUPPLIES CHARGED TO PAT			22828	79335	7425359	27741		7453100	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS			181476	628880	24757504	92494		24849998	56
57 RENAL DIALYSIS			5357	139791	6417537	23976	8714	6450227	57
59 PULMONARY LABS			1098	10252	607158	2268	697	610123	59
59.01 OCCUPATIONAL HEALTH	70	10874		2676	202221	755	174	203150	59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR			6026	41049	1130780	4225	1569	1136574	59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB			48703	310361	12567552	46952	6797	12621301	59.06
59.07 GASTROINTESTINAL SERVICE		17566	6598	115110	4602633	17195	5054	4624882	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT			2404	10347	1338357	5000		1343357	59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	70	6971	6	2761	385027	1438	523	386988	60
60.01 CARDIAC REHABILITATION	2320		538	1810	722487	2699	697	725883	60.01
60.02 CANCER CENTER			1169	488463	27340664	102145	14117	27456926	60.02
60.03 PSYCH SOCIAL REHAB		26488		2331	528385	1974	1046	531405	60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER	64881	675028	6490	499203	32170112	120188	48278	32338578	60.07
60.08 OBT OUTPATIENT CENTER	2882	48515	88	133404	7447544	27824	10457	7485825	60.08
60.09 ELMHURST IMMEDIATE CARE		44333	6	13501	1233231	4607	2614	1240452	60.09
60.10 LAGRANGE FAMILY PCC		21190	11	27873	2485705	9287	4357	2499349	60.10
60.12 NORTH RIVERSIDE PCC		90338	6	24062	2704645	10105	4880	2719630	60.12
60.13 GLENDALE HEIGHTS PCC		13662			77103	288		77391	60.13
60.14 WHEATON PCC		23421	4	10539	1668032	6232	2789	1677053	60.14
60.15 OBT II PCC	211	87550	20	27714	2552916	9538	5229	2567683	60.15
60.16 HICKORY HILLS PCC	70	79743	10	42747	3533608	13202	5752	3552562	60.16
60.18 DARIEN PCC		54928	6	20309	1760608	6578	3834	1771020	60.18
60.20 ORLANAD PARK - FP	703	72772	8	25530	2616786	9776	4183	2630745	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC		55764	9	14301	1163265	4346	2440	1170051	60.21
60.22 HOMER GLEN PCC		72772	26	88118	6234879	23294	6100	6264273	60.22
60.23 OAK PARK PCC	281	33459	5	8931	1008112	3766	2266	1014144	60.23
60.24 PARK RIDGE PCC		6134	48	12997	996653	3723	1046	1001422	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB		2788	1	2301	209772	784		210556	60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES					16382	61		16443	60.27
61 EMERGENCY			46136	345534	9904594	37004	16906	9958504	61
62 OBSERVATION BEDS (NON-DISTINCT)			170	4053	441490	1649	697	443836	62.01
62.01 OBSERVATION BEDS-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES			8	72	215618	806		216424	65
67 DURABLE MEDICAL EQUIP-SOLD				15868	2149813	8032	174	2158019	67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY				32558	5468259	20429	8889	5497577	71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION				11484	1952741	7295	1220	1961256	82
83 KIDNEY ACQUISITION				16593	1786853	6676	871	1794400	83
84 LIVER ACQUISITION				5703	1078645	4030	1220	1083895	84
85 HEART ACQUISITION				5229	879990	3288	697	883975	85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF				289	47429	177		47606	86
93 HOSPICE				8395	981162	3666	1569	986397	93
95 SUBTOTALS	271053	1582034	1692492	9782673	688358846	2559991	747697	687816362	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					229788	858	174	230820	96
96.01 HINES RADIATION THERAPY					1344606	5023	1569	1351198	96.01
96.02 HOME INFUSION THERAPY				76361	3725283	13918	2091	3741292	96.02
96.03 OP HOSPITAL PHARMACY					3646891	13625	349	3660865	96.03
96.04 HOSPITALIST					4798572	17927	2440	4818939	96.04
98 PHYSICIANS' PRIVATE OFFICES				2204	263161	983	349	264493	98
98.01 FACULTY CLINICAL OPERATIONS					113888954	425489	57689	114372132	98.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	SUBTOTAL	ACCOUNTING	EMPLOYEE HEALTH SERVICES	SUBTOTAL
	6.04	6.05	6.06	6.07	5A	6.08	6.09	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	271053	1582034	1692492	9861238	816256101	3037814	812358	816256101 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PASTORAL CARE	SUBTOTAL	HOSPITAL ADMINSTRTN	SUBTOTAL	AMBULATORY ADMIN	SUBTOTAL	PRIMARY CARE ADMIN	OPERATION OF PLANT
	6.10		6.11		6.12		6.14	8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL-BLDG INTEREST								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATION								6.01
6.02 SYSTEM & COMPUTERS								6.02
6.03 PURCHASING								6.03
6.04 OPC STORES								6.04
6.05 PATIENT AFFAIRS								6.05
6.06 PATIENT ADMITTING								6.06
6.07 PATIENT ACCOUNTS								6.07
6.08 ACCOUNTING								6.08
6.09 EMPLOYEE HEALTH SERVICES								6.09
6.10 PASTORAL CARE	1400328							6.10
6.11 HOSPITAL ADMINISTRATION	205730	119719207	119719207					6.11
6.12 AMBULATORY ADMINISTRATION	11313	6596130	1133730	7729860	7729860			6.12
6.14 PRIMARY CARE ADMINISTRATION	6920	4034874	693506	4728380	45203	4773583	4773583	6.14
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	34502	20116939	3457659	23574598	225373	23799971	140015	23939986
8.01 SAFETY AND SECURITY	5336	3111086	534727	3645813	34854	3680667	21653	121259
9 LAUNDRY & LINEN SERVICE	3279	1911606	328563	2240169	21416	2261585	13305	153649
10 HOUSEKEEPING	13945	8131067	1397552	9528619	91094	9619713	56593	211867
11 DIETARY	8995	5244767	901460	6146227	58758	6204985	36504	487536
12 CAFETERIA	425	248052	42635	290687	2779	293466	1726	221492
13 MAINTENANCE OF PERSONNEL								13
13.01 PATIENT TRANSPORTATION	2213	1290117	221743	1511860	14453	1526313	8979	17292
14 NURSING ADMINISTRATION	6640	3871595	665442	4537037	43374	4580411	26947	166427
15 CENTRAL SERVICES & SUPPLY	3403	1984396	341074	2325470	22231	2347701	13812	262075
15.01 CENTRAL PROCESSING	737	429580	73835	503415	4813	508228	2990	68876
16 PHARMACY	17319	10098178	1735655	11833833	113131	11946964	70284	324933
17 MEDICAL RECORDS & LIBRARY	14243	8304779	1427409	9732188	93040	9825228	57802	450887
18 SOCIAL SERVICE	3251	1895655	325821	2221476	21237	2242713	13194	70761
18.01 HOSPITAL MEDICAL ADMIN	27610	16098352	2766953	18865305	180352	19045657	112046	18.01
20 NONPHYSICIAN ANESTHETISTS	3	1550	266	1816	17	1833	11	20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	20935	12206505	2098030	14304535	136751	14441286	84958	138750
23 I&R SERVICES-OTHER PRGM COSTS A	12203	7115276	1222959	8338235	79714	8417949	49523	23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL ED-MICU	1258	733549	126081	859630	8218	867848	5106	88343
24.02 PARAMEDICAL ED-SOCIAL WORK								24.01
INPATIENT ROUTINE SERV COST CENTERS								24.02
25 ADULTS & PEDIATRICS	85047	49588805	8523225	58112030	555551	58667581	345141	3310327
26 INTENSIVE CARE UNIT	30629	17859037	3069576	20928613	200078	21128691	124300	822855
28 BURN INTENSIVE CARE UNIT	5571	3248495	558345	3806840	36393	3843233	22610	196660
30 NEONATAL INTENSIVE CARE	17868	10418300	1790677	12208977	116718	12325695	72512	445957
30.01 PEDIATRIC INTENSIVE CARE	4750	2769377	475995	3245372	31026	3276398	19275	83050
30.03 HEART TRANSPLANT ICU	5328	3106740	533980	3640720	34805	3675525	21623	201282
30.04 BONE INTENSIVE CARE	5874	3425078	588696	4013774	38372	4052146	23839	173587
31.01 SUBPROVIDER II-REHAB	8989	5241377	900877	6142254	58720	6200974	36480	525019
33 NURSERY	914	532672	91555	624227	5968	630195	3707	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	93294	54397369	9349711	63747080	609422	64356502	378609	2814580
37.01 AMBULATORY SURGERY CENTER	15680	9142774	1571442	10714216	102428	10816644	63634	595219
38 RECOVERY ROOM	6883	4013414	689818	4703232	44963	4748195	27934	629838
39 DELIVERY ROOM & LABOR ROOM	5130	2991346	514147	3505493	33513	3539006	20820	156839
40 ANESTHESIOLOGY	5835	3402502	584815	3987317	38119	4025436	23682	46473
41 RADIOLOGY-DIAGNOSTIC	30285	17658062	3035032	20693094	197826	20890920	122901	1111647
41.01 RADIOLOGY-ULTRASOUND	2584	1506703	258969	1765672	16880	1782552	10487	69656
41.02 RADIOLOGY-MRI	6723	3920053	673771	4593824	43917	4637741	27284	271373
41.03 RADIOLOGY-CAT SCAN	10108	5893600	1012980	6906580	66027	6972607	41020	125210
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE	7145	4165865	716021	4881886	46671	4928557	28995	253955
44 LABORATORY	33115	19308233	3318660	22626893	216313	22843206	134387	546244
44.01 LABORATORY-SURGICAL PATHOLOGY	9657	5630941	967835	6598776	63084	6661860	39192	445413
44.02 LABORATORY-NEUROSURGICAL								44.01
44.03 LABORATORY-HLA	1574	917617	157718	1075335	10280	1085615	6387	53180
46.30 BLOOD CLOTTING FACTORS ADMIN CO								44.02
47 BLOOD STORING, PROCESSING & TRA	13841	8070016	1387058	9457074	90410	9547484	56168	124449
49 RESPIRATORY THERAPY	15750	9183369	1578419	10761788	102883	10864671	63917	190461
50 PHYSICAL THERAPY	8453	4928970	847182	5776152	55220	5831372	34306	252160
51 OCCUPATIONAL THERAPY	3399	1982100	340679	2322779	22206	2344985	13796	109006
52 SPEECH PATHOLOGY	1180	687831	118223	806054	7706	813760	4787	20355

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PASTORAL CARE		HOSPITAL ADMINSTRTN		AMBULATORY ADMIN		PRIMARY CARE ADMIN	OPERATION OF PLANT	
		SUBTOTAL		SUBTOTAL		SUBTOTAL			
	6.10		6.11		6.12		6.14	8	
53 ELECTROCARDIOLOGY	28248	16470550	2830925	19301475	184522	19485997	114636	615266	53
54 ELECTROENCEPHALOGRAPHY	3458	2016170	346535	2362705	22587	2385292	14033	153649	54
55 MEDICAL SUPPLIES CHARGED TO PAT	12804	7465904	1283225	8749129	83642	8832771	51963		55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	42692	24892690	4278506	29171196	278877	29450073	173255		56
57 RENAL DIALYSIS	11081	6461308	1110557	7571865	72387	7644252	44971	212665	57
59 PULMONARY LABS	1048	611171	105047	716218	6847	723065	4254	60557	59
59.01 OCCUPATIONAL HEALTH	349	203499	34977	238476	2280	240756	1416	66357	59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR	1953	1138527	195688	1334215	12755	1346970	7924	23780	59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB	21683	12642984	2173051	14816035	141641	14957676	87996	666796	59.06
59.07 GASTROINTESTINAL SERVICE	7946	4632828	796281	5429109	51902	5481011	32245	165321	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT	2308	1345665	231290	1576955	15076	1592031	9366		59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	665	387653	66629	454282	4343	458625	2698	66357	60
60.01 CARDIAC REHABILITATION	1247	727130	124978	852108	8146	860254	5061		60.01
60.02 CANCER CENTER	47171	27504097	4727349	32231446	308133	32539579	191430	951672	60.02
60.03 PSYCH SOCIAL REHAB	913	532318	91494	623812	5964	629776	3705	180257	60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER	55558	32394136	5567839	37961975	362916	38324891	225465	3613945	60.07
60.08 OUTPATIENT CENTER	12861	7498686	1288859	8787545	84009	8871554	52191	1758	60.08
60.09 ELMHURST IMMEDIATE CARE	2131	1242583	213573	1456156	13921	1470077	8648		60.09
60.10 LAGRANGE FAMILY PCC	4294	2503643	430321	2933964	28049	2962013	17426		60.10
60.12 NORTH RIVERSIDE PCC	4672	2724302	468248	3192550	30521	3223071	18961		60.12
60.13 GLENDALE HEIGHTS PCC	133	77524	13325	90849	869	91718	540		60.13
60.14 WHEATON PCC	2881	1679934	288744	1968678	18821	1987499	11692		60.14
60.15 OUT II PCC	4411	2572094	442086	3014180	28816	3042996	17902		60.15
60.16 HICKORY HILLS PCC	6103	3558665	611656	4170321	39868	4210189	24769		60.16
60.18 DARIEN PCC	3043	1774063	304922	2078985	19875	2098860	12348		60.18
60.20 ORLANAD PARK - FP	4520	2635265	452944	3088209	29523	3117732	18342		60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	2010	1172061	201452	1373513	13131	1386644	8158	58201	60.21
60.22 HOMER GLEN PCC	10762	6275035	1078540	7353575	70300	7423875	43675		60.22
60.23 OAK PARK PCC	1742	1015886	174608	1190494	11381	1201875	7071		60.23
60.24 PARK RIDGE PCC	1720	1003142	172418	1175560	11238	1186798	6982		60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	362	210918	36252	247170	2363	249533	1468		60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES	28	16471	2831	19302	185	19487	115		60.27
61 EMERGENCY	17109	9975613	1714588	11690201	111758	11801959	69431	450669	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	763	444599	76417	521016	4981	525997	3094	28982	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	372	216796	37262	254058	2429	256487	1509	13213	65
67 DURABLE MEDICAL EQUIP-SOLD	3707	2161726	371553	2533279	24218	2557497	15046		67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	9445	5507022	946536	6453558	61696	6515254	38329	103840	71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	3369	1964625	337676	2302301	22010	2324311	13674	43302	82
83 KIDNEY ACQUISITION	3083	1797483	308948	2106431	20137	2126568	12511	12742	83
84 LIVER ACQUISITION	1862	1085757	186618	1272375	12164	1284539	7557	5746	84
85 HEART ACQUISITION	1519	885494	152197	1037691	9920	1047611	6163	48159	85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF	82	47688	8197	55885	534	56419	332	2900	86
93 HOSPICE	1695	988092	169831	1157923	11070	1168993	6877	8066	93
95 SUBTOTALS	1179669	687595703	97605479	665481975	6288112	664040227	3878470	23913142	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	397	231217	39741	270958	2590	273548	1609	26844	96
96.01 HINES RADIATION THERAPY	2321	1353519	232640	1586159	15164	1601323	9421		96.01
96.02 HOME INFUSION THERAPY	6428	3747720	644151	4391871	41986	4433857	26084		96.02
96.03 OP HOSPITAL PHARMACY	6289	3667154	630303	4297457	41084	4338541	25524		96.03
96.04 HOSPITALIST	8279	4827218	829693	5656911	54080	5710991	33598		96.04
98 PHYSICIANS' PRIVATE OFFICES	454	264947	45539	310486	2968	313454	1844		98
98.01 FACULTY CLINICAL OPERATIONS	196491	114568623	19691661	134260284	1283876	135544160	797033		98.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	PASTORAL CARE	SUBTOTAL	HOSPITAL ADMINSTRN	SUBTOTAL	AMBULATORY ADMIN	SUBTOTAL	PRIMARY CARE ADMIN	OPERATION OF PLANT
	6.10		6.11		6.12		6.14	8
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1400328	816256101	119719207	816256101	7729860	816256101	4773583	23939986 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	PATIENT TRNSPRTN	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	8.01	9	10	11	12	13.01	14	15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL-BLDG INTEREST									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATION									6.01
6.02 SYSTEM & COMPUTERS									6.02
6.03 PURCHASING									6.03
6.04 OPC STORES									6.04
6.05 PATIENT AFFAIRS									6.05
6.06 PATIENT ADMITTING									6.06
6.07 PATIENT ACCOUNTS									6.07
6.08 ACCOUNTING									6.08
6.09 EMPLOYEE HEALTH SERVICES									6.09
6.10 PASTORAL CARE									6.10
6.11 HOSPITAL ADMINSTRATION									6.11
6.12 AMBULATORY ADMINISTRATION									6.12
6.14 PRIMARY CARE ADMINISTRATION									6.14
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 SAFETY AND SECURITY	3823579								8.01
9 LAUNDRY & LINEN SERVICE		2428539							9
10 HOUSEKEEPING		381	9888554						10
11 DIETARY	121257		401891	7252173					11
12 CAFETERIA	14834		34934		566452				12
13 MAINTENANCE OF PERSONNEL									13
13.01 PATIENT TRANSPORTATION	4331		14342		7018	1578275			13.01
14 NURSING ADMINISTRATION	20757	71	43122		6847		4844582		14
15 CENTRAL SERVICES & SUPPLY	48383		184317		4951			2861239	15
15.01 CENTRAL PROCESSING	31011		87418		588			3076	15.01
16 PHARMACY	71380	1235	123237		15817		738	3486	16
17 MEDICAL RECORDS & LIBRARY	21454		55285		10899			2	17
18 SOCIAL SERVICE	7715		11924		3899			77	18
18.01 HOSPITAL MEDICAL ADMIN									18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	8313	15852	36035		52982			84	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL ED-MICU	45347		20184		1157			120	24.01
24.02 PARAMEDICAL ED-SOCIAL WORK									24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	566663	958424	2162528	5026937	82983	490818	1311378	335045	25
26 INTENSIVE CARE UNIT	134498	200520	298886	626501	26594	95345	551186	153185	26
28 BURN INTENSIVE CARE UNIT	32554	68049	109254	252382	5201	3230	143698	65999	28
30 NEONATAL INTENSIVE CARE	103686	39199	160780		15556	1831	326612	16955	30
30.01 PEDIATRIC INTENSIVE CARE	20658	14946	68861		3714	5781	82934	18221	30.01
30.03 HEART TRANSPLANT ICU	16974	39558	73147	202551	4408	12338	92020	37749	30.03
30.04 BONE INTENSIVE CARE	25934	17928	143924	214483	5051	5941	96679	20817	30.04
31.01 SUBPROVIDER II-REHAB	96319	63843	422075	689964	7687	11123	85691	14514	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	331914	191926	1086339		28427	232	321486	37714	37
37.01 AMBULATORY SURGERY CENTER	60380	75552	185538		6631	144	80177	4004	37.01
38 RECOVERY ROOM	64561	43666	236753		5350	128	94272	11712	38
39 DELIVERY ROOM & LABOR ROOM	13191	42583	57009		4681	1247	79673	25086	39
40 ANESTHESIOLOGY	6670	11717	17359		4086		15647	1311	40
41 RADIOLOGY-DIAGNOSTIC	230219	34669	428947		16671	271971	62783	8155	41
41.01 RADIOLOGY-ULTRASOUND	14186	19644	24327		1333	17367		399	41.01
41.02 RADIOLOGY-MRI	18019	27340	97067		2460	51991		401	41.02
41.03 RADIOLOGY-CAT SCAN	10752	31124	42500		3405	156963		453	41.03
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE	68394	13518	85765		2544	7748		761	43
44 LABORATORY	80838		226146		19049	15520		15043	44
44.01 LABORATORY-SURGICAL PATHOLOGY	228228		198898		4452	5413		3325	44.01
44.02 LABORATORY-NEUROSURGICAL									44.02
44.03 LABORATORY-HLA	4480		19322		649			301	44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	22499	2557	79181		2932	1615	16113	2546	47
49 RESPIRATORY THERAPY	45347	6385	68670		13039	21693		1298	49
50 PHYSICAL THERAPY	34048	13306	112989		6064	27626		1019	50
51 OCCUPATIONAL THERAPY	23345		77720		1818	28690		31	51
52 SPEECH PATHOLOGY	4331		15970		835			1732	52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	PATIENT TRNSPRTN	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	8.01	9	10	11	12	13.01	14	15	
53 ELECTROCARDIOLOGY	115483	13569	225356		6961	46105	61696	13684	53
54 ELECTROENCEPHALOGRAPHY	38229	3939	127403		3218		39	150	54
55 MEDICAL SUPPLIES CHARGED TO PAT								1681092	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS		26230	10703		7543	64936	70937	94457	57
59 PULMONARY LABS	2987	1379	50209		704		3727	181	59
59.01 OCCUPATIONAL HEALTH	15082				294		116	956	59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR	5923	6964	19729		1279	49416	3960	165	59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB	66303	42406	262947		4906	11546	75324	13404	59.06
59.07 GASTROINTESTINAL SERVICE	13689	21753	60098		4063	49360	68995	21796	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT									59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	15331	892	51718	205433	533	208	6678	408	60
60.01 CARDIAC REHABILITATION					493		8775		60.01
60.02 CANCER CENTER	258393	46204	203256	33922	12829	18855	94621	93677	60.02
60.03 PSYCH SOCIAL REHAB	32206		15444		1010		3883	27	60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER	337041	60698	1061988		45517	32	324437	15600	60.07
60.08 OB OUTPATIENT CENTER		23273	551		9340		52183	5694	60.08
60.09 ELMHURST IMMEDIATE CARE		615			2572		13628	1318	60.09
60.10 LAGRANGE FAMILY PCC		6118			3816		34168	3148	60.10
60.12 NORTH RIVERSIDE PCC		5161			4940		26169	2435	60.12
60.13 GLENDALE HEIGHTS PCC		5			1174			291	60.13
60.14 WHEATON PCC		1208			2081		11143	736	60.14
60.15 OB II PCC		6875			4877		23723	2309	60.15
60.16 HICKORY HILLS PCC		10623			5631		28111	3576	60.16
60.18 DARIEN PCC		1583			3459		15764	1318	60.18
60.20 ORLANAD PARK - FP		4453			3877		18715	2925	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC		15781			1840		10017	1360	60.21
60.22 HOMER GLEN PCC		13556			5762		44263	6147	60.22
60.23 OAK PARK PCC					1970		8542	1189	60.23
60.24 PARK RIDGE PCC		2867			929		9318	927	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB		593			224		4038	275	60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES									60.27
61 EMERGENCY	214141	170323	229666		15328	100055	211878	104535	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	2439	7478	10535		460	2855	13628	375	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	1941		1413						65
67 DURABLE MEDICAL EQUIP-SOLD					148				67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	21105		9051		8339		97921	834	71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	6371		4621		798		1126	20	82
83 KIDNEY ACQUISITION	2240		1077		863		466	13	83
84 LIVER ACQUISITION	2937		1317		841				84
85 HEART ACQUISITION	8661		5675		678	152	893	9	85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF	548		335		68		78		86
93 HOSPICE	2389		551		1261		15531	620	93
95 SUBTOTALS	3816909	2428539	9866287	7252173	550404	1578275	4725578	2860272	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	6670		22267		238				96
96.01 HINES RADIATION THERAPY					1431				96.01
96.02 HOME INFUSION THERAPY					1742		4620	706	96.02
96.03 OP HOSPITAL PHARMACY					282				96.03
96.04 HOSPITALIST					2107			171	96.04
98 PHYSICIANS' PRIVATE OFFICES					275		2796	79	98
98.01 FACULTY CLINICAL OPERATIONS					9973		111588	11	98.01

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WORKSHEET B
PART I

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	PATIENT TRNSPRTN	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY
	8.01	9	10	11	12	13.01	14	15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3823579	2428539	9888554	7252173	566452	1578275	4844582	2861239 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	I&R PROGRAM COSTS
	15.01	16	17	18	18.01	20	22	23
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL-BLDG INTEREST								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATION								6.01
6.02 SYSTEM & COMPUTERS								6.02
6.03 PURCHASING								6.03
6.04 OPC STORES								6.04
6.05 PATIENT AFFAIRS								6.05
6.06 PATIENT ADMITTING								6.06
6.07 PATIENT ACCOUNTS								6.07
6.08 ACCOUNTING								6.08
6.09 EMPLOYEE HEALTH SERVICES								6.09
6.10 PASTORAL CARE								6.10
6.11 HOSPITAL ADMINISTRATION								6.11
6.12 AMBULATORY ADMINISTRATION								6.12
6.14 PRIMARY CARE ADMINISTRATION								6.14
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 SAFETY AND SECURITY								8.01
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
13.01 PATIENT TRANSPORTATION								13.01
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
15.01 CENTRAL PROCESSING	702187							15.01
16 PHARMACY		12558074						16
17 MEDICAL RECORDS & LIBRARY			10421557					17
18 SOCIAL SERVICE				2350283				18
18.01 HOSPITAL MEDICAL ADMIN					19157703			18.01
20 NONPHYSICIAN ANESTHETISTS						1844		20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					422817		15201077	22
23 I&R SERVICES-OTHER PRGM COSTS A								8467472
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL ED-MICU		145						24.01
24.02 PARAMEDICAL ED-SOCIAL WORK								24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	307015	1469	858655	692475	412493		3445654	1919337
26 INTENSIVE CARE UNIT	71746	657	294304	45353	363773		960039	534772
28 BURN INTENSIVE CARE UNIT	16631	31	73609	51328			317714	176977
30 NEONATAL INTENSIVE CARE	41814	480	189247	92584	500938		150351	83750
30.01 PEDIATRIC INTENSIVE CARE	12671	43	48243	49678	172113		146673	81701
30.03 HEART TRANSPLANT ICU	15579	177	60687	61116	265993		146673	81701
30.04 BONE INTENSIVE CARE	13393	153	70455	71188	72642		430362	239725
31.01 SUBPROVIDER II-REHAB	18495	6	50070	21282	167410			
33 NURSERY			6498					
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3442	37868	816664	60888	531987	1844	1847891	1029333
37.01 AMBULATORY SURGERY CENTER	1341	147734	227869	455	882546		364153	202844
38 RECOVERY ROOM	9874	4	221112		37552			
39 DELIVERY ROOM & LABOR ROOM	90378	227	50951				151271	84262
40 ANESTHESIOLOGY	11456	104	378962		3718924		1477761	823159
41 RADIOLOGY-DIAGNOSTIC	1297	1766	389315		764069		501170	279167
41.01 RADIOLOGY-ULTRASOUND	22	173	66435		106065		133339	74274
41.02 RADIOLOGY-MRI	904	57	218411		373022		215641	120119
41.03 RADIOLOGY-CAT SCAN	541	167	490411		726866		133339	74274
42 RADIOLOGY-THERAPEUTIC								
43 RADIOISOTOPE	367		141222		313369		185295	103215
44 LABORATORY		2052	1039200	35850	2876116			
44.01 LABORATORY-SURGICAL PATHOLOGY		2699	157533		252220		637267	354978
44.02 LABORATORY-NEUROSURGICAL								
44.03 LABORATORY-HLA		5	11303		29017			
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
47 BLOOD STORING, PROCESSING & TRA	656	253	129706		412537			
49 RESPIRATORY THERAPY		161366	264679		51289			
50 PHYSICAL THERAPY	67	207	104838		39117			
51 OCCUPATIONAL THERAPY	219	313	44610					
52 SPEECH PATHOLOGY			15332	22250				

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	I&R PROGRAM COSTS
	15.01	16	17	18	18.01	20	22	23
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	702187	12558074	10421557	2350283	19157703	1844	15201077	8467472 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24.01	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 NEW CAPITAL-BLDG INTEREST					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATION					6.01
6.02 SYSTEM & COMPUTERS					6.02
6.03 PURCHASING					6.03
6.04 OPC STORES					6.04
6.05 PATIENT AFFAIRS					6.05
6.06 PATIENT ADMITTING					6.06
6.07 PATIENT ACCOUNTS					6.07
6.08 ACCOUNTING					6.08
6.09 EMPLOYEE HEALTH SERVICES					6.09
6.10 PASTORAL CARE					6.10
6.11 HOSPITAL ADMINISTRATION					6.11
6.12 AMBULATORY ADMINISTRATION					6.12
6.14 PRIMARY CARE ADMINISTRATION					6.14
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 SAFETY AND SECURITY					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
13.01 PATIENT TRANSPORTATION					13.01
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
15.01 CENTRAL PROCESSING					15.01
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
18.01 HOSPITAL MEDICAL ADMIN					18.01
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 PARAMEDICAL ED-MICU	1028250				24.01
24.02 PARAMEDICAL ED-SOCIAL WORK					24.02
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS		80894923	-5364991	75529932	25
26 INTENSIVE CARE UNIT		26433205	-1494811	24938394	26
28 BURN INTENSIVE CARE UNIT		5379160	-494691	4884469	28
30 NEONATAL INTENSIVE CARE		14567947	-234101	14333846	30
30.01 PEDIATRIC INTENSIVE CARE		4104960	-228374	3876586	30.01
30.03 HEART TRANSPLANT ICU		5009101	-228374	4780727	30.03
30.04 BONE INTENSIVE CARE		5678247	-670087	5008160	30.04
31.01 SUBPROVIDER II-REHAB		8410952		8410952	31.01
33 NURSERY		640400		640400	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM		73877646	-2877224	71000422	37
37.01 AMBULATORY SURGERY CENTER		13714865	-566997	13147868	37.01
38 RECOVERY ROOM		6130951		6130951	38
39 DELIVERY ROOM & LABOR ROOM		4317224	-235533	4081691	39
40 ANESTHESIOLOGY		10562747	-2300920	8261827	40
41 RADIOLOGY-DIAGNOSTIC		25115667	-780337	24335330	41
41.01 RADIOLOGY-ULTRASOUND		2320259	-207613	2112646	41.01
41.02 RADIOLOGY-MRI		6061830	-335760	5726070	41.02
41.03 RADIOLOGY-CAT SCAN		8809632	-207613	8602019	41.03
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE		6133705	-288510	5845195	43
44 LABORATORY		27833651		27833651	44
44.01 LABORATORY-SURGICAL PATHOLOGY		8991478	-992245	7999233	44.01
44.02 LABORATORY-NEUROSURGICAL					44.02
44.03 LABORATORY-HLA		1210259		1210259	44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA		10398696		10398696	47
49 RESPIRATORY THERAPY		11752815		11752815	49
50 PHYSICAL THERAPY		6457119		6457119	50
51 OCCUPATIONAL THERAPY		2644533		2644533	51
52 SPEECH PATHOLOGY		899352		899352	52

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24.01	25	26	27	
53 ELECTROCARDIOLOGY		21284440		21284440	53
54 ELECTROENCEPHALOGRAPHY		2834812		2834812	54
55 MEDICAL SUPPLIES CHARGED TO PAT		10649670		10649670	55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS		35165888		35165888	56
57 RENAL DIALYSIS		9166545	-747788	8418757	57
59 PULMONARY LABS		1328619	-167522	1161097	59
59.01 OCCUPATIONAL HEALTH		329630		329630	59.01
59.03 HYPERALIMENTATION					59.03
59.04 PERIPHERAL VASCULAR		1520283		1520283	59.04
59.05 PEDIATRIC ENDO NUTRITION					59.05
59.06 CARDIAC CATHETER LAB		16531163		16531163	59.06
59.07 GASTROINTESTINAL SERVICE		6216875		6216875	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB					59.08
59.09 BONE MARROW PROCUREMENT		1612332		1612332	59.09
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		813783		813783	60
60.01 CARDIAC REHABILITATION		876610		876610	60.01
60.02 CANCER CENTER		39497720	-25057	39472663	60.02
60.03 PSYCH SOCIAL REHAB		1201898	-332896	869002	60.03
60.04 WELLNESS ASSESSMENT					60.04
60.06 HEART FAILURE CLINIC					60.06
60.07 LOC OUTPATIENT CENTER		52530654	-3827231	48703423	60.07
60.08 OB OUTPATIENT CENTER		9667770	-445294	9222476	60.08
60.09 ELMHURST IMMEDIATE CARE		1543818		1543818	60.09
60.10 LAGRANGE FAMILY PCC		3106830		3106830	60.10
60.12 NORTH RIVERSIDE PCC		3423103		3423103	60.12
60.13 GLENDALE HEIGHTS PCC		106271		106271	60.13
60.14 WHEATON PCC		2123174	-81613	2041561	60.14
60.15 OB II PCC		3197459		3197459	60.15
60.16 HICKORY HILLS PCC		4399491		4399491	60.16
60.18 DARIEN PCC		2199670		2199670	60.18
60.20 ORLANAD PARK - FP		3307597		3307597	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC		1554944		1554944	60.21
60.22 HOMER GLEN PCC		8153378		8153378	60.22
60.23 OAK PARK PCC		1260141		1260141	60.23
60.24 PARK RIDGE PCC		1223600		1223600	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB		259838		259838	60.25
60.26 WOODRIDGE PCC					60.26
60.27 NEUROLOGY - NILES		19602		19602	60.27
61 EMERGENCY	1028250	16260842	-1280755	14980087	61
62 OBSERVATION BEDS (NON-DISTINCT)					62
62.01 OBSERVATION BEDS-DISTINCT		600735		600735	62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES		274664		274664	65
67 DURABLE MEDICAL EQUIP-SOLD		2589461		2589461	67
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY		6998290		6998290	71
SPECIAL PURPOSE COST CENTERS					
82 LUNG ACQUISITION		2808034		2808034	82
83 KIDNEY ACQUISITION		2614853		2614853	83
84 LIVER ACQUISITION		1548067		1548067	84
85 HEART ACQUISITION		1133751		1133751	85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
86 OTHER ORGAN ACQUISITION (SPECIF		62837		62837	86
93 HOSPICE		1290166		1290166	93
95 SUBTOTALS	1028250	661640632	-24416337	637224295	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN		331176		331176	96
96.01 HINES RADIATION THERAPY		1612175		1612175	96.01
96.02 HOME INFUSION THERAPY		4971233		4971233	96.02
96.03 OP HOSPITAL PHARMACY		4957487		4957487	96.03
96.04 HOSPITALIST		5865838		5865838	96.04
98 PHYSICIANS' PRIVATE OFFICES		414795		414795	98
98.01 FACULTY CLINICAL OPERATIONS		136462765		136462765	98.01

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24.01	25	26	27	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	1028250	816256101	-24416337	791839764	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CPTL	NEW CAP	CAP REL	EMPLOYEE	COMMUNICTN	SYSTEM +	
	CAP-REL	BLDGS &	BLG INTRST	MOVABLE	COST TO	BENEFITS		COMPUTERS	
	COSTS	FIXTURES		EQUIPMENT	BE ALLOC				
	0	3	3.01	4	4A	5	6.01	6.02	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
3.01									3.01
4									4
5		80586	29529	11765	121880	121880			5
6.01		26678	9776	174000	210454	357	210811		6.01
6.02		207308	75965	1719881	2003154	1736	4224	2009114	6.02
6.03		214250	78509	10447	303206	377	2243		6.03
6.04		62142	22771	5901	90814	16	21		6.04
6.05		36196	13264	8960	58420	331	1045		6.05
6.06		32587	11941	23766	68294	380	1443		6.06
6.07		130470	47809	85080	263359	1336	7647		6.07
6.08		70327	25771	180949	277047	665	2392		6.08
6.09		29067	10651	243	39961	166	230		6.09
6.10		133388	48878	6806	189072	327	1350		6.10
6.11		763392	279735	829540	1872667	8588	12622		6.11
6.12		29953	10976	6915	47844	839	444		6.12
6.14						3			6.14
7									7
8		185556	67995	317917	571468	2633	3558		8
8.01		54379	19927	210278	284584	669	1095		8.01
9		68905	25249	1745	95899	68			9
10		95014	34816	16695	146525		1401		10
11		218639	80117	42001	340757	627	2183		11
12		99330	36398	8435	144163	290			12
13									13
13.01		7755	2842	19598	30195	300	897		13.01
14		74636	27349	43709	145694	867	1750	45	14
15		117529	43067	162656	323252	368	95		15
15.01		30888	11319		42207	29	19		15.01
16		145719	53397	162220	361336	2186	1795		16
17		202204	74095	2224756	2501055	908	4045		17
18		31734	11628	4086	47448	446	3056		18
18.01									18.01
20						724			20
21									21
22		62223	22801	1137	86161	5731	457		22
23									23
24									24
24.01		39618	14518	34801	88937	150			24.01
24.02									24.02
INPATIENT ROUTINE SERV COST CENTERS									
25		1484541	543990	901017	2929548	9500	30937	165511	25
26		369016	135221	232475	736712	3581	5471	56729	26
28		88194	32317	56145	176656	669	703	14189	28
30		199993	73285	142071	415349	2344	3824	36478	30
30.01		37245	13648	27440	78333	584	1390	9299	30.01
30.03		90267	33077	32314	155658	653	1036	11698	30.03
30.04		77846	28526	26083	132455	710	1203	13581	30.04
31.01		235449	86277	45828	367554	1071	2817	9651	31.01
33						111		1253	33
ANCILLARY SERVICE COST CENTERS									
37		1262219	462523	3415013	5139755	3299	5017	157417	37
37.01		266930	97813	676661	1041404	838		43923	37.01
38		282456	103502	95428	481386	681	1068	42621	38
39		70336	25774	70510	166620	541	1510	9821	39
40		20841	7637	170479	198957	652		73047	40
41		498526	182678	1592614	2273818	2011	9310	75043	41
41.01		31238	11447	110458	153143	258		12806	41.01
41.02		121699	44595	544769	711063	528	1032	42100	41.02
41.03		56151	20576	545532	622259	718		94529	41.03
42									42
43		113888	41733	200724	356345	522	1375	27221	43
44		244967	89765	249126	583858	2457	4240	200564	44
44.01		199749	73195	117888	390832	447	2441	30365	44.01
44.02									44.02
44.03		23849	8739	2741	35329	37	141	2179	44.03
46.30									46.30
47		55810	20451	2628	78889	422	588	25002	47
49		85414	31299	203067	319780	1579	359	51018	49
50		113083	41438	12703	167224	991	2239	20208	50
51		48885	17913	993	67791	387		8599	51
52		9128	3345	17224	29697	151	376	2955	52

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CPTL	NEW CAP	CAP REL	EMPLOYEE	COMMUNICTN	SYSTEM +	
	CAP-REL	BLDGS &	BLG INTRST	MOVABLE	COST TO	BENEFITS		COMPUTERS	
	COSTS	FIXTURES		EQUIPMENT	BE ALLOC				
	0	3	3.01	4	4A	5	6.01	6.02	
53 ELECTROCARDIOLOGY		275921	101107	1535102	1912130	965	2498	90067	53
54 ELECTROENCEPHALOGRAPHY		68905	25249	111017	205171	368	1460	7110	54
55 MEDICAL SUPPLIES CHARGED TO PAT								16161	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS								128109	56
57 RENAL DIALYSIS		95371	34947	156714	287032	883	933	28477	57
59 PULMONARY LABS		27157	9951	62594	99702	114	889	2089	59
59.01 OCCUPATIONAL HEALTH		29758	10905	13978	54641	31		545	59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR		10665	3908	89588	104161	208	334	8362	59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB		299030	109575	1274511	1683116	874	894	63224	59.06
59.07 GASTROINTESTINAL SERVICE		74140	27167	233346	334653	597		23449	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT								2108	59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		29758	10905	3271	43934	57		562	60
60.01 CARDIAC REHABILITATION				30	30	85	42	369	60.01
60.02 CANCER CENTER		426785	156389	198158	781332	1563	7874	99505	60.02
60.03 PSYCH SOCIAL REHAB		80838	29622	2100	112560	87	1408	475	60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER		1620700	593883	2244682	4459265	5380	28397	101693	60.07
60.08 OB OUTPATIENT CENTER		788	289	388631	389708	1129	3225	27176	60.08
60.09 ELMHURST IMMEDIATE CARE				55781	55781	447		2750	60.09
60.10 LAGRANGE FAMILY PCC				104780	104780	490	2471	5678	60.10
60.12 NORTH RIVERSIDE PCC				55490	55490	1006	3163	4902	60.12
60.13 GLENDALE HEIGHTS PCC				6488	6488	8	638		60.13
60.14 WHEATON PCC				33768	33768	417	1155	2147	60.14
60.15 OB II PCC				72649	72649	1016	2384	5646	60.15
60.16 HICKORY HILLS PCC				140024	140024	772	3025	8708	60.16
60.18 DARIEN PCC				80217	80217	645	1605	4137	60.18
60.20 ORLANAD PARK - FP				67883	67883	716	3615	5201	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC		26100	9564	34752	70416	232		2913	60.21
60.22 HOMER GLEN PCC				222760	222760	768	41	17950	60.22
60.23 OAK PARK PCC				34716	34716	371		1819	60.23
60.24 PARK RIDGE PCC				225959	225959	111	17	2648	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB				16621	16621	31		469	60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES						1			60.27
61 EMERGENCY		202106	74059	238187	514352	3309	9003	70389	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT		12997	4763	17164	34924	84		826	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		5926	2171	2291	10388		48	15	65
67 DURABLE MEDICAL EQUIP-SOLD						11		3232	67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		46568	17064	2716	66348	1093	2759	6632	71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION		19419	7116		26535	146		2339	82
83 KIDNEY ACQUISITION		5714	2094	439	8247	123	999	3380	83
84 LIVER ACQUISITION		2577	944	582	4103	161		1162	84
85 HEART ACQUISITION		21597	7914	1527	31038	80	393	1065	85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF		1301	477	92	1870	8	23	59	86
93 HOSPICE		3617	1325	2857	7799	184	240	1710	93
95 SUBTOTALS		12725931	4663245	23537683	40926859	91430	210622	1993110	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		12038	4411	4015	20464	18	189		96
96.01 HINES RADIATION THERAPY				7035	7035	228			96.01
96.02 HOME INFUSION THERAPY				1114	1114	275		15555	96.02
96.03 OP HOSPITAL PHARMACY				2818	2818	43			96.03
96.04 HOSPITALIST						677			96.04
98 PHYSICIANS' PRIVATE OFFICES				4168	4168	24		449	98
98.01 FACULTY CLINICAL OPERATIONS				163970	163970	29185			98.01

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KPMG LLP COMPU-MAX MICRO SYSTEM
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	NEW CAP BLDGS & FIXTURES	NEW CPTL BLG INTRST	NEW CAP MOVABLE EQUIPMENT	CAP REL COST TO BE ALLOC	EMPLOYEE BENEFITS	COMMUNICTN	SYSTEM + COMPUTERS
	0	3	3.01	4	4A	5	6.01	6.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		12737969	4667656	23720803	41126428	121880	210811	2009114 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PURCHASING 6.03	OPC STORES 6.04	PATIENT AFFAIRS 6.05	PATIENT ADMITTING 6.06	PATIENT ACCOUNTS 6.07	ACCOUNTING 6.08	EMPLOYEE HEALTH SERVICES 6.09	PASTORAL CARE 6.10	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL-BLDG INTEREST									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATION									6.01
6.02 SYSTEM & COMPUTERS									6.02
6.03 PURCHASING	305826								6.03
6.04 OPC STORES	85	90936							6.04
6.05 PATIENT AFFAIRS	10		59806						6.05
6.06 PATIENT ADMITTING	63			70180					6.06
6.07 PATIENT ACCOUNTS	20				272362				6.07
6.08 ACCOUNTING	35					280139			6.08
6.09 EMPLOYEE HEALTH SERVICES	194					278	40829		6.09
6.10 PASTORAL CARE	14					479	166	191408	6.10
6.11 HOSPITAL ADMINISTRATION	853	165				41332	2137	28004	6.11
6.12 AMBULATORY ADMINISTRATION	33					2255	263	1547	6.12
6.14 PRIMARY CARE ADMINISTRATION	1					1380	9	947	6.14
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	2644	141				6874	1296	4719	8
8.01 SAFETY AND SECURITY	57	165				1061	482	730	8.01
9 LAUNDRY & LINEN SERVICE	531					654	70	448	9
10 HOUSEKEEPING	28	283				2778	517	1908	10
11 DIETARY	3062					1789	797	1230	11
12 CAFETERIA	2705					84	175	58	12
13 MAINTENANCE OF PERSONNEL									13
13.01 PATIENT TRANSPORTATION	8	94				439	368	303	13.01
14 NURSING ADMINISTRATION	128				6	1323	289	908	14
15 CENTRAL SERVICES & SUPPLY	329					677	307	466	15
15.01 CENTRAL PROCESSING	435					147	26	101	15.01
16 PHARMACY	5539					3449	806	2369	16
17 MEDICAL RECORDS & LIBRARY	85					2837	613	1948	17
18 SOCIAL SERVICE	21					647	219	445	18
18.01 HOSPITAL MEDICAL ADMIN						5508		3777	18.01
20 NONPHYSICIAN ANESTHETISTS						1			20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	1					4144	4779	2864	22
23 I&R SERVICES-OTHER PRGM COSTS A						2434		1669	23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL ED-MICU	9					250	70	172	24.01
24.02 PARAMEDICAL ED-SOCIAL WORK									24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	91740	24		10290	22470	16936	4406	11633	25
26 INTENSIVE CARE UNIT	40147			3616	7702	6101	1349	4190	26
28 BURN INTENSIVE CARE UNIT	7646			904	1926	1110	280	762	28
30 NEONATAL INTENSIVE CARE	4466			2325	4952	3559	806	2444	30
30.01 PEDIATRIC INTENSIVE CARE	5534			593	1262	946	201	650	30.01
30.03 HEART TRANSPLANT ICU	5928			746	1588	1061	228	729	30.03
30.04 BONE INTENSIVE CARE	5603			866	1844	1170	272	804	30.04
31.01 SUBPROVIDER II-REHAB	3987			615	1310	1790	517	1230	31.01
33 NURSERY				80	170	182		125	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	18314			8597	21371	18600	1603	12761	37
37.01 AMBULATORY SURGERY CENTER	9769	64546		38	5963	3126	350	2145	37.01
38 RECOVERY ROOM	6097			1914	5786	1371	280	942	38
39 DELIVERY ROOM & LABOR ROOM	6315			518	1333	1022	219	702	39
40 ANESTHESIOLOGY	511			3946	9917	1163	158	798	40
41 RADIOLOGY-DIAGNOSTIC	3968	495		2388	10188	6035	902	4143	41
41.01 RADIOLOGY-ULTRASOUND	377	24		210	1739	515	79	353	41.01
41.02 RADIOLOGY-MRI	574	590		706	5716	1340	149	920	41.02
41.03 RADIOLOGY-CAT SCAN	1734			1997	12833	2015	193	1383	41.03
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE	607			189	3696	1424	140	977	43
44 LABORATORY	6563			5802	26836	6599	1025	4530	44
44.01 LABORATORY-SURGICAL PATHOLOGY	1179			760	4122	1925	237	1321	44.01
44.02 LABORATORY-NEUROSURGICAL									44.02
44.03 LABORATORY-HLA	190			10	296	314	18	215	44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	686	377		1122	3394	2760	158	1893	47
49 RESPIRATORY THERAPY	3052			3199	6926	3137	736	2154	49
50 PHYSICAL THERAPY	761		4437	611	2743	1684	350	1156	50
51 OCCUPATIONAL THERAPY	545		769	405	1167	677	96	465	51
52 SPEECH PATHOLOGY	231	47		186	401	235	35	161	52

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE	
	6.03	6.04	6.05	6.06	6.07	6.08	6.09	6.10	
53 ELECTROCARDIOLOGY	2405			3637	12228	5633	377	3864	53
54 ELECTROENCEPHALOGRAPHY	262			209	965	689	184	473	54
55 MEDICAL SUPPLIES CHARGED TO PAT				950	2194	2554		1751	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS				7553	17392	8517		5840	56
57 RENAL DIALYSIS	2381			223	3866	2208	438	1516	57
59 PULMONARY LABS	1131			46	284	209	35	143	59
59.01 OCCUPATIONAL HEALTH	43	24	411		74	70	9	48	59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR	51			251	1135	389	79	267	59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB	1855			2027	8583	4323	342	2966	59.06
59.07 GASTROINTESTINAL SERVICE	1836		664	275	3183	1583	254	1087	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT				100	286	460		316	59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	708	24	264		76	132	26	91	60
60.01 CARDIAC REHABILITATION	10367	778		22	50	249	35	171	60.01
60.02 CANCER CENTER	65			49	13509	9405	710	6452	60.02
60.03 PSYCH SOCIAL REHAB			1001		64	182	53	125	60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER	8968	21767	25520	270	13806	11067	2426	7600	60.07
60.08 OB OUTPATIENT CENTER	2087	967	1834	4	3689	2562	526	1759	60.08
60.09 ELMHURST IMMEDIATE CARE	359		1676		373	424	131	292	60.09
60.10 LAGRANGE FAMILY PCC	839		801		771	855	219	587	60.10
60.12 NORTH RIVERSIDE PCC	596		3415		665	930	245	639	60.12
60.13 GLENDALE HEIGHTS PCC	115		516			27		18	60.13
60.14 WHEATON PCC	298		885		291	574	140	394	60.14
60.15 OB II PCC	603	71	3310	1	766	878	263	603	60.15
60.16 HICKORY HILLS PCC	917	24	3015		1182	1216	289	835	60.16
60.18 DARIEN PCC	760		2076		562	606	193	416	60.18
60.20 ORLANAD PARK - FP	535	236	2751		706	900	210	618	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	329		2108		396	400	123	275	60.21
60.22 HOMER GLEN PCC	2362		2751	1	2437	2145	307	1472	60.22
60.23 OAK PARK PCC	381	94	1265		247	347	114	238	60.23
60.24 PARK RIDGE PCC	274		232	2	359	343	53	235	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	93		105		64	72		49	60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES						6		4	60.27
61 EMERGENCY	11952			1920	9556	3407	850	2340	61
62 OBSERVATION BEDS (NON-DISTINCT)				7	112	152	35	104	62
62.01 OBSERVATION BEDS-DISTINCT	372								62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES					2	74		51	65
67 DURABLE MEDICAL EQUIP-SOLD	1				439	740	9	507	67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	75				900	1881	447	1292	71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	2				318	672	61	461	82
83 KIDNEY ACQUISITION	6				459	615	44	422	83
84 LIVER ACQUISITION	10				158	371	61	255	84
85 HEART ACQUISITION	7				145	303	35	208	85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF					8	16		11	86
93 HOSPICE	4				232	338	79	232	93
95 SUBTOTALS	296463	90936	59806	70180	270189	236141	37578	161226	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	17					79	9	54	96
96.01 HINES RADIATION THERAPY	4					463	79	318	96.01
96.02 HOME INFUSION THERAPY	1727				2112	1281	105	879	96.02
96.03 OP HOSPITAL PHARMACY	7555					1255	18	860	96.03
96.04 HOSPITALIST	11					1651	123	1132	96.04
98 PHYSICIANS' PRIVATE OFFICES	38				61	91	18	62	98
98.01 FACULTY CLINICAL OPERATIONS	11					39178	2899	26877	98.01

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION		PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	PASTORAL CARE
		6.03	6.04	6.05	6.06	6.07	6.08	6.09	6.10
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	305826	90936	59806	70180	272362	280139	40829	191408 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOSPITAL ADMINSTRTN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	
	6.11	6.12	6.14	8	8.01	9	10	11	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL-BLDG INTEREST									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATION									6.01
6.02 SYSTEM & COMPUTERS									6.02
6.03 PURCHASING									6.03
6.04 OPC STORES									6.04
6.05 PATIENT AFFAIRS									6.05
6.06 PATIENT ADMITTING									6.06
6.07 PATIENT ACCOUNTS									6.07
6.08 ACCOUNTING									6.08
6.09 EMPLOYEE HEALTH SERVICES									6.09
6.10 PASTORAL CARE									6.10
6.11 HOSPITAL ADMINISTRATION	1966368								6.11
6.12 AMBULATORY ADMINISTRATION	18621	71846							6.12
6.14 PRIMARY CARE ADMINISTRATION	11390	421	14151						6.14
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	56790	2098	405	652626					8
8.01 SAFETY AND SECURITY	8783	324	63	3306	301319				8.01
9 LAUNDRY & LINEN SERVICE	5396	199	38	4189		107492			9
10 HOUSEKEEPING	22954	848	164	5776		17	183199		10
11 DIETARY	14806	547	105	13291	9556		7446	396196	11
12 CAFETERIA	700	26	5	6038	1169		647		12
13 MAINTENANCE OF PERSONNEL									13
13.01 PATIENT TRANSPORTATION	3642	135	26	471	341		266		13.01
14 NURSING ADMINISTRATION	10930	404	78	4537	1636	3	799		14
15 CENTRAL SERVICES & SUPPLY	5602	207	40	7144	3813		3415		15
15.01 CENTRAL PROCESSING	1213	45	9	1878	2444		1620		15.01
16 PHARMACY	28507	1053	203	8858	5625	55	2283		16
17 MEDICAL RECORDS & LIBRARY	23444	866	167	12292	1691		1024		17
18 SOCIAL SERVICE	5351	198	38	1929	608		221		18
18.01 HOSPITAL MEDICAL ADMIN	45446	1679	324						18.01
20 NONPHYSICIAN ANESTHETISTS	4								20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	34459	1273	246	3782	655	702	668		22
23 I&R SERVICES-OTHER PRGM COSTS A	20086	742	143						23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL ED-MICU	2071	77	15	2408	3574		374		24.01
24.02 PARAMEDICAL ED-SOCIAL WORK									24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	139989	5172	997	90243	44653	42421	40063	274628	25
26 INTENSIVE CARE UNIT	50416	1863	359	22432	10599	8875	5537	34227	26
28 BURN INTENSIVE CARE UNIT	9171	339	65	5361	2565	3012	2024	13788	28
30 NEONATAL INTENSIVE CARE	29411	1087	210	12157	8171	1735	2979		30
30.01 PEDIATRIC INTENSIVE CARE	7818	289	56	2264	1628	662	1276		30.01
30.03 HEART TRANSPLANT ICU	8770	324	62	5487	1338	1751	1355	11066	30.03
30.04 BONE INTENSIVE CARE	9669	357	69	4732	2044	794	2666	11717	30.04
31.01 SUBPROVIDER II-REHAB	14796	547	105	14313	7590	2826	7820	37694	31.01
33 NURSERY	1504	56	11						33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	153564	5673	1094	76728	26157	8495	20126		37
37.01 AMBULATORY SURGERY CENTER	25810	954	184	16226	4758	3344	3437		37.01
38 RECOVERY ROOM	11330	419	81	17170	5088	1933	4386		38
39 DELIVERY ROOM & LABOR ROOM	8445	312	60	4276	1040	1885	1056		39
40 ANESTHESIOLOGY	9605	355	68	1267	526	519	322		40
41 RADIOLOGY-DIAGNOSTIC	49849	1842	355	30305	18143	1535	7947		41
41.01 RADIOLOGY-ULTRASOUND	4253	157	30	1899	1118	869	451		41.01
41.02 RADIOLOGY-MRI	11066	409	79	7398	1420	1210	1798		41.02
41.03 RADIOLOGY-CAT SCAN	16638	615	119	3413	847	1378	787		41.03
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE	11760	434	84	6923	5390	598	1589		43
44 LABORATORY	54507	2014	388	14891	6370		4190		44
44.01 LABORATORY-SURGICAL PATHOLOGY	15896	587	113	12142	17986		3685		44.01
44.02 LABORATORY-NEUROSURGICAL									44.02
44.03 LABORATORY-HLA	2590	96	18	1450	353		358		44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	22782	842	162	3393	1773	113	1467		47
49 RESPIRATORY THERAPY	25925	958	185	5192	3574	283	1272		49
50 PHYSICAL THERAPY	13914	514	99	6874	2683	589	2093		50
51 OCCUPATIONAL THERAPY	5595	207	40	2972	1840		1440		51
52 SPEECH PATHOLOGY	1942	72	14	555	341		296		52

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOSPITAL ADMINSTRTRN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.11	6.12	6.14	8	8.01	9	10	11	
53 ELECTROCARDIOLOGY	46496	1718	331	16773	9101	601	4175	53	
54 ELECTROENCEPHALOGRAPHY	5692	210	41	4189	3013	174	2360	54	
55 MEDICAL SUPPLIES CHARGED TO PAT	21076	779	150					55	
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30	
56 DRUGS CHARGED TO PATIENTS	70272	2596	501					56	
57 RENAL DIALYSIS	18240	674	130	5797		1161	198	57	
59 PULMONARY LABS	1725	64	12	1651	235	61	930	59	
59.01 OCCUPATIONAL HEALTH	574	21	4	1809	1189			59.01	
59.03 HYPERALIMENTATION								59.03	
59.04 PERIPHERAL VASCULAR	3214	119	23	648	467	308	366	59.04	
59.05 PEDIATRIC ENDO NUTRITION								59.05	
59.06 CARDIAC CATHETER LAB	35691	1319	254	18177	5225	1877	4871	59.06	
59.07 GASTROINTESTINAL SERVICE	13078	483	93	4507	1079	963	1113	59.07	
59.08 BIOPSY/RIGHT CARDIAC CATH LAB								59.08	
59.09 BONE MARROW PROCUREMENT	3799	140	27					59.09	
59.97 CARDIAC REHABILITATION								59.97	
59.98 HYPERBARIC OXYGEN THERAPY								59.98	
59.99 LITHOTRIPSY								59.99	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1094	40	8	1809	1208	39	958	11223	60
60.01 CARDIAC REHABILITATION	2053	76	15						60.01
60.02 CANCER CENTER	77644	2869	553	25943	20363	2045	3766	1853	60.02
60.03 PSYCH SOCIAL REHAB	1503	56	11	4914	2538		286		60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER	91449	3379	652	98517	26561	2687	19675		60.07
60.08 OB OUTPATIENT CENTER	21169	782	151	48		1030	10		60.08
60.09 ELMHURST IMMEDIATE CARE	3508	130	25			27			60.09
60.10 LAGRANGE FAMILY PCC	7068	261	50			271			60.10
60.12 NORTH RIVERSIDE PCC	7691	284	55			228			60.12
60.13 GLENDALE HEIGHTS PCC	219	8	2						60.13
60.14 WHEATON PCC	4742	175	34			53			60.14
60.15 OB II PCC	7261	268	52			304			60.15
60.16 HICKORY HILLS PCC	10046	371	72			470			60.16
60.18 DARIEN PCC	5008	185	36			70			60.18
60.20 ORLANAD PARK - FP	7439	275	53			197			60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	3309	122	24	1587		699			60.21
60.22 HOMER GLEN PCC	17714	654	126			600			60.22
60.23 OAK PARK PCC	2868	106	20						60.23
60.24 PARK RIDGE PCC	2832	105	20			127			60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	595	22	4			26			60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES	46	2							60.27
61 EMERGENCY	28161	1040	201	12286	16875	7539	4255		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	1255	46	9	790	192	331	195		62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	612	23	4	360	153		26		65
67 DURABLE MEDICAL EQUIP-SOLD	6103	225	43						67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	15546	574	111	2831	1663		168		71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	5546	205	40	1180	502		86		82
83 KIDNEY ACQUISITION	5074	187	36	347	177		20		83
84 LIVER ACQUISITION	3065	113	22	157	231		24		84
85 HEART ACQUISITION	2500	92	18	1313	683		105		85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF	135	5	1	79	43		6		86
93 HOSPICE	2789	103	20	220	188		10		93
95 SUBTOTALS	1603111	58542	11210	651894	300793	107492	182786	396196	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	653	24	5	732	526		413		96
96.01 HINES RADIATION THERAPY	3821	141	27						96.01
96.02 HOME INFUSION THERAPY	10580	391	75						96.02
96.03 OP HOSPITAL PHARMACY	10352	382	74						96.03
96.04 HOSPITALIST	13627	503	97						96.04
98 PHYSICIANS' PRIVATE OFFICES	748	28	5						98
98.01 FACUALTY CLINICAL OPERATIONS	323476	11835	2658						98.01

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	HOSPITAL ADMINSTRN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY
	6.11	6.12	6.14	8	8.01	9	10	11
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1966368	71846	14151	652626	301319	107492	183199	396196 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	PATIENT TRNSPRT	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	12	13.01	14	15	15.01	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL-BLDG INTEREST									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATION									6.01
6.02 SYSTEM & COMPUTERS									6.02
6.03 PURCHASING									6.03
6.04 OPC STORES									6.04
6.05 PATIENT AFFAIRS									6.05
6.06 PATIENT ADMITTING									6.06
6.07 PATIENT ACCOUNTS									6.07
6.08 ACCOUNTING									6.08
6.09 EMPLOYEE HEALTH SERVICES									6.09
6.10 PASTORAL CARE									6.10
6.11 HOSPITAL ADMINSTRATION									6.11
6.12 AMBULATORY ADMINISTRATION									6.12
6.14 PRIMARY CARE ADMINISTRATION									6.14
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 SAFETY AND SECURITY									8.01
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA	156060								12
13 MAINTENANCE OF PERSONNEL									13
13.01 PATIENT TRANSPORTATION	1933	39418							13.01
14 NURSING ADMINISTRATION	1886		171283						14
15 CENTRAL SERVICES & SUPPLY	1364			347079					15
15.01 CENTRAL PROCESSING	162			373	50708				15.01
16 PHARMACY	4358		26	423		428871			16
17 MEDICAL RECORDS & LIBRARY	3003						2553978		17
18 SOCIAL SERVICE	1074			9				61710	18
18.01 HOSPITAL MEDICAL ADMIN									18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	14596				10				22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL ED-MICU	319				15				24.01
24.02 PARAMEDICAL ED-SOCIAL WORK									24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	22862	12258	46365	40642	22168	50	210451	18182	25
26 INTENSIVE CARE UNIT	7327	2381	19488	18582	5181	22	72132	1191	26
28 BURN INTENSIVE CARE UNIT	1433	81	5081	8006	1201	1	18041	1348	28
30 NEONATAL INTENSIVE CARE	4286	46	11548	2057	3020	16	46383	2431	30
30.01 PEDIATRIC INTENSIVE CARE	1023	144	2932	2210	915	1	11824	1304	30.01
30.03 HEART TRANSPLANT ICU	1214	308	3253	4579	1125	6	14874	1605	30.03
30.04 BONE INTENSIVE CARE	1391	148	3418	2525	967	5	17268	1869	30.04
31.01 SUBPROVIDER II-REHAB	2118	278	3030	1761	1336		12272	559	31.01
33 NURSERY							1593		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	7831	6	11366	4575	249	1293	200159	1599	37
37.01 AMBULATORY SURGERY CENTER	1827	4	2835	486	97	5045	55849	12	37.01
38 RECOVERY ROOM	1474	3	3333	1421	713		54193		38
39 DELIVERY ROOM & LABOR ROOM	1290	31	2817	3043	6527	8	12488		39
40 ANESTHESIOLOGY	1126		553	159	827	4	92881		40
41 RADIOLOGY-DIAGNOSTIC	4593	6793	2220	989	94	60	95418		41
41.01 RADIOLOGY-ULTRASOUND	367	434		48	2	6	16283		41.01
41.02 RADIOLOGY-MRI	678	1298		49	65	2	53531		41.02
41.03 RADIOLOGY-CAT SCAN	938	3920		55	39	6	120196		41.03
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE	701	194		92	26		34613		43
44 LABORATORY	5248	388		1825		70	254424	941	44
44.01 LABORATORY-SURGICAL PATHOLOGY	1226	135		403		92	38610		44.01
44.02 LABORATORY-NEUROSURGICAL									44.02
44.03 LABORATORY-HLA	179			36			2770		44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	808	40	570	309	47	9	31790		47
49 RESPIRATORY THERAPY	3592	542		157		5510	64871		49
50 PHYSICAL THERAPY	1670	690		124	5	7	25695		50
51 OCCUPATIONAL THERAPY	501	717		4	16	11	10934		51
52 SPEECH PATHOLOGY	230			210			3758	584	52

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	PATIENT TRNSPRT	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
	12	13.01	14	15	15.01	16	17	18	
53 ELECTROCARDIOLOGY	1918	1151	2181	1660	358	39	114522	2949	53
54 ELECTROENCEPHALOGRAPHY	887		1	18		164	9040		54
55 MEDICAL SUPPLIES CHARGED TO PAT				203924			20550		55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						166607	162894		56
57 RENAL DIALYSIS	2078	1622	2508	11458	63	12335	36209	2455	57
59 PULMONARY LABS	194		132	22	18	1	2656		59
59.01 OCCUPATIONAL HEALTH	81		4	116		62	693		59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR	352	1234	140	20	4		10632		59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB	1352	288	2663	1626	751	118	80390		59.06
59.07 GASTROINTESTINAL SERVICE	1119	1233	2439	2644	71	38	29816	70	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT							2680		59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	147	5	236	50		41	715	21	60
60.01 CARDIAC REHABILITATION	136		310				469	3	60.01
60.02 CANCER CENTER	3534	471	3345	11363	1905	139346	126523	43	60.02
60.03 PSYCH SOCIAL REHAB	278		137	3		8	604		60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER	12540	1	11471	1892	21	25298	129305	20882	60.07
60.08 OB OUTPATIENT CENTER	2573		1845	691		807	34555		60.08
60.09 ELMHURST IMMEDIATE CARE	709		482	160		1116	3497		60.09
60.10 LAGRANGE FAMILY PCC	1051		1208	382		840	7220		60.10
60.12 NORTH RIVERSIDE PCC	1361		925	295		3993	6233		60.12
60.13 GLENDALE HEIGHTS PCC	323			35		428			60.13
60.14 WHEATON PCC	573		394	89	185	461	2730		60.14
60.15 OB II PCC	1344		839	280		2373	7179		60.15
60.16 HICKORY HILLS PCC	1551		994	434	164	2361	11072		60.16
60.18 DARIEN PCC	953		557	160		1532	5260		60.18
60.20 ORLANAD PARK - FP	1068		662	355		3913	6613		60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	507		354	165		572	3704		60.21
60.22 HOMER GLEN PCC	1588		1565	746	188	17770	22824		60.22
60.23 OAK PARK PCC	543		302	144		1026	2313		60.23
60.24 PARK RIDGE PCC	256		329	112		70	3367		60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	62		143	33		44	596		60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES									60.27
61 EMERGENCY	4223	2499	7491	12680	2339	17	89501	1845	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT	127	71	482	46	21	11	1050		62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES						1	19		65
67 DURABLE MEDICAL EQUIP-SOLD	41						4110		67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	2297		3462	101		35	8433		71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	220		40	2			2975	647	82
83 KIDNEY ACQUISITION	238		16	2			4298	1170	83
84 LIVER ACQUISITION	232						1477		84
85 HEART ACQUISITION	187	4	32	1			1354		85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF	19		3				75		86
93 HOSPICE	347		549	75		492	2174		93
95 SUBTOTALS	151637	39418	167076	346961	50708	394148	2533628	61710	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	66								96
96.01 HINES RADIATION THERAPY	394								96.01
96.02 HOME INFUSION THERAPY	480		163	86		14463	19779		96.02
96.03 OP HOSPITAL PHARMACY	78					20255			96.03
96.04 HOSPITALIST	581			21					96.04
98 PHYSICIANS' PRIVATE OFFICES	76		99	10		5	571		98
98.01 FACULTY CLINICAL OPERATIONS	2748		3945	1					98.01

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION		CAFETERIA	PATIENT TRNSPRTN	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE
		12	13.01	14	15	15.01	16	17	18
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	156060	39418	171283	347079	50708	428871	2553978	61710 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOSPITAL MEDICAL ADMIN 18.01	NONPHYSIC. ANESTHET. 20	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED ED-MICU 24.01	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL-BLDG INTEREST								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATION								6.01
6.02 SYSTEM & COMPUTERS								6.02
6.03 PURCHASING								6.03
6.04 OPC STORES								6.04
6.05 PATIENT AFFAIRS								6.05
6.06 PATIENT ADMITTING								6.06
6.07 PATIENT ACCOUNTS								6.07
6.08 ACCOUNTING								6.08
6.09 EMPLOYEE HEALTH SERVICES								6.09
6.10 PASTORAL CARE								6.10
6.11 HOSPITAL ADMINISTRATION								6.11
6.12 AMBULATORY ADMINISTRATION								6.12
6.14 PRIMARY CARE ADMINISTRATION								6.14
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 SAFETY AND SECURITY								8.01
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
13.01 PATIENT TRANSPORTATION								13.01
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
15.01 CENTRAL PROCESSING								15.01
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
18.01 HOSPITAL MEDICAL ADMIN	56734							18.01
20 NONPHYSICIAN ANESTHETISTS		729						20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	1252		161780					22
23 I&R SERVICES-OTHER PRGM COSTS A				25074				23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL ED-MICU					98446			24.01
24.02 PARAMEDICAL ED-SOCIAL WORK								24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1222					4305361		4305361 25
26 INTENSIVE CARE UNIT	1077					1127287		1127287 26
28 BURN INTENSIVE CARE UNIT						276362		276362 28
30 NEONATAL INTENSIVE CARE	1483					603567		603567 30
30.01 PEDIATRIC INTENSIVE CARE	510					133648		133648 30.01
30.03 HEART TRANSPLANT ICU	788					237230		237230 30.03
30.04 BONE INTENSIVE CARE	215					218362		218362 30.04
31.01 SUBPROVIDER II-REHAB	496					498083		498083 31.01
33 NURSERY						5085		5085 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1575					5907224		5907224 37
37.01 AMBULATORY SURGERY CENTER	2614					1295584		1295584 37.01
38 RECOVERY ROOM	111					643801		643801 38
39 DELIVERY ROOM & LABOR ROOM						231879		231879 39
40 ANESTHESIOLOGY	11012					408373		408373 40
41 RADIOLOGY-DIAGNOSTIC	2263					2610707		2610707 41
41.01 RADIOLOGY-ULTRASOUND	314					195735		195735 41.01
41.02 RADIOLOGY-MRI	1105					844826		844826 41.02
41.03 RADIOLOGY-CAT SCAN	2153					888765		888765 41.03
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE	928					455828		455828 43
44 LABORATORY	8517					1196247		1196247 44
44.01 LABORATORY-SURGICAL PATHOLOGY	747					525251		525251 44.01
44.02 LABORATORY-NEUROSURGICAL								44.02
44.03 LABORATORY-HLA	86					46665		46665 44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	1222					180618		180618 47
49 RESPIRATORY THERAPY	152					504153		504153 49
50 PHYSICAL THERAPY	116					257477		257477 50
51 OCCUPATIONAL THERAPY						105178		105178 51
52 SPEECH PATHOLOGY						42477		42477 52

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOSPITAL	NONPHYSIC.	I&R	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	MEDICAL ADMIN	ANESTHET.	SALARY & FRINGES	PROGRAM COSTS	ED-MICU		POST STEP- DOWN ADJS	
	18.01	20	22	23	24.01	25	26	27
53 ELECTROCARDIOLOGY						2237777		2237777 53
54 ELECTROENCEPHALOGRAPHY	199					242879		242879 54
55 MEDICAL SUPPLIES CHARGED TO PAT						270089		270089 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS						570281		570281 56
57 RENAL DIALYSIS	1145					424030		424030 57
59 PULMONARY LABS	897					113240		113240 59
59.01 OCCUPATIONAL HEALTH						60449		60449 59.01
59.03 HYPERALIMENTATION								59.03
59.04 PERIPHERAL VASCULAR	32					132796		132796 59.04
59.05 PEDIATRIC ENDO NUTRITION								59.05
59.06 CARDIAC CATHETER LAB						1922806		1922806 59.06
59.07 GASTROINTESTINAL SERVICE	510					426837		426837 59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09 BONE MARROW PROCUREMENT						9916		9916 59.09
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC						63468		63468 60
60.01 CARDIAC REHABILITATION						15260		15260 60.01
60.02 CANCER CENTER	1195					1343225		1343225 60.02
60.03 PSYCH SOCIAL REHAB						126293		126293 60.03
60.04 WELLNESS ASSESSMENT								60.04
60.06 HEART FAILURE CLINIC								60.06
60.07 LOC OUTPATIENT CENTER	7788					5138277		5138277 60.07
60.08 OB OUTPATIENT CENTER	122					498449		498449 60.08
60.09 ELMHURST IMMEDIATE CARE						71887		71887 60.09
60.10 LAGRANGE FAMILY PCC	77					135919		135919 60.10
60.12 NORTH RIVERSIDE PCC						92116		92116 60.12
60.13 GLENDALE HEIGHTS PCC						8825		8825 60.13
60.14 WHEATON PCC						49505		49505 60.14
60.15 OB II PCC						108090		108090 60.15
60.16 HICKORY HILLS PCC						187542		187542 60.16
60.18 DARIEN PCC						104978		104978 60.18
60.20 ORLANAD PARK - FP						103946		103946 60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	122					88357		88357 60.21
60.22 HOMER GLEN PCC						316769		316769 60.22
60.23 OAK PARK PCC						46914		46914 60.23
60.24 PARK RIDGE PCC						237451		237451 60.24
60.25 LOYOLA CLINIC AT GOTTLIEB						19029		19029 60.25
60.26 WOODRIDGE PCC								60.26
60.27 NEUROLOGY - NILES						59		59 60.27
61 EMERGENCY	342					818372		818372 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
62.01 OBSERVATION BEDS-DISTINCT						41242		41242 62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES						11776		11776 65
67 DURABLE MEDICAL EQUIP-SOLD						15461		15461 67
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	498					117146		117146 71
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION	1117					43094		43094 82
83 KIDNEY ACQUISITION	1174					27034		27034 83
84 LIVER ACQUISITION	708					12310		12310 84
85 HEART ACQUISITION	30					39593		39593 85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF	5					2366		2366 86
93 HOSPICE	185					17970		17970 93
95 SUBTOTALS	56104					40059596		40059596 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						23249		23249 96
96.01 HINES RADIATION THERAPY						12510		12510 96.01
96.02 HOME INFUSION THERAPY						69065		69065 96.02
96.03 OP HOSPITAL PHARMACY						43690		43690 96.03
96.04 HOSPITALIST	352					18775		18775 96.04
98 PHYSICIANS' PRIVATE OFFICES	278					6731		6731 98
98.01 FACULTY CLINICAL OPERATIONS						606783		606783 98.01

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
 11/29/2010 13:58

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED ED-MICU	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
		18.01	20	22	23	24.01	25	26	27
101	CROSS FOOT ADJUSTMENTS		729	161780	25074	98446	286029		286029 101
102	NEGATIVE COST CENTER								102
103	TOTAL	56734	729	161780	25074	98446	41126428		41126428 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CPTL	NEW CAP	EMPLOYEE	COMMUNICTN	SYSTEM +
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	BLG INTRST SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	PHONE COST	COMPUTERS GROSS REVENUE
	1	3	3.01	4	5	6.01	6.02
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	1567083						1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		1567083					3
3.01 NEW CAPITAL-BLDG INTEREST			1567083				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP				23739217			4
5 EMPLOYEE BENEFITS	9914	9914	9914	11774	395231338		5
6.01 COMMUNICATION	3282	3282	3282	174135	1160700	208551	6.01
6.02 SYSTEM & COMPUTERS	25504	25504	25504	1721217	5636942	4179	1663014096
6.03 PURCHASING	26358	26358	26358	10455	1223348	2219	6.03
6.04 OPC STORES	7645	7645	7645	5906	50934	21	6.04
6.05 PATIENT AFFAIRS	4453	4453	4453	8967	1074326	1034	6.05
6.06 PATIENT ADMITTING	4009	4009	4009	23784	1234435	1428	6.06
6.07 PATIENT ACCOUNTS	16051	16051	16051	85146	4339149	7565	6.07
6.08 ACCOUNTING	8652	8652	8652	181090	2160302	2366	6.08
6.09 EMPLOYEE HEALTH SERVICES	3576	3576	3576	243	537772	228	6.09
6.10 PASTORAL CARE	16410	16410	16410	6811	1062484	1336	6.10
6.11 HOSPITAL ADMINISTRATION	93916	93916	93916	830184	27884612	12487	6.11
6.12 AMBULATORY ADMINISTRATION	3685	3685	3685	6920	2724441	439	6.12
6.14 PRIMARY CARE ADMINISTRATION					11254		6.14
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	22828	22828	22828	318164	8547091	3520	8
8.01 SAFETY AND SECURITY	6690	6690	6690	210441	2170827	1083	8.01
9 LAUNDRY & LINEN SERVICE	8477	8477	8477	1746	220358		9
10 HOUSEKEEPING	11689	11689	11689	16708	2	1386	10
11 DIETARY	26898	26898	26898	42034	2034647	2160	11
12 CAFETERIA	12220	12220	12220	8442	941317		12
13 MAINTENANCE OF PERSONNEL							13
13.01 PATIENT TRANSPORTATION	954	954	954	19613	975077	887	13.01
14 NURSING ADMINISTRATION	9182	9182	9182	43743	2815145	1731	36987
15 CENTRAL SERVICES & SUPPLY	14459	14459	14459	162782	1193395	94	15
15.01 CENTRAL PROCESSING	3800	3800	3800		93505	19	15.01
16 PHARMACY	17927	17927	17927	162346	7096051	1776	16
17 MEDICAL RECORDS & LIBRARY	24876	24876	24876	2226484	2947082	4002	17
18 SOCIAL SERVICE	3904	3904	3904	4089	1447461	3023	18
18.01 HOSPITAL MEDICAL ADMIN							18.01
20 NONPHYSICIAN ANESTHETISTS					2349751		20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES	7655	7655	7655	1138	18607481	452	22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
24.01 PARAMEDICAL ED-MICU	4874	4874	4874	34828	487263		24.01
24.02 PARAMEDICAL ED-SOCIAL WORK							24.02
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	182635	182635	182635	901717	30843120	30605	137012166
26 INTENSIVE CARE UNIT	45398	45398	45398	232656	11627138	5412	46960836
28 BURN INTENSIVE CARE UNIT	10850	10850	10850	56189	2173498	695	11745460
30 NEONATAL INTENSIVE CARE	24604	24604	24604	142181	7610801	3783	30197380
30.01 PEDIATRIC INTENSIVE CARE	4582	4582	4582	27461	1897073	1375	7697862
30.03 HEART TRANSPLANT ICU	11105	11105	11105	32339	2119886	1025	9683606
30.04 BONE INTENSIVE CARE	9577	9577	9577	26103	2305446	1190	11242258
31.01 SUBPROVIDER II-REHAB	28966	28966	28966	45864	3477403	2787	7989435
33 NURSERY					359285		1036878
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	155284	155284	155284	3417660	10709933	4963	130311733
37.01 AMBULATORY SURGERY CENTER	32839	32839	32839	677186	2720386		36360177
38 RECOVERY ROOM	34749	34749	34749	95502	2212224	1057	35282007
39 DELIVERY ROOM & LABOR ROOM	8653	8653	8653	70565	1755124	1494	8129972
40 ANESTHESIOLOGY	2564	2564	2564	170611	2117635		60469521
41 RADIOLOGY-DIAGNOSTIC	61331	61331	61331	1593851	6528999	9210	62121375
41.01 RADIOLOGY-ULTRASOUND	3843	3843	3843	110544	839276		10600786
41.02 RADIOLOGY-MRI	14972	14972	14972	545192	1715846	1021	34850999
41.03 RADIOLOGY-CAT SCAN	6908	6908	6908	545956	2331135		78252891
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE	14011	14011	14011	200880	1694839	1360	22534280
44 LABORATORY	30137	30137	30137	249319	7978145	4195	165872599
44.01 LABORATORY-SURGICAL PATHOLOGY	24574	24574	24574	117980	1452448	2415	25136941
44.02 LABORATORY-NEUROSURGICAL							44.02
44.03 LABORATORY-HLA	2934	2934	2934	2743	120629	139	1803621
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	6866	6866	6866	2630	1371037	582	20696682
49 RESPIRATORY THERAPY	10508	10508	10508	203225	5126502	355	42233808
50 PHYSICAL THERAPY	13912	13912	13912	12713	3216171	2215	16728601

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CPTL	NEW CAP	EMPLOYEE	COMMUNICTN	SYSTEM +	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	BLG INTRST SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	PHONE COST	COMPUTERS GROSS REVENUE	
	1	3	3.01	4	5	6.01	6.02	
51 OCCUPATIONAL THERAPY	6014	6014	6014	994	1257555		7118215	51
52 SPEECH PATHOLOGY	1123	1123	1123	17237	488664	372	2446402	52
53 ELECTROCARDIOLOGY	33945	33945	33945	1536294	3133267	2471	74558540	53
54 ELECTROENCEPHALOGRAPHY	8477	8477	8477	111103	1195840	1444	5885398	54
55 MEDICAL SUPPLIES CHARGED TO P							13378614	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS							106050526	56
57 RENAL DIALYSIS	11733	11733	11733	156836	2865565	923	23573451	57
59 PULMONARY LABS	3341	3341	3341	62643	369507	879	1728907	59
59.01 OCCUPATIONAL HEALTH	3661	3661	3661	13989	100730		451322	59.01
59.03 HYPERALIMENTATION								59.03
59.04 PERIPHERAL VASCULAR	1312	1312	1312	89658	676171	330	6922190	59.04
59.05 PEDIATRIC ENDO NUTRITION								59.05
59.06 CARDIAC CATHETER LAB	36788	36788	36788	1275501	2836970	884	52337381	59.06
59.07 GASTROINTESTINAL SERVICE	9121	9121	9121	233527	1938732		19411406	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09 BONE MARROW PROCUREMENT							1744887	59.09
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3661	3661	3661	3274	186296		465605	60
60.01 CARDIAC REHABILITATION				30	275014	42	305191	60.01
60.02 CANCER CENTER	52505	52505	52505	198312	5073833	7790	82371497	60.02
60.03 PSYCH SOCIAL REHAB	9945	9945	9945	2102	283600	1393	393102	60.03
60.04 WELLNESS ASSESSMENT								60.04
60.06 HEART FAILURE CLINIC								60.06
60.07 LOC OUTPATIENT CENTER	199386	199386	199386	2246425	17466026	28093	84182634	60.07
60.08 OB OUTPATIENT CENTER	97	97	97	388933	3664441	3190	22496488	60.08
60.09 ELMHURST IMMEDIATE CARE				55824	1449799		2276762	60.09
60.10 LAGRANGE FAMILY PCC				104861	1589519	2445	4700284	60.10
60.12 NORTH RIVERSIDE PCC				55533	3265760	3129	4057701	60.12
60.13 GLENDALE HEIGHTS PCC				6493	27000	631		60.13
60.14 WHEATON PCC				33794	1352864	1143	1777256	60.14
60.15 OB II PCC				72705	3297722	2358	4673527	60.15
60.16 HICKORY HILLS PCC				140133	2505713	2993	7208561	60.16
60.18 DARIEN PCC				80279	2094853	1588	3424777	60.18
60.20 ORLANAD PARK - FP				67936	2324190	3576	4305253	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	3211	3211	3211	34779	754725		2411656	60.21
60.22 HOMER GLEN PCC				222933	2492142	41	14859664	60.22
60.23 OAK PARK PCC				34743	1204234		1506068	60.23
60.24 PARK RIDGE PCC				226134	359879	17	2191740	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB				16634	101429		388041	60.25
60.26 WOODRIDGE PCC								60.26
60.27 NEUROLOGY - NILES					3933			60.27
61 EMERGENCY	24864	24864	24864	238372	10744525	8906	58268790	61
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT	1599	1599	1599	17177	273282		683503	62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	729	729	729	2293		47	12210	65
67 DURABLE MEDICAL EQUIP-SOLD					36099		2675889	67
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	5729	5729	5729	2718	3550235	2729	5490418	71
82 LUNG ACQUISITION	2389	2389	2389		474380		1936668	82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	703	703	703	439	399055	988	2798108	83
84 LIVER ACQUISITION	317	317	317	582	522853		961649	84
85 HEART ACQUISITION	2657	2657	2657	1528	261071	389	881788	85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC	160	160	160	92	26310	23	48803	86
93 HOSPICE	445	445	445	2859	596224	237	1415608	93
95 SUBTOTALS	1565602	1565602	1565602	23555956	296851138	208364	1649765341	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	1481	1481	1481	4018	59869	187		96
96.01 HINES RADIATION THERAPY				7040	738990			96.01
96.02 HOME INFUSION THERAPY				1115	892988		12877043	96.02
96.03 OP HOSPITAL PHARMACY				2820	139010			96.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CPTL	NEW CAP	EMPLOYEE	COMMUNICTN	SYSTEM +
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	BLG INTRST SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES	PHONE COST	COMPUTERS GROSS REVENUE
	1	3	3.01	4	5	6.01	6.02
96.04 HOSPITALIST					2196933		96.04
98 PHYSICIANS' PRIVATE OFFICES				4171	76320		98
98.01 FACULTY CLINICAL OPERATIONS				164097	94276090		98.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I		12737969	4667656	23720803	259208	2641589	9821889
104 UNIT COST MULT-WS B PT I		8.128458		.999224		12.666393	104
104 UNIT COST MULT-WS B PT I			2.978563		.000656		.005906
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III					121880	210811	2009114
108 UNIT COST MULT-WS B PT III						1.010837	108
108 UNIT COST MULT-WS B PT III					.000308		.001208

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	OPC	PATIENT	PATIENT	PATIENT	RECON- CILIATION	ACCOUNTING	EMPLOYEE
	NUMBER OF ISSUES 6.03	STORES NUMBER OF ISSUES 6.04	AFFAIRS NUMBER OF VISITS 6.05	ADMITTING INPATIENT REVENUE 6.06	ACCOUNTS GROSS REVENUE 6.07		ACCUM COST 6.08	HEALTH SERVICES FTES 6.09
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL-BLDG INTEREST								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATION								6.01
6.02 SYSTEM & COMPUTERS								6.02
6.03 PURCHASING	991538							6.03
6.04 OPC STORES	275	3856						6.04
6.05 PATIENT AFFAIRS	32		5674					6.05
6.06 PATIENT ADMITTING	203			914849488				6.06
6.07 PATIENT ACCOUNTS	64				1663014096			6.07
6.08 ACCOUNTING	112					-3037814	813218287	6.08
6.09 EMPLOYEE HEALTH SERVICES	630						809334	4661 6.09
6.10 PASTORAL CARE	46						1391817	19 6.10
6.11 HOSPITAL ADMINISTRATION	2764	7					119026636	244 6.11
6.12 AMBULATORY ADMINISTRATION	108						6555098	30 6.12
6.14 PRIMARY CARE ADMINISTRATION	2						4012788	1 6.14
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	8572	6					19981989	148 8
8.01 SAFETY AND SECURITY	184	7					3084640	55 8.01
9 LAUNDRY & LINEN SERVICE	1720						1899835	8 9
10 HOUSEKEEPING	92	12					8076665	59 10
11 DIETARY	9927						5200483	91 11
12 CAFETERIA	8770						243232	20 12
13 MAINTENANCE OF PERSONNEL								13
13.01 PATIENT TRANSPORTATION	26	4					1275818	42 13.01
14 NURSING ADMINISTRATION	416				36987		3844839	33 14
15 CENTRAL SERVICES & SUPPLY	1067						1967542	35 15
15.01 CENTRAL PROCESSING	1411						426726	3 15.01
16 PHARMACY	17957						10027362	92 16
17 MEDICAL RECORDS & LIBRARY	277						8247523	70 17
18 SOCIAL SERVICE	68						1881020	25 18
18.01 HOSPITAL MEDICAL ADMIN							16010925	18.01
20 NONPHYSICIAN ANESTHETISTS							1541	20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	2						12045406	546 22
23 I&R SERVICES-OTHER PRGM COSTS							7076635	23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL ED-MICU	30						728177	8 24.01
24.02 PARAMEDICAL ED-SOCIAL WORK								24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	297435	1		137012166	137012166		49232160	503 25
26 INTENSIVE CARE UNIT	130162			46960836	46960836		17735309	154 26
28 BURN INTENSIVE CARE UNIT	24788			11745460	11745460		3225297	32 28
30 NEONATAL INTENSIVE CARE	14479			30197380	30197380		10345745	92 30
30.01 PEDIATRIC INTENSIVE CARE	17941			7697862	7697862		2750343	23 30.01
30.03 HEART TRANSPLANT ICU	19220			9683606	9683606		3085354	26 30.03
30.04 BONE INTENSIVE CARE	18166			11242258	11242258		3401095	31 30.04
31.01 SUBPROVIDER II-REHAB	12925			7989435	7989435		5202668	59 31.01
33 NURSERY				1036878	1036878		529779	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	59377			111648156	130311733		54070174	183 37
37.01 AMBULATORY SURGERY CENTER	31673	2737		498110	36360177		9086176	40 37.01
38 RECOVERY ROOM	19767			24860453	35282007		3986062	32 38
39 DELIVERY ROOM & LABOR ROOM	20473			6732206	8129972		2970760	25 39
40 ANESTHESIOLOGY	1658			51240449	60469521		3380899	18 40
41 RADIOLOGY-DIAGNOSTIC	12865	21		31018506	62121375		17544280	103 41
41.01 RADIOLOGY-ULTRASOUND	1221	1		2726304	10600786		1496957	9 41.01
41.02 RADIOLOGY-MRI	1862	25		9169468	34850999		3895812	17 41.02
41.03 RADIOLOGY-CAT SCAN	5623			25937012	78252891		5857773	22 41.03
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE	1969			2450281	22534280		4140462	16 43
44 LABORATORY	21277			75355918	165872599		19183058	117 44
44.01 LABORATORY-SURGICAL PATHOLOGY	3822			9870099	25136941		5595673	27 44.01
44.02 LABORATORY-NEUROSURGICAL								44.02
44.03 LABORATORY-HLA	615			132180	1803621		912286	2 44.03
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	2223	16		14571847	20696682		8023064	18 47
49 RESPIRATORY THERAPY	9895			41550040	42233808		9118911	84 49
50 PHYSICAL THERAPY	2467		421	7932555	16728601		4895256	40 50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	OPC	PATIENT	PATIENT	PATIENT	RECON- CILIATION	ACCOUNTING	EMPLOYEE
	NUMBER	NUMBER	NUMBER	INPATIENT	GROSS		ACCUM	HEALTH
	OF ISSUES 6.03	OF ISSUES 6.04	OF VISITS 6.05	REVENUE 6.06	REVENUE 6.07		COST 6.08	SERVICES FTES 6.09
51 OCCUPATIONAL THERAPY	1768		73	5258981	7118215		1969426	11 51
52 SPEECH PATHOLOGY	748	2		2411397	2446402		683401	4 52
53 ELECTROCARDIOLOGY	7796			47228774	74558540		16373636	43 53
54 ELECTROENCEPHALOGRAPHY	851			2714717	5885398		2001574	21 54
55 MEDICAL SUPPLIES CHARGED TO P				12339651	13378614		7425359	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS				98095404	106050526		24757504	56
57 RENAL DIALYSIS	7721			2895457	23573451		6417537	50 57
59 PULMONARY LABS	3666			593653	1728907		607158	4 59
59.01 OCCUPATIONAL HEALTH	139	1	39		451322		202221	1 59.01
59.03 HYPERALIMENTATION								59.03
59.04 PERIPHERAL VASCULAR	166			3257212	6922190		1130780	9 59.04
59.05 PEDIATRIC ENDO NUTRITION								59.05
59.06 CARDIAC CATHETER LAB	6015			26326196	52337381		12567552	39 59.06
59.07 GASTROINTESTINAL SERVICE	5954		63	3566634	19411406		4602633	29 59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09 BONE MARROW PROCUREMENT				1299714	1744887		1338357	59.09
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	2297	1	25	3220	465605		385027	3 60
60.01 CARDIAC REHABILITATION	33612	33		290575	305191		722487	4 60.01
60.02 CANCER CENTER	211			631907	82371497		27340664	81 60.02
60.03 PSYCH SOCIAL REHAB			95		393102		528385	6 60.03
60.04 WELLNESS ASSESSMENT								60.04
60.06 HEART FAILURE CLINIC								60.06
60.07 LOC OUTPATIENT CENTER	29076	923	2421	3507870	84182634		32170112	277 60.07
60.08 OB OUTPATIENT CENTER	6765	41	174	47545	22496488		7447544	60 60.08
60.09 ELMHURST IMMEDIATE CARE	1165		159	3313	2276762		1233231	15 60.09
60.10 LAGRANGE FAMILY PCC	2721		76	5889	4700284		2485705	25 60.10
60.12 NORTH RIVERSIDE PCC	1933		324	3114	4057701		2704645	28 60.12
60.13 GLENDALE HEIGHTS PCC	373		49				77103	60.13
60.14 WHEATON PCC	966		84	2299	1777256		1668032	16 60.14
60.15 OB II PCC	1955	3	314	10965	4673527		2552916	30 60.15
60.16 HICKORY HILLS PCC	2974	1	286	5643	7208561		3533608	33 60.16
60.18 DARIEN PCC	2465		197	3101	3424777		1760608	22 60.18
60.20 ORLANAD PARK - FP	1735	10	261	4256	4305253		2616786	24 60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	1068		200	4869	2411656		1163265	14 60.21
60.22 HOMER GLEN PCC	7659		261	13866	14859664		6234879	35 60.22
60.23 OAK PARK PCC	1235	4	120	2950	1506068		1008112	13 60.23
60.24 PARK RIDGE PCC	889		22	26193	2191740		996653	6 60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	302		10	306	388041		209772	60.25
60.26 WOODRIDGE PCC								60.26
60.27 NEUROLOGY - NILES							16382	60.27
61 EMERGENCY	38750			24938172	58268790		9904594	97 61
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT	1207			91790	683503		441490	4 62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES				4390	12210		215618	65
67 DURABLE MEDICAL EQUIP-SOLD	4				2675889		2149813	1 67
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	242				5490418		5468259	51 71
82 LUNG ACQUISITION	7				1936668		1952741	7 82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	18				2798108		1786853	5 83
84 LIVER ACQUISITION	33				961649		1078645	7 84
85 HEART ACQUISITION	22				881788		879990	4 85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC	1				48803		47429	86
93 HOSPICE	14				1415608		981162	9 93
95 SUBTOTALS	961181	3856	5674	914849488	1649765341	-3037814	685321032	4290 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	56						229788	1 96
96.01 HINES RADIATION THERAPY	14						1344606	9 96.01
96.02 HOME INFUSION THERAPY	5599				12877043		3725283	12 96.02
96.03 OP HOSPITAL PHARMACY	24494						3646891	2 96.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	OPC	PATIENT	PATIENT	PATIENT	RECON- CILIATION	ACCOUNTING	EMPLOYEE	
	NUMBER OF ISSUES 6.03	STORES NUMBER OF ISSUES 6.04	AFFAIRS NUMBER OF VISITS 6.05	ADMITTING INPATIENT REVENUE 6.06	ACCOUNTS GROSS REVENUE 6.07		ACCUM COST 6.08	HEALTH SERVICES FTES 6.09	
96.04 HOSPITALIST		36					4798572	14	96.04
98 PHYSICIANS' PRIVATE OFFICES		122				371712	263161	2	98
98.01 FACULTY CLINICAL OPERATIONS		36					113888954	331	98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	11130935	271053	1582034	1692492	9861238		3037814	812358	103
104 UNIT COST MULT-WS B PT I	11.225929		278.821643		.005930		.003736		104
104 UNIT COST MULT-WS B PT I		70.293828		.001850				174.288350	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	305826	90936	59806	70180	272362		280139	40829	107
108 UNIT COST MULT-WS B PT III	.308436		10.540360		.000164		.000344		108
108 UNIT COST MULT-WS B PT III		23.582988		.000077				8.759708	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	PASTORAL CARE	RECON- CILIATION	HOSPITAL ADMINSTRN	RECON- CILIATION	AMBULATORY ADMIN	RECON- CILIATION	PRIMARY CARE	
		ACCUM COST		ACCUM COST		ACCUM COST		ACCUM COST	
		6.10		6.11		6.12		6.14	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL-BLDG INTEREST									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 COMMUNICATION									6.01
6.02 SYSTEM & COMPUTERS									6.02
6.03 PURCHASING									6.03
6.04 OPC STORES									6.04
6.05 PATIENT AFFAIRS									6.05
6.06 PATIENT ADMITTING									6.06
6.07 PATIENT ACCOUNTS									6.07
6.08 ACCOUNTING									6.08
6.09 EMPLOYEE HEALTH SERVICES									6.09
6.10 PASTORAL CARE	-1400328	814855773							6.10
6.11 HOSPITAL ADMINISTRATION		119513477	-119719207	696536894					6.11
6.12 AMBULATORY ADMINISTRATION		6584817		6596130	-7729860	808526241			6.12
6.14 PRIMARY CARE ADMINISTRATION		4027954		4034874		4728380	-4773583	811482518	6.14
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		20082437		20116939		23574598		23799971	8
8.01 SAFETY AND SECURITY		3105750		3111086		3645813		3680667	8.01
9 LAUNDRY & LINEN SERVICE		1908327		1911606		2240169		2261585	9
10 HOUSEKEEPING		8117122		8131067		9528619		9619713	10
11 DIETARY		5235772		5244767		6146227		6204985	11
12 CAFETERIA		247627		248052		290687		293466	12
13 MAINTENANCE OF PERSONNEL									13
13.01 PATIENT TRANSPORTATION		1287904		1290117		1511860		1526313	13.01
14 NURSING ADMINISTRATION		3864955		3871595		4537037		4580411	14
15 CENTRAL SERVICES & SUPPLY		1980993		1984396		2325470		2347701	15
15.01 CENTRAL PROCESSING		428843		429580		503415		508228	15.01
16 PHARMACY		10080859		10098178		11833833		11946964	16
17 MEDICAL RECORDS & LIBRARY		8290536		8304779		9732188		9825228	17
18 SOCIAL SERVICE		1892404		1895655		2221476		2242713	18
18.01 HOSPITAL MEDICAL ADMIN		16070742		16098352		18865305		19045657	18.01
20 NONPHYSICIAN ANESTHETISTS		1547		1550		1816		1833	20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES		12185570		12206505		14304535		14441286	22
23 I&R SERVICES-OTHER PRGM COSTS		7103073		7115276		8338235		8417949	23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL ED-MICU		732291		733549		859630		867848	24.01
24.02 PARAMEDICAL ED-SOCIAL WORK									24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		49503758		49588805		58112030		58667581	25
26 INTENSIVE CARE UNIT		17828408		17859037		20928613		21128691	26
28 BURN INTENSIVE CARE UNIT		3242924		3248495		3806840		3843233	28
30 NEONATAL INTENSIVE CARE		10400432		10418300		12208977		12325695	30
30.01 PEDIATRIC INTENSIVE CARE		2764627		2769377		3245372		3276398	30.01
30.03 HEART TRANSPLANT ICU		3101412		3106740		3640720		3675525	30.03
30.04 BONE INTENSIVE CARE		3419204		3425078		4013774		4052146	30.04
31.01 SUBPROVIDER II-REHAB		5232388		5241377		6142254		6200974	31.01
33 NURSERY		531758		532672		624227		630195	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		54304075		54397369		63747080		64356502	37
37.01 AMBULATORY SURGERY CENTER		9127094		9142774		10714216		10816644	37.01
38 RECOVERY ROOM		4006531		4013414		4703232		4748195	38
39 DELIVERY ROOM & LABOR ROOM		2986216		2991346		3505493		3539006	39
40 ANESTHESIOLOGY		3396667		3402502		3987317		4025436	40
41 RADIOLOGY-DIAGNOSTIC		17627777		17658062		20693094		20890920	41
41.01 RADIOLOGY-ULTRASOUND		1504119		1506703		1765672		1782552	41.01
41.02 RADIOLOGY-MRI		3913330		3920053		4593824		4637741	41.02
41.03 RADIOLOGY-CAT SCAN		5883492		5893600		6906580		6972607	41.03
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE		4158720		4165865		4881886		4928557	43
44 LABORATORY		19275118		19308233		22626893		22843206	44
44.01 LABORATORY-SURGICAL PATHOLOGY		5621284		5630941		6598776		6661860	44.01
44.02 LABORATORY-NEUROSURGICAL									44.02
44.03 LABORATORY-HLA		916043		917617		1075335		1085615	44.03
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		8056175		8070016		9457074		9547484	47
49 RESPIRATORY THERAPY		9167619		9183369		10761788		10864671	49
50 PHYSICAL THERAPY		4920517		4928970		5776152		5831372	50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	PASTORAL CARE	RECON- CILIATION	HOSPITAL ADMINSTRN	RECON- CILIATION	AMBULATORY ADMIN	RECON- CILIATION	PRIMARY CARE	
		ACCUM COST		ACCUM COST		ACCUM COST		ACCUM COST	
		6.10		6.11		6.12		6.14	
51 OCCUPATIONAL THERAPY		1978701		1982100		2322779		2344985	51
52 SPEECH PATHOLOGY		686651		687831		806054		813760	52
53 ELECTROCARDIOLOGY		16442302		16470550		19301475		19485997	53
54 ELECTROENCEPHALOGRAPHY		2012712		2016170		2362705		2385292	54
55 MEDICAL SUPPLIES CHARGED TO P		7453100		7465904		8749129		8832771	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		24849998		24892690		29171196		29450073	56
57 RENAL DIALYSIS		6450227		6461308		7571865		7644252	57
59 PULMONARY LABS		610123		611171		716218		723065	59
59.01 OCCUPATIONAL HEALTH		203150		203499		238476		240756	59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR		1136574		1138527		1334215		1346970	59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB		12621301		12642984		14816035		14957676	59.06
59.07 GASTROINTESTINAL SERVICE		4624882		4632828		5429109		5481011	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT		1343357		1345665		1576955		1592031	59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		386988		387653		454282		458625	60
60.01 CARDIAC REHABILITATION		725883		727130		852108		860254	60.01
60.02 CANCER CENTER		27459926		27504097		32231446		32539579	60.02
60.03 PSYCH SOCIAL REHAB		531405		532318		623812		629776	60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER		32338578		32394136		37961975		38324891	60.07
60.08 OB OUTPATIENT CENTER		7485825		7498686		8787545		8871554	60.08
60.09 ELMHURST IMMEDIATE CARE		1240452		1242583		1456156		1470077	60.09
60.10 LAGRANGE FAMILY PCC		2499349		2503643		2933964		2962013	60.10
60.12 NORTH RIVERSIDE PCC		2719630		2724302		3192550		3223071	60.12
60.13 GLENDALE HEIGHTS PCC		77391		77524		90849		91718	60.13
60.14 WHEATON PCC		1677053		1679934		1968678		1987499	60.14
60.15 OB II PCC		2567683		2572094		3014180		3042996	60.15
60.16 HICKORY HILLS PCC		3552562		3558665		4170321		4210189	60.16
60.18 DARIEN PCC		1771020		1774063		2078985		2098860	60.18
60.20 ORLANAD PARK - FP		2630745		2635265		3088209		3117732	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC		1170051		1172061		1373513		1386644	60.21
60.22 HOMER GLEN PCC		6264273		6275035		7353575		7423875	60.22
60.23 OAK PARK PCC		1014144		1015886		1190494		1201875	60.23
60.24 PARK RIDGE PCC		1001422		1003142		1175560		1186798	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB		210556		210918		247170		249533	60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES		16443		16471		19302		19487	60.27
61 EMERGENCY		9958504		9975613		11690201		11801959	61
62 OBSERVATION BEDS (NON-DISTINC									62
62.01 OBSERVATION BEDS-DISTINCT		443836		444599		521016		525997	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		216424		216796		254058		256487	65
67 DURABLE MEDICAL EQUIP-SOLD		2158019		2161726		2533279		2557497	67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		5497577		5507022		6453558		6515254	71
82 LUNG ACQUISITION		1961256		1964625		2302301		2324311	82
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION		1794400		1797483		2106431		2126568	83
84 LIVER ACQUISITION		1083895		1085757		1272375		1284539	84
85 HEART ACQUISITION		883975		885494		1037691		1047611	85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPEC		47606		47688		55885		56419	86
93 SUBSPICE		986397		988092		1157923		1168993	93
95 SUBTOTALS	-1400328	686416034	-119719207	567876496	-7729860	657752115	-4773583	659266644	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		230820		231217		270958		273548	96
96.01 HINES RADIATION THERAPY		1351198		1353519		1586159		1601323	96.01
96.02 HOME INFUSION THERAPY		3741292		3747720		4391871		4433857	96.02
96.03 OP HOSPITAL PHARMACY		3660865		3667154		4297457		4338541	96.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	PASTORAL	HOSPITAL	AMBULATORY	PRIMARY
		CARE	ADMINSTRN	ADMIN	CARE
		ACCUM COST	ACCUM COST	ACCUM COST	ACCUM COST
		6.10	6.11	6.12	6.14
96.04 HOSPITALIST		4818939	4827218	5656911	5710991 96.04
98 PHYSICIANS' PRIVATE OFFICES		264493	264947	310486	313454 98
98.01 FACULTY CLINICAL OPERATIONS		114372132	114568623	134260284	135544160 98.01
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I		1400328	119719207	7729860	4773583 103
104 UNIT COST MULT-WS B PT I					104
104 UNIT COST MULT-WS B PT I		.001718	.171878	.009560	.005883 104
105 COST TO BE ALLOC PER B PT II					105
106 UNIT COST MULT-WS B PT II					106
106 UNIT COST MULT-WS B PT II					106
107 COST TO BE ALLOC PER B PT III		191408	1966368	71846	14151 107
108 UNIT COST MULT-WS B PT III					108
108 UNIT COST MULT-WS B PT III		.000235	.002823	.000089	.000017 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	SAFETY &	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	PATIENT	NURSING	
	OF PLANT	SECURITY	+ LINEN	KEEPING			TRNSPRTN	ADMINIS-	
	SQUARE	HOURS OF	LAUNDRY	HOURS OF	MEALS	PAID	NUMBER	TRATION	
	FEET	SERVICES	COST	SERVICE	SERVED	HOURS	OF TRIPS	RN	
	8	8.01	9	10	11	12	13.01	FTES	14
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
3.01	NEW CAPITAL-BLDG INTEREST								3.01
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	COMMUNICATION								6.01
6.02	SYSTEM & COMPUTERS								6.02
6.03	PURCHASING								6.03
6.04	OPC STORES								6.04
6.05	PATIENT AFFAIRS								6.05
6.06	PATIENT ADMITTING								6.06
6.07	PATIENT ACCOUNTS								6.07
6.08	ACCOUNTING								6.08
6.09	EMPLOYEE HEALTH SERVICES								6.09
6.10	PASTORAL CARE								6.10
6.11	HOSPITAL ADMINISTRATION								6.11
6.12	AMBULATORY ADMINISTRATION								6.12
6.14	PRIMARY CARE ADMINISTRATION								6.14
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT	1320800							8
8.01	SAFETY AND SECURITY	6690	76814						8.01
9	LAUNDRY & LINEN SERVICE	8477		892706					9
10	HOUSEKEEPING	11689		140	412996				10
11	DIETARY	26898	2436		16785	251632			11
12	CAFETERIA	12220	298		1459		8062018		12
13	MAINTENANCE OF PERSONNEL								13
13.01	PATIENT TRANSPORTATION	954	87		599		99882	197381	13.01
14	NURSING ADMINISTRATION	9182	417	26	1801		97448		124774
15	CENTRAL SERVICES & SUPPLY	14459	972		7698		70470		15
15.01	CENTRAL PROCESSING	3800	623		3651		8362		15.01
16	PHARMACY	17927	1434	454	5147		225118	19	16
17	MEDICAL RECORDS & LIBRARY	24876	431		2309		155126		17
18	SOCIAL SERVICE	3904	155		498		55494		18
18.01	HOSPITAL MEDICAL ADMIN								18.01
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES	7655	167	5827	1505		754062		22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
24.01	PARAMEDICAL ED-MICU	4874	911		843		16474		24.01
24.02	PARAMEDICAL ED-SOCIAL WORK								24.02
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	182635	11384	352307	90318	174422	1181107	61382	33775
26	INTENSIVE CARE UNIT	45398	2702	73709	12483	21738	378498	11924	14196
28	BURN INTENSIVE CARE UNIT	10850	654	25014	4563	8757	74027	404	3701
30	NEONATAL INTENSIVE CARE	24604	2083	14409	6715		221395	229	8412
30.01	PEDIATRIC INTENSIVE CARE	4582	415	5494	2876		52853	723	2136
30.03	HEART TRANSPLANT ICU	11105	341	14541	3055	7028	62733	1543	2370
30.04	BONE INTENSIVE CARE	9577	521	6590	6011	7442	71885	743	2490
31.01	SUBPROVIDER II-REHAB	28966	1935	23468	17628	23940	109408	1391	2207
33	NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	155284	6668	70550	45371		404581	29	8280
37.01	AMBULATORY SURGERY CENTER	32839	1213	27772	7749		94370	18	2065
38	RECOVERY ROOM	34749	1297	16051	9888		76149	16	2428
39	DELIVERY ROOM & LABOR ROOM	8653	265	15653	2381		66622	156	2052
40	ANESTHESIOLOGY	2564	134	4307	725		58157		403
41	RADIOLOGY-DIAGNOSTIC	61331	4625	12744	17915		237266	34013	1617
41.01	RADIOLOGY-ULTRASOUND	3843	285	7221	1016		18970	2172	
41.02	RADIOLOGY-MRI	14972	362	10050	4054		35006	6502	
41.03	RADIOLOGY-CAT SCAN	6908	216	11441	1775		48464	19630	
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE	14011	1374	4969	3582		36213	969	
44	LABORATORY	30137	1624		9445		271107	1941	
44.01	LABORATORY-SURGICAL PATHOLOGY	24574	4585		8307		63357	677	
44.02	LABORATORY-NEUROSURGICAL								
44.03	LABORATORY-HLA	2934	90		807		9235		
46.30	BLOOD CLOTTING FACTORS ADMIN								
47	BLOOD STORING, PROCESSING & T	6866	452	940	3307		41725	202	415
49	RESPIRATORY THERAPY	10508	911	2347	2868		185578	2713	
50	PHYSICAL THERAPY	13912	684	4891	4719		86299	3455	

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	PATIENT TRNSPRTN	NURSING ADMINIS-TRATION	
	SQUARE FEET	HOURS OF SERVICES	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	NUMBER OF TRIPS	RN FTES	
	8	8.01	9	10	11	12	13.01	14	
51 OCCUPATIONAL THERAPY	6014	469		3246		25875	3588		51
52 SPEECH PATHOLOGY	1123	87		667		11877			52
53 ELECTROCARDIOLOGY	33945	2320	4988	9412		99070	5766	1589	53
54 ELECTROENCEPHALOGRAPHY	8477	768	1448	5321		45802		1	54
55 MEDICAL SUPPLIES CHARGED TO P									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	11733		9642	447		107349	8121	1827	57
59 PULMONARY LABS	3341	60	507	2097		10026		96	59
59.01 OCCUPATIONAL HEALTH	3661	303				4181		3	59.01
59.03 HYPERALIMENTATION									59.03
59.04 PERIPHERAL VASCULAR	1312	119	2560	824		18200	6180	102	59.04
59.05 PEDIATRIC ENDO NUTRITION									59.05
59.06 CARDIAC CATHETER LAB	36788	1332	15588	10982		69826	1444	1940	59.06
59.07 GASTROINTESTINAL SERVICE	9121	275	7996	2510		57824	6173	1777	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB									59.08
59.09 BONE MARROW PROCUREMENT									59.09
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3661	308	328	2160	7128	7592	26	172	60
60.01 CARDIAC REHABILITATION						7010		226	60.01
60.02 CANCER CENTER	52505	5191	16984	8489	1177	182582	2358	2437	60.02
60.03 PSYCH SOCIAL REHAB	9945	647		645		14373		100	60.03
60.04 WELLNESS ASSESSMENT									60.04
60.06 HEART FAILURE CLINIC									60.06
60.07 LOC OUTPATIENT CENTER	199386	6771	22312	44354		647824	4	8356	60.07
60.08 OB OUTPATIENT CENTER	97		8555	23		132933		1344	60.08
60.09 ELMHURST IMMEDIATE CARE			226			36608		351	60.09
60.10 LAGRANGE FAMILY PCC			2249			54309		880	60.10
60.12 NORTH RIVERSIDE PCC			1897			70304		674	60.12
60.13 GLENDALE HEIGHTS PCC			2			16702			60.13
60.14 WHEATON PCC			444			29619		287	60.14
60.15 OB II PCC			2527			69410		611	60.15
60.16 HICKORY HILLS PCC			3905			80142		724	60.16
60.18 DARIEN PCC			582			49234		406	60.18
60.20 ORLANAD PARK - FP			1637			55182		482	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	3211		5801			26187		258	60.21
60.22 HOMER GLEN PCC			4983			82014		1140	60.22
60.23 OAK PARK PCC						28038		220	60.23
60.24 PARK RIDGE PCC			1054			13229		240	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB			218			3182		104	60.25
60.26 WOODRIDGE PCC									60.26
60.27 NEUROLOGY - NILES									60.27
61 EMERGENCY	24864	4302	62609	9592		218150	12513	5457	61
62 OBSERVATION BEDS (NON-DISTINC									62
62.01 OBSERVATION BEDS-DISTINCT	1599	49	2749	440		6552	357	351	62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	729	39		59					65
67 DURABLE MEDICAL EQUIP-SOLD						2101			67
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	5729	424		378		118685		2522	71
82 LUNG ACQUISITION	2389	128		193		11363		29	82
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION	703	45		45		12284		12	83
84 LIVER ACQUISITION	317	59		55		11968			84
85 HEART ACQUISITION	2657	174		237		9643	19	23	85
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPEC	160	11		14		972		2	86
93 HOSPICE	445	48		23		17950		400	93
95 SUBTOTALS	1319319	76680	892706	412066	251632	7833613	197381	121709	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	1481	134		930		3390			96
96.01 HINES RADIATION THERAPY						20363			96.01
96.02 HOME INFUSION THERAPY						24794		119	96.02
96.03 OP HOSPITAL PHARMACY						4014			96.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	SAFETY &	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	PATIENT	NURSING	
	OF PLANT	SECURITY	+ LINEN	KEEPING			TRANSPRTN	ADMINIS-	
	SQUARE	HOURS OF	LAUNDRY	HOURS OF	MEALS	PAID	NUMBER	TRATION	
	FEET	SERVICES	COST	SERVICE	SERVED	HOURS	OF TRIPS	RN	
	8	8.01	9	10	11	12	13.01	FTES	14
96.04 HOSPITALIST						29994			96.04
98 PHYSICIANS' PRIVATE OFFICES						3910		72	98
98.01 FACUALTY CLINICAL OPERATIONS						141940		2874	98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	23939986	3823579	2428539	9888554	7252173	566452	1578275	4844582	103
104 UNIT COST MULT-WS B PT I	18.125368		2.720424		28.820551		7.996084		104
104 UNIT COST MULT-WS B PT I		49.777111		23.943462		.070262		38.826855	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	652626	301319	107492	183199	396196	156060	39418	171283	107
108 UNIT COST MULT-WS B PT III	.494114		.120411		1.574506		.199705		108
108 UNIT COST MULT-WS B PT III		3.922709		.443585		.019357		1.372746	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL
	COSTED REQUIS. 15	NUMBER OF INSTRUMENT 15.01	COSTED REQUIS. 16	GROSS REVENUE 17	TIME SPENT 18	MED ADMIN COMPNSTN 18.01	ASSIGNED TIME 20	PATIENT DAYS 21
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
3.01	NEW CAPITAL-BLDG INTEREST							3.01
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6.01	COMMUNICATION							6.01
6.02	SYSTEM & COMPUTERS							6.02
6.03	PURCHASING							6.03
6.04	OPC STORES							6.04
6.05	PATIENT AFFAIRS							6.05
6.06	PATIENT ADMITTING							6.06
6.07	PATIENT ACCOUNTS							6.07
6.08	ACCOUNTING							6.08
6.09	EMPLOYEE HEALTH SERVICES							6.09
6.10	PASTORAL CARE							6.10
6.11	HOSPITAL ADMINISTRATION							6.11
6.12	AMBULATORY ADMINISTRATION							6.12
6.14	PRIMARY CARE ADMINISTRATION							6.14
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT							8
8.01	SAFETY AND SECURITY							8.01
9	LAUNDRY & LINEN SERVICE							9
10	HOUSEKEEPING							10
11	DIETARY							11
12	CAFETERIA							12
13	MAINTENANCE OF PERSONNEL							13
13.01	PATIENT TRANSPORTATION							13.01
14	NURSING ADMINISTRATION							14
15	CENTRAL SERVICES & SUPPLY	12076514						15
15.01	CENTRAL PROCESSING	12982	189528					15.01
16	PHARMACY	14713		61962738				16
17	MEDICAL RECORDS & LIBRARY	7			1662977109			17
18	SOCIAL SERVICE	326				41302		18
18.01	HOSPITAL MEDICAL ADMIN						7836125	18.01
20	NONPHYSICIAN ANESTHETISTS						10000	20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES	353				172946		22
23	I&R SERVICES-OTHER PRGM COSTS							23
24	PARAMED ED PRGM-(SPECIFY)							24
24.01	PARAMEDICAL ED-MICU	507		715				24.01
24.02	PARAMEDICAL ED-SOCIAL WORK							24.02
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	1414134	82867	7246	137012166	12169	168723	80253 25
26	INTENSIVE CARE UNIT	646550	19365	3244	46960836	797	148795	14574 26
28	BURN INTENSIVE CARE UNIT	278563	4489	152	11745460	902		3289 28
30	NEONATAL INTENSIVE CARE	71562	11286	2367	30197380	1627	204900	11209 30
30.01	PEDIATRIC INTENSIVE CARE	76904	3420	213	7697862	873	70400	2504 30.01
30.03	HEART TRANSPLANT ICU	159328	4205	874	9683606	1074	108800	
30.04	BONE INTENSIVE CARE	87861	3615	753	11242258	1251	29713	3787 30.04
31.01	SUBPROVIDER II-REHAB	61261	4992	32	7989435	374	68476	8510 31.01
33	NURSERY				1036878			1410 33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	159179	929	186844	130311733	1070	217600	10000 37
37.01	AMBULATORY SURGERY CENTER	16900	362	728936	36360177	8	360990	
38	RECOVERY ROOM	49432	2665	20	35282007		15360	38
39	DELIVERY ROOM & LABOR ROOM	105880	24394	1119	8129972			39
40	ANESTHESIOLOGY	5532	3092	514	60469521		1521162	40
41	RADIOLOGY-DIAGNOSTIC	34421	350	8715	62121375		312529	41
41.01	RADIOLOGY-ULTRASOUND	1682	6	853	10600786		43384	41.01
41.02	RADIOLOGY-MRI	1694	244	283	34850999		152578	41.02
41.03	RADIOLOGY-CAT SCAN	1913	146	823	78252891		297312	41.03
42	RADIOLOGY-THERAPEUTIC							42
43	RADIOISOTOPE	3213	99		22534280		128178	43
44	LABORATORY	63493		10127	165872599	630	1176425	44
44.01	LABORATORY-SURGICAL PATHOLOGY	14033		13319	25136941		103166	44.01
44.02	LABORATORY-NEUROSURGICAL							44.02
44.03	LABORATORY-HLA	1269		23	1803621		11869	44.03
46.30	BLOOD CLOTTING FACTORS ADMIN							46.30
47	BLOOD STORING, PROCESSING & T	10744	177	1250	20696682		168741	47
49	RESPIRATORY THERAPY	5480		796198	42233808		20979	49
50	PHYSICAL THERAPY	4299	18	1023	16728601		16000	50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	CENTRAL PROCESSING	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	HOSPITAL MEDICAL ADMIN	NONPHYSIC. ANESTHET.	NURSING SCHOOL
	COSTED REQUIS. 15	NUMBER OF INSTRUMENT 15.01	COSTED REQUIS. 16	GROSS REVENUE 17	TIME SPENT 18	MED ADMIN COMPNSTN 18.01	ASSIGNED TIME 20	PATIENT DAYS 21
51 OCCUPATIONAL THERAPY	129	59	1546	7118215				51
52 SPEECH PATHOLOGY	7309			2446402	391			52
53 ELECTROCARDIOLOGY	57755	1338	5633	74558540	1974			53
54 ELECTROENCEPHALOGRAPHY	631		23625	5885398		27482		54
55 MEDICAL SUPPLIES CHARGED TO P	7095461			13378614				55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			24068143	106050526				56
57 RENAL DIALYSIS	398678	236	1782252	23573451	1643	158106		57
59 PULMONARY LABS	764	66	170	1728907		123904		59
59.01 OCCUPATIONAL HEALTH	4035		9005	451322				59.01
59.03 HYPERALIMENTATION								59.03
59.04 PERIPHERAL VASCULAR	698	14		6922190		4393		59.04
59.05 PEDIATRIC ENDO NUTRITION								59.05
59.06 CARDIAC CATHETER LAB	56573	2807	17076	52337381				59.06
59.07 GASTROINTESTINAL SERVICE	91993	264	5562	19411406	47	70400		59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09 BONE MARROW PROCUREMENT				1744887				59.09
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1723		5856	465605	14			60
60.01 CARDIAC REHABILITATION				305191	2			60.01
60.02 CANCER CENTER	395383	7121	20133790	82371497	29	165018		60.02
60.03 PSYCH SOCIAL REHAB	116		1133	393102				60.03
60.04 WELLNESS ASSESSMENT								60.04
60.06 HEART FAILURE CLINIC								60.06
60.07 LOC OUTPATIENT CENTER	65842	77	3655317	84182634	13976	1075683		60.07
60.08 OB OUTPATIENT CENTER	24031		116644	22496488		16896		60.08
60.09 ELMHURST IMMEDIATE CARE	5565		161306	2276762				60.09
60.10 LAGRANGE FAMILY PCC	13285		121404	4700284		10667		60.10
60.12 NORTH RIVERSIDE PCC	10276		576974	4057701				60.12
60.13 GLENDALE HEIGHTS PCC	1227		61887					60.13
60.14 WHEATON PCC	3105	690	66648	1777256				60.14
60.15 OB II PCC	9745		342861	4673527				60.15
60.16 HICKORY HILLS PCC	15092	613	341169	7208561				60.16
60.18 DARIEN PCC	5564		221418	3424777				60.18
60.20 ORLANAD PARK - FP	12344		565309	4305253				60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	5741		82677	2411656		16800		60.21
60.22 HOMER GLEN PCC	25944	703	2567554	14859664				60.22
60.23 OAK PARK PCC	5018		148295	1506068				60.23
60.24 PARK RIDGE PCC	3914		10081	2191740				60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	1161		6293	388041				60.25
60.26 WOODRIDGE PCC								60.26
60.27 NEUROLOGY - NILES								60.27
61 EMERGENCY	441214	8742	2525	58268790	1235	47245		61
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT	1584	77	1595	683503				62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES			119	12210				65
67 DURABLE MEDICAL EQUIP-SOLD				2675889				67
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	3519		5078	5490418		68791		71
82 LUNG ACQUISITION	85			1936668	433	154219		82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	56			2798108	783	162092		83
84 LIVER ACQUISITION				961649		97801		84
85 HEART ACQUISITION	38			881788		4182		85
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC	2			48803		757		86
93 HOSPICE	2615		71146	1415608		25600		93
95 SUBTOTALS	12072430	189528	56945734	1649728354	41302	7749062	10000	125536
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
96.01 HINES RADIATION THERAPY								96.01
96.02 HOME INFUSION THERAPY	2979		2089711	12877043				96.02
96.03 OP HOSPITAL PHARMACY			2926617					96.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL	CENTRAL	PHARMACY	MEDICAL	SOCIAL	HOSPITAL	NONPHYSIC.	NURSING
	SERVICES & SUPPLY REQUIS. 15	PROCESSING NUMBER OF INSTRUMENT 15.01	COSTED REQUIS. 16	RECORDS + LIBRARY GROSS REVENUE 17	SERVICE TIME SPENT 18	MEDICAL ADMIN MED ADMIN COMPNSTN 18.01	ANESTHET. ASSIGNED TIME 20	SCHOOL PATIENT DAYS 21
96.04 HOSPITALIST	723					48663		96.04
98 PHYSICIANS' PRIVATE OFFICES	334		676	371712		38400		98
98.01 FACUALTY CLINICAL OPERATIONS	48							98.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2861239	702187	12558074	10421557	2350283	19157703	1844	103
104 UNIT COST MULT-WS B PT I	.236926		.202671		56.904823		.184400	104
104 UNIT COST MULT-WS B PT I		3.704925		.006267		2.444793		104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	347079	50708	428871	2553978	61710	56734	729	107
108 UNIT COST MULT-WS B PT III	.028740		.006921		1.494117		.072900	108
108 UNIT COST MULT-WS B PT III		.267549		.001536		.007240		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	ED-MICU TIME SPENT	
	22	23	24.01	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
3.01 NEW CAPITAL-BLDG INTEREST				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 COMMUNICATION				6.01
6.02 SYSTEM & COMPUTERS				6.02
6.03 PURCHASING				6.03
6.04 OPC STORES				6.04
6.05 PATIENT AFFAIRS				6.05
6.06 PATIENT ADMITTING				6.06
6.07 PATIENT ACCOUNTS				6.07
6.08 ACCOUNTING				6.08
6.09 EMPLOYEE HEALTH SERVICES				6.09
6.10 PASTORAL CARE				6.10
6.11 HOSPITAL ADMINISTRATION				6.11
6.12 AMBULATORY ADMINISTRATION				6.12
6.14 PRIMARY CARE ADMINISTRATION				6.14
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
8.01 SAFETY AND SECURITY				8.01
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
13.01 PATIENT TRANSPORTATION				13.01
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
15.01 CENTRAL PROCESSING				15.01
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
18.01 HOSPITAL MEDICAL ADMIN				18.01
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES	33061			22
23 I&R SERVICES-OTHER PRGM COSTS		33061		23
24 PARAMED ED PRGM-(SPECIFY)				24
24.01 PARAMEDICAL ED-MICU			100	24.01
24.02 PARAMEDICAL ED-SOCIAL WORK				24.02
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	7494	7494		25
26 INTENSIVE CARE UNIT	2088	2088		26
28 BURN INTENSIVE CARE UNIT	691	691		28
30 NEONATAL INTENSIVE CARE	327	327		30
30.01 PEDIATRIC INTENSIVE CARE	319	319		30.01
30.03 HEART TRANSPLANT ICU	319	319		30.03
30.04 BONE INTENSIVE CARE	936	936		30.04
31.01 SUBPROVIDER II-REHAB				31.01
33 NURSERY				33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	4019	4019		37
37.01 AMBULATORY SURGERY CENTER	792	792		37.01
38 RECOVERY ROOM				38
39 DELIVERY ROOM & LABOR ROOM	329	329		39
40 ANESTHESIOLOGY	3214	3214		40
41 RADIOLOGY-DIAGNOSTIC	1090	1090		41
41.01 RADIOLOGY-ULTRASOUND	290	290		41.01
41.02 RADIOLOGY-MRI	469	469		41.02
41.03 RADIOLOGY-CAT SCAN	290	290		41.03
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	403	403		43
44 LABORATORY				44
44.01 LABORATORY-SURGICAL PATHOLOGY	1386	1386		44.01
44.02 LABORATORY-NEUROSURGICAL				44.02
44.03 LABORATORY-HLA				44.03
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T				47
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	ED-MICU TIME SPENT	
	22	23	24.01	
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO P				55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS				56
57 RENAL DIALYSIS				57
59 PULMONARY LABS	234	234		59
59.01 OCCUPATIONAL HEALTH				59.01
59.03 HYPERALIMENTATION				59.03
59.04 PERIPHERAL VASCULAR				59.04
59.05 PEDIATRIC ENDO NUTRITION				59.05
59.06 CARDIAC CATHETER LAB				59.06
59.07 GASTROINTESTINAL SERVICE				59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB				59.08
59.09 BONE MARROW PROCUREMENT				59.09
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 CARDIAC REHABILITATION				60.01
60.02 CANCER CENTER	35	35		60.02
60.03 PSYCH SOCIAL REHAB	465	465		60.03
60.04 WELLNESS ASSESSMENT				60.04
60.06 HEART FAILURE CLINIC				60.06
60.07 LOC OUTPATIENT CENTER	5346	5346		60.07
60.08 OB OUTPATIENT CENTER	622	622		60.08
60.09 ELMHURST IMMEDIATE CARE				60.09
60.10 LAGRANGE FAMILY PCC				60.10
60.12 NORTH RIVERSIDE PCC				60.12
60.13 GLENDALE HEIGHTS PCC				60.13
60.14 WHEATON PCC	114	114		60.14
60.15 OB I PCC				60.15
60.16 HICKORY HILLS PCC				60.16
60.18 DARIEN PCC				60.18
60.20 ORLANAD PARK - FP				60.20
60.21 FAMILY PRACTICE MAYWOOD PCC				60.21
60.22 HOMER GLEN PCC				60.22
60.23 OAK PARK PCC				60.23
60.24 PARK RIDGE PCC				60.24
60.25 LOYOLA CLINIC AT GOTTLIEB				60.25
60.26 WOODRIDGE PCC				60.26
60.27 NEUROLOGY - NILES				60.27
61 EMERGENCY	1789	1789	100	61
62 OBSERVATION BEDS (NON-DISTINC				62
62.01 OBSERVATION BEDS-DISTINCT				62.01
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES				65
67 DURABLE MEDICAL EQUIP-SOLD				67
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
82 LUNG ACQUISITION				82
SPECIAL PURPOSE COST CENTERS				
83 KIDNEY ACQUISITION				83
84 LIVER ACQUISITION				84
85 HEART ACQUISITION				85
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
86 OTHER ORGAN ACQUISITION (SPEC				86
93 HOSPICE				93
95 SUBTOTALS	33061	33061	100	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
96.01 HINES RADIATION THERAPY				96.01
96.02 HOME INFUSION THERAPY				96.02
96.03 OP HOSPITAL PHARMACY				96.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	PARAMED	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	ED-MICU TIME SPENT	
	22	23	24.01	
96.04 HOSPITALIST				96.04
98 PHYSICIANS' PRIVATE OFFICES				98
98.01 FACULTY CLINICAL OPERATIONS				98.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	15201077	8467472	1028250	103
104 UNIT COST MULT-WS B PT I	459.788784		10282.500000	104
104 UNIT COST MULT-WS B PT I		256.116633		104
105 COST TO BE ALLOC PER B PT II				105
106 UNIT COST MULT-WS B PT II				106
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	161780	25074	98446	107
108 UNIT COST MULT-WS B PT III	4.893379		984.460000	108
108 UNIT COST MULT-WS B PT III		.758416		108

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
11/29/2010 13:58

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

----- WORKSHEET B -----
PART LINE NO. AMOUNT
2 3 4

DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	
1 EXCLUDE EPO FROM RENAL FACILITY	1	57	-747788	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	75529932		75529932		75529932	25
26 INTENSIVE CARE UNIT	24938394		24938394		24938394	26
28 BURN INTENSIVE CARE UNIT	4884469		4884469		4884469	28
30 NEONATAL INTENSIVE CARE	14333846		14333846		14333846	30
30.01 PEDIATRIC INTENSIVE CARE	3876586		3876586		3876586	30.01
30.03 HEART TRANSPLANT ICU	4780727		4780727		4780727	30.03
30.04 BONE INTENSIVE CARE	5008160		5008160		5008160	30.04
31.01 SUBPROVIDER II-REHAB	8410952		8410952		8410952	31.01
33 NURSERY	640400		640400		640400	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	71000422		71000422		71000422	37
37.01 AMBULATORY SURGERY CENTER	13147868		13147868		13147868	37.01
38 RECOVERY ROOM	6130951		6130951		6130951	38
39 DELIVERY ROOM & LABOR ROOM	4081691		4081691		4081691	39
40 ANESTHESIOLOGY	8261827		8261827		8261827	40
41 RADIOLOGY-DIAGNOSTIC	24335330		24335330		24335330	41
41.01 RADIOLOGY-ULTRASOUND	2112646		2112646		2112646	41.01
41.02 RADIOLOGY-MRI	5726070		5726070		5726070	41.02
41.03 RADIOLOGY-CAT SCAN	8602019		8602019		8602019	41.03
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	5845195		5845195		5845195	43
44 LABORATORY	27833651		27833651		27833651	44
44.01 LABORATORY-SURGICAL PATHOLO	7999233		7999233		7999233	44.01
44.02 LABORATORY-NEUROSURGICAL						44.02
44.03 LABORATORY-HLA	1210259		1210259		1210259	44.03
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	10398696		10398696		10398696	47
49 RESPIRATORY THERAPY	11752815		11752815		11752815	49
50 PHYSICAL THERAPY	6457119		6457119		6457119	50
51 OCCUPATIONAL THERAPY	2644533		2644533		2644533	51
52 SPEECH PATHOLOGY	899352		899352		899352	52
53 ELECTROCARDIOLOGY	21284440		21284440		21284440	53
54 ELECTROENCEPHALOGRAPHY	2834812		2834812		2834812	54
55 MEDICAL SUPPLIES CHARGED TO	10649670		10649670		10649670	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	35165888		35165888		35165888	56
57 RENAL DIALYSIS	8418757		8418757		8418757	57
59 PULMONARY LABS	1161097		1161097		1161097	59
59.01 OCCUPATIONAL HEALTH	329630		329630		329630	59.01
59.03 HYPERALIMENTATION						59.03
59.04 PERIPHERAL VASCULAR	1520283		1520283		1520283	59.04
59.05 PEDIATRIC ENDO NUTRITION						59.05
59.06 CARDIAC CATHETER LAB	16531163		16531163		16531163	59.06
59.07 GASTROINTESTINAL SERVICE	6216875		6216875		6216875	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH L						59.08
59.09 BONE MARROW PROCUREMENT	1612332		1612332		1612332	59.09
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	813783		813783		813783	60
60.01 CARDIAC REHABILITATION	876610		876610		876610	60.01
60.02 CANCER CENTER	39472663		39472663		39472663	60.02
60.03 PSYCH SOCIAL REHAB	869002		869002		869002	60.03
60.04 WELLNESS ASSESSMENT						60.04
60.06 HEART FAILURE CLINIC						60.06
60.07 LOC OUTPATIENT CENTER	48703423		48703423		48703423	60.07
60.08 OBT OUTPATIENT CENTER	9222476		9222476		9222476	60.08
60.09 ELMHURST IMMEDIATE CARE	1543818		1543818		1543818	60.09
60.10 LAGRANGE FAMILY PCC	3106830		3106830		3106830	60.10
60.12 NORTH RIVERSIDE PCC	3423103		3423103		3423103	60.12
60.13 GLENDALE HEIGHTS PCC	106271		106271		106271	60.13
60.14 WHEATON PCC	2041561		2041561		2041561	60.14
60.15 OBT II PCC	3197459		3197459		3197459	60.15
60.16 HICKORY HILLS PCC	4399491		4399491		4399491	60.16
60.18 DARIEN PCC	2199670		2199670		2199670	60.18
60.20 ORLANAD PARK - FP	3307597		3307597		3307597	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	1554944		1554944		1554944	60.21
60.22 HOMER GLEN PCC	8153378		8153378		8153378	60.22
60.23 OAK PARK PCC	1260141		1260141		1260141	60.23
60.24 PARK RIDGE PCC	1223600		1223600		1223600	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	259838		259838		259838	60.25
60.26 WOODRIDGE PCC						60.26
60.27 NEUROLOGY - NILES	19602		19602		19602	60.27

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
61 EMERGENCY	14980087		14980087		14980087	61
62 OBSERVATION BEDS (NON-DISTI	6073003		6073003		6073003	62
62.01 OBSERVATION BEDS-DISTINCT	600735		600735		600735	62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	274664		274664		274664	65
67 DURABLE MEDICAL EQUIP-SOLD	2589461		2589461		2589461	67
101 SUBTOTAL	626841300		626841300		626841300	101
102 LESS OBSERVATION BEDS	6073003		6073003		6073003	102
103 TOTAL	620768297		620768297		620768297	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	137012166		137012166			25
26 INTENSIVE CARE UNIT	46960836		46960836			26
28 BURN INTENSIVE CARE UNIT	11745460		11745460			28
30 NEONATAL INTENSIVE CARE	30197380		30197380			30
30.01 PEDIATRIC INTENSIVE CARE	7697862		7697862			30.01
30.03 HEART TRANSPLANT ICU	9683606		9683606			30.03
30.04 BONE INTENSIVE CARE	11242258		11242258			30.04
31.01 SUBPROVIDER II-REHAB	7989435		7989435			31.01
33 NURSERY	1036878		1036878			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	111648156	18663576	130311732	.544851	.544851	.544851 37
37.01 AMBULATORY SURGERY CENTER	498110	35862067	36360177	.361601	.361601	.361601 37.01
38 RECOVERY ROOM	24860453	10421554	35282007	.173770	.173770	.173770 38
39 DELIVERY ROOM & LABOR ROOM	6732206	1397766	8129972	.502055	.502055	.502055 39
40 ANESTHESIOLOGY	51240449	9229072	60469521	.136628	.136628	.136628 40
41 RADIOLOGY-DIAGNOSTIC	31018506	31102869	62121375	.391738	.391738	.391738 41
41.01 RADIOLOGY-ULTRASOUND	2726304	7874483	10600787	.199291	.199291	.199291 41.01
41.02 RADIOLOGY-MRI	9169468	25681530	34850998	.164301	.164301	.164301 41.02
41.03 RADIOLOGY-CAT SCAN	25937012	52315879	78252891	.109926	.109926	.109926 41.03
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	2450281	20083999	22534280	.259391	.259391	.259391 43
44 LABORATORY	75355918	90516681	165872599	.167801	.167801	.167801 44
44.01 LABORATORY-SURGICAL PATHOLO	9870099	15266842	25136941	.318226	.318226	.318226 44.01
44.02 LABORATORY-NEUROSURGICAL						44.02
44.03 LABORATORY-HLA	132180	1671441	1803621	.671016	.671016	.671016 44.03
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	14571847	6124835	20696682	.502433	.502433	.502433 47
49 RESPIRATORY THERAPY	41550040	683768	42233808	.278280	.278280	.278280 49
50 PHYSICAL THERAPY	7932555	8796046	16728601	.385993	.385993	.385993 50
51 OCCUPATIONAL THERAPY	5258981	1859234	7118215	.371516	.371516	.371516 51
52 SPEECH PATHOLOGY	2411397	35004	2446401	.367622	.367622	.367622 52
53 ELECTROCARDIOLOGY	47228774	27329766	74558540	.285473	.285473	.285473 53
54 ELECTROENCEPHALOGRAPHY	2714717	3170680	5885397	.481669	.481669	.481669 54
55 MEDICAL SUPPLIES CHARGED TO	12339651	1038962	13378613	.796022	.796022	.796022 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	98095404	7955122	106050526	.331596	.331596	.331596 56
57 RENAL DIALYSIS	2895457	20677994	23573451	.357129	.357129	.357129 57
59 PULMONARY LABS	593653	1135254	1728907	.671579	.671579	.671579 59
59.01 OCCUPATIONAL HEALTH		451322	451322	.730365	.730365	.730365 59.01
59.03 HYPERALIMENTATION						59.03
59.04 PERIPHERAL VASCULAR	3257212	3664978	6922190	.219625	.219625	.219625 59.04
59.05 PEDIATRIC ENDO NUTRITION						59.05
59.06 CARDIAC CATHETER LAB	26326196	26011184	52337380	.315858	.315858	.315858 59.06
59.07 GASTROINTESTINAL SERVICE	3566634	15844772	19411406	.320269	.320269	.320269 59.07
59.08 BIOPSY/RIGHT CARDIAC CATH L						59.08
59.09 BONE MARROW PROCUREMENT	1299714	445173	1744887	.924032	.924032	.924032 59.09
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3220	462385	465605	1.747797	1.747797	1.747797 60
60.01 CARDIAC REHABILITATION	290575	14616	305191	2.872332	2.872332	2.872332 60.01
60.02 CANCER CENTER	631907	81739590	82371497	.479203	.479203	.479203 60.02
60.03 PSYCH SOCIAL REHAB		393102	393102	2.210627	2.210627	2.210627 60.03
60.04 WELLNESS ASSESSMENT						60.04
60.06 HEART FAILURE CLINIC						60.06
60.07 LOC OUTPATIENT CENTER	3507870	80674764	84182634	.578545	.578545	.578545 60.07
60.08 OBT OUTPATIENT CENTER	47545	22448943	22496488	.409952	.409952	.409952 60.08
60.09 ELMHURST IMMEDIATE CARE	3313	2273449	2276762	.678076	.678076	.678076 60.09
60.10 LAGRANGE FAMILY PCC	5889	4694395	4700284	.660988	.660988	.660988 60.10
60.12 NORTH RIVERSIDE PCC	3114	4054587	4057701	.843607	.843607	.843607 60.12
60.13 GLENDALE HEIGHTS PCC						60.13
60.14 WHEATON PCC	2299	1774957	1777256	1.148715	1.148715	1.148715 60.14
60.15 OBT II PCC	10965	4662562	4673527	.684164	.684164	.684164 60.15
60.16 HICKORY HILLS PCC	5643	7202918	7208561	.610315	.610315	.610315 60.16
60.18 DARIEN PCC	3101	3421676	3424777	.642281	.642281	.642281 60.18
60.20 ORLANAD PARK - FP	4256	4300997	4305253	.768270	.768270	.768270 60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	4869	2406787	2411656	.644762	.644762	.644762 60.21
60.22 HOMER GLEN PCC	13866	14845798	14859664	.548692	.548692	.548692 60.22
60.23 OAK PARK PCC	2950	1503118	1506068	.836709	.836709	.836709 60.23
60.24 PARK RIDGE PCC	26193	2165547	2191740	.558278	.558278	.558278 60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	306	387735	388041	.669615	.669615	.669615 60.25
60.26 WOODRIDGE PCC						60.26
60.27 NEUROLOGY - NILES						60.27

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
61 EMERGENCY	24938172	33330619	58268791	.257086	.257086	.257086 61
62 OBSERVATION BEDS (NON-DISTI		8868813	8868813	.684759	.684759	.684759 62
62.01 OBSERVATION BEDS-DISTINCT	91790	591713	683503	.878906	.878906	.878906 62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	4390	7820	12210	22.495004	22.495004	22.495004 65
67 DURABLE MEDICAL EQUIP-SOLD		2675889	2675889	.967701	.967701	.967701 67
101 SUBTOTAL	914849488	730214633	1645064121			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	914849488	730214633	1645064121			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				4305361		4305361
26 INTENSIVE CARE UNIT				1127287		1127287
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT				276362		276362
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE				603567		603567
30.01 PEDIATRIC INTENSIVE CARE				133648		133648
30.03 HEART TRANSPLANT ICU				237230		237230
30.04 BONE INTENSIVE CARE				218362		218362
31 SUBPROVIDER I						
31.01 SUBPROVIDER II-REHAB				498083		498083
33 NURSERY				5085		5085
101 TOTAL				7404985		7404985

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	87270	32628			49.33	1609539
26 INTENSIVE CARE UNIT	14574	7822			77.35	605032
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT	3289	872			84.03	73274
29 SURGICAL INTENSIVE CARE UNIT						
30 NEONATAL INTENSIVE CARE	11209				53.85	
30.01 PEDIATRIC INTENSIVE CARE	2504	35			53.37	1868
30.03 HEART TRANSPLANT ICU	3311	1739			71.65	124599
30.04 BONE INTENSIVE CARE	3787	817			57.66	47108
31 SUBPROVIDER I						
31.01 SUBPROVIDER II-REHAB	8510	5995			58.53	350887
33 NURSERY	1410				3.61	
101 TOTAL	135864	49908				2812307

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
67 DURABLE MEDICAL EQUIP-SOLD		15461	2675889			.005778		67
101 TOTAL		32729495	1381486030	256265930				5543115 101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL		
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
26 INTENSIVE CARE UNIT						26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 NEONATAL INTENSIVE CARE						30
30.01 PEDIATRIC INTENSIVE CARE						30.01
30.03 HEART TRANSPLANT ICU						30.03
30.04 BONE INTENSIVE CARE						30.04
31 SUBPROVIDER I						31
31.01 SUBPROVIDER II-REHAB						31.01
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
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 IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	87270		32628	25
26 INTENSIVE CARE UNIT	14574		7822	26
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT	3289		872	28
29 SURGICAL INTENSIVE CARE UNIT				29
30 NEONATAL INTENSIVE CARE	11209			30
30.01 PEDIATRIC INTENSIVE CARE	2504		35	30.01
30.03 HEART TRANSPLANT ICU	3311		1739	30.03
30.04 BONE INTENSIVE CARE	3787		817	30.04
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II-REHAB	8510		5995	31.01
33 NURSERY	1410			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	135864		49908	101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0276)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL	ALLIED HEALTH COSTS	ALL OTHER		TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2	2.01	2.02	2.03	3
OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES						65
67	DURABLE MEDICAL EQUIP-SOLD						67
101	TOTAL			1028250			1028250 101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

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 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
67 DURABLE MEDICAL EQUIP-SOLD		2675889					67
101 TOTAL	1028250	1381486030			256265930	178394	185834462 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0276) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY SURGERY CENTER					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
41.02 RADIOLOGY-MRI					41.02
41.03 RADIOLOGY-CAT SCAN					41.03
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
44.01 LABORATORY-SURGICAL PATHOLOGY					44.01
44.02 LABORATORY-NEUROSURGICAL					44.02
44.03 LABORATORY-HLA					44.03
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PULMONARY LABS					59
59.01 OCCUPATIONAL HEALTH					59.01
59.03 HYPERALIMENTATION					59.03
59.04 PERIPHERAL VASCULAR					59.04
59.05 PEDIATRIC ENDO NUTRITION					59.05
59.06 CARDIAC CATHETER LAB					59.06
59.07 GASTROINTESTINAL SERVICE					59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB					59.08
59.09 BONE MARROW PROCUREMENT					59.09
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIAC REHABILITATION					60.01
60.02 CANCER CENTER					60.02
60.03 PSYCH SOCIAL REHAB					60.03
60.04 WELLNESS ASSESSMENT					60.04
60.06 HEART FAILURE CLINIC					60.06
60.07 LOC OUTPATIENT CENTER					60.07
60.08 OB OUTPATIENT CENTER					60.08
60.09 ELMHURST IMMEDIATE CARE					60.09
60.10 LAGRANGE FAMILY PCC					60.10
60.12 NORTH RIVERSIDE PCC					60.12
60.13 GLENDALE HEIGHTS PCC					60.13
60.14 WHEATON PCC					60.14
60.15 OB II PCC					60.15
60.16 HICKORY HILLS PCC					60.16
60.18 DARIEN PCC					60.18
60.20 ORLANAD PARK - FP					60.20
60.21 FAMILY PRACTICE MAYWOOD PCC					60.21
60.22 HOMER GLEN PCC					60.22
60.23 OAK PARK PCC					60.23
60.24 PARK RIDGE PCC					60.24
60.25 LOYOLA CLINIC AT GOTTLIEB					60.25
60.26 WOODRIDGE PCC					60.26
60.27 NEUROLOGY - NILES					60.27
61 EMERGENCY			92786		61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0276)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES	8.01	8.02	9	9.01	9.02
67 DURABLE MEDICAL EQUIP-SOLD					
101 TOTAL			92786		

65
 67
 101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0276) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.544851	.544851	.544851			37
37.01 AMBULATORY SURGERY CENTER	.361601	.361601	.361601			37.01
38 RECOVERY ROOM	.173770	.173770	.173770			38
39 DELIVERY ROOM & LABOR ROOM	.502055	.502055	.502055			39
40 ANESTHESIOLOGY	.136628	.136628	.136628			40
41 RADIOLOGY-DIAGNOSTIC	.391738	.391738	.391738			41
41.01 RADIOLOGY-ULTRASOUND	.199291	.199291	.199291			41.01
41.02 RADIOLOGY-MRI	.164301	.164301	.164301			41.02
41.03 RADIOLOGY-CAT SCAN	.109926	.109926	.109926			41.03
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	.259391	.259391	.259391			43
44 LABORATORY	.167801	.167801	.167801			44
44.01 LABORATORY-SURGICAL PATHOLOGY	.318226	.318226	.318226			44.01
44.02 LABORATORY-NEUROSURGICAL						44.02
44.03 LABORATORY-HLA	.671016	.671016	.671016			44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.502433	.502433	.502433			47
49 RESPIRATORY THERAPY	.278280	.278280	.278280			49
50 PHYSICAL THERAPY	.385993	.385993	.385993			50
51 OCCUPATIONAL THERAPY	.371516	.371516	.371516			51
52 SPEECH PATHOLOGY	.367622	.367622	.367622			52
53 ELECTROCARDIOLOGY	.285473	.285473	.285473			53
54 ELECTROENCEPHALOGRAPHY	.481669	.481669	.481669			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.796022	.796022	.796022			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.331596	.331596	.331596			56
57 RENAL DIALYSIS	.357129	.357129	.357129			57
59 PULMONARY LABS	.671579	.671579	.671579			59
59.01 OCCUPATIONAL HEALTH	.730365	.730365	.730365			59.01
59.03 HYPERALIMENTATION						59.03
59.04 PERIPHERAL VASCULAR	.219625	.219625	.219625			59.04
59.05 PEDIATRIC ENDO NUTRITION						59.05
59.06 CARDIAC CATHETER LAB	.315858	.315858	.315858			59.06
59.07 GASTROINTESTINAL SERVICE	.320269	.320269	.320269			59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB						59.08
59.09 BONE MARROW PROCUREMENT	.924032	.924032	.924032			59.09
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.747797	1.747797	1.747797			60
60.01 CARDIAC REHABILITATION	2.872332	2.872332	2.872332			60.01
60.02 CANCER CENTER	.479203	.479203	.479203			60.02
60.03 PSYCH SOCIAL REHAB	2.210627	2.210627	2.210627			60.03
60.04 WELLNESS ASSESSMENT						60.04
60.06 HEART FAILURE CLINIC						60.06
60.07 LOC OUTPATIENT CENTER	.578545	.578545	.578545			60.07
60.08 OB OUTPATIENT CENTER	.409952	.409952	.409952			60.08
60.09 ELMHURST IMMEDIATE CARE	.678076	.678076	.678076			60.09
60.10 LAGRANGE FAMILY PCC	.660988	.660988	.660988			60.10
60.12 NORTH RIVERSIDE PCC	.843607	.843607	.843607			60.12
60.13 GLENDALE HEIGHTS PCC						60.13
60.14 WHEATON PCC	1.148715	1.148715	1.148715			60.14
60.15 OB II PCC	.684164	.684164	.684164			60.15
60.16 HICKORY HILLS PCC	.610315	.610315	.610315			60.16
60.18 DARIEN PCC	.642281	.642281	.642281			60.18
60.20 ORLANAD PARK - FP	.768270	.768270	.768270			60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	.644762	.644762	.644762			60.21
60.22 HOMER GLEN PCC	.548692	.548692	.548692			60.22
60.23 OAK PARK PCC	.836709	.836709	.836709			60.23
60.24 PARK RIDGE PCC	.558278	.558278	.558278			60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	.669615	.669615	.669615			60.25
60.26 WOODRIDGE PCC						60.26
60.27 NEUROLOGY - NILES						60.27
61 EMERGENCY	.257086	.257086	.257086			61
62 OBSERVATION BEDS (NON-DISTINCT)	.684759	.684759	.684759			62

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0276) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8	PART I COL. 9	PART II COL. 9	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
	1	1.01	1.02	2	3	4	
62.01 OBSERVATION BEDS-DISTINCT	.878906	.878906	.878906				62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	22.495004	22.495004	22.495004				65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	22.495004	22.495004					65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	22.495004	22.495004					65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	22.495004	22.495004					65.03
67 DURABLE MEDICAL EQUIP-SOLD	.967701	.967701	.967701				67
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.331596	1
2 PROGRAM VACCINE CHARGES		231556	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		76783	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0276) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4600746						37
37.01 AMBULATORY SURGERY CENTER		8053629						37.01
38 RECOVERY ROOM		2385052						38
39 DELIVERY ROOM & LABOR ROOM		83464	10					39
40 ANESTHESIOLOGY		1889856						40
41 RADIOLOGY-DIAGNOSTIC		8675072						41
41.01 RADIOLOGY-ULTRASOUND		1845091						41.01
41.02 RADIOLOGY-MRI		6734371						41.02
41.03 RADIOLOGY-CAT SCAN		18377637						41.03
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		7736095						43
44 LABORATORY		1792973	3					44
44.01 LABORATORY-SURGICAL PATHOLOGY		2667727	1					44.01
44.02 LABORATORY-NEUROSURGICAL								44.02
44.03 LABORATORY-HLA		34919	2					44.03
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		1354133	1					47
49 RESPIRATORY THERAPY		188491						49
50 PHYSICAL THERAPY		194252						50
51 OCCUPATIONAL THERAPY		64976						51
52 SPEECH PATHOLOGY		24						52
53 ELECTROCARDIOLOGY		10892282						53
54 ELECTROENCEPHALOGRAPHY		817660						54
55 MEDICAL SUPPLIES CHARGED TO PA		225192						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		1980603						56
57 RENAL DIALYSIS		3822360						57
59 PULMONARY LABS		718220						59
59.01 OCCUPATIONAL HEALTH		813						59.01
59.03 HYPERALIMENTATION								59.03
59.04 PERIPHERAL VASCULAR		1999487						59.04
59.05 PEDIATRIC ENDO NUTRITION								59.05
59.06 CARDIAC CATHETER LAB		12702038						59.06
59.07 GASTROINTESTINAL SERVICE		5198907	13321					59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB								59.08
59.09 BONE MARROW PROCUREMENT		10599						59.09
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		32446						60
60.01 CARDIAC REHABILITATION		4062						60.01
60.02 CANCER CENTER		25925404	10239					60.02
60.03 PSYCH SOCIAL REHAB		80851						60.03
60.04 WELLNESS ASSESSMENT								60.04
60.06 HEART FAILURE CLINIC								60.06
60.07 LOC OUTPATIENT CENTER		29594620	28018					60.07
60.08 OBT OUTPATIENT CENTER		4824998	2909					60.08
60.09 ELMHURST IMMEDIATE CARE		473490						60.09
60.10 LAGRANGE FAMILY PCC		1656533	659					60.10
60.12 NORTH RIVERSIDE PCC		444520	204					60.12
60.13 GLENDALE HEIGHTS PCC								60.13
60.14 WHEATON PCC		223057	103					60.14
60.15 OBT II PCC		611581	379					60.15
60.16 HICKORY HILLS PCC		1449689	120					60.16
60.18 DARIEN PCC		609056	133					60.18
60.20 ORLANAD PARK - FP		927894						60.20
60.21 FAMILY PRACTICE MAYWOOD PCC		288561	129					60.21
60.22 HOMER GLEN PCC		4457530	1599					60.22
60.23 OAK PARK PCC		255565						60.23
60.24 PARK RIDGE PCC		895670	69					60.24
60.25 LOYOLA CLINIC AT GOTTLIEB		21069	42					60.25
60.26 WOODRIDGE PCC								60.26
60.27 NEUROLOGY - NILES								60.27
61 EMERGENCY		5257909	1					61
62 OBSERVATION BEDS (NON-DISTINCT		2527044						62

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0276) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	5	5.01	5.02	5.03	5.04	6	7	8	
62.01 OBSERVATION BEDS-DISTINCT		226244							62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
65.01 AMBULANCE CHARGES (S-2 LINE 56)									65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)									65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)									65.03
67 DURABLE MEDICAL EQUIP-SOLD									67
101 SUBTOTAL		185834462	57942						101
102 CRNA CHARGES									102
103 PBP CLINIC LAB									103
104 NET CHARGES		185834462	57942						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0276) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)			PPS SERVICES (COLUMNS 1.01x5.04)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2506721					37
37.01 AMBULATORY SURGERY CENTER		2912200					37.01
38 RECOVERY ROOM		414450					38
39 DELIVERY ROOM & LABOR ROOM		41904	5				39
40 ANESTHESIOLOGY		258207					40
41 RADIOLOGY-DIAGNOSTIC		3398355					41
41.01 RADIOLOGY-ULTRASOUND		367710					41.01
41.02 RADIOLOGY-MRI		1106464					41.02
41.03 RADIOLOGY-CAT SCAN		2020180					41.03
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		2006673					43
44 LABORATORY		300863	1				44
44.01 LABORATORY-SURGICAL PATHOLOGY		848940					44.01
44.02 LABORATORY-NEUROSURGICAL							44.02
44.03 LABORATORY-HLA		23431	1				44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		680361	1				47
49 RESPIRATORY THERAPY		52453					49
50 PHYSICAL THERAPY		74980					50
51 OCCUPATIONAL THERAPY		24140					51
52 SPEECH PATHOLOGY		9					52
53 ELECTROCARDIOLOGY		3109452					53
54 ELECTROENCEPHALOGRAPHY		393841					54
55 MEDICAL SUPPLIES CHARGED TO PAT		179258					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		656760					56
57 RENAL DIALYSIS		1365076					57
59 PULMONARY LABS		482341					59
59.01 OCCUPATIONAL HEALTH		594					59.01
59.03 HYPERALIMENTATION							59.03
59.04 PERIPHERAL VASCULAR		439137					59.04
59.05 PEDIATRIC ENDO NUTRITION							59.05
59.06 CARDIAC CATHETER LAB		4012040					59.06
59.07 GASTROINTESTINAL SERVICE		1665049	4266				59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB							59.08
59.09 BONE MARROW PROCUREMENT		9794					59.09
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPS							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		56709					60
60.01 CARDIAC REHABILITATION		11667					60.01
60.02 CANCER CENTER		12423531	4907				60.02
60.03 PSYCH SOCIAL REHAB		178731					60.03
60.04 WELLNESS ASSESSMENT							60.04
60.06 HEART FAILURE CLINIC							60.06
60.07 LOC OUTPATIENT CENTER		17121819	16210				60.07
60.08 OBT OUTPATIENT CENTER		1978018	1193				60.08
60.09 ELMHURST IMMEDIATE CARE		321062					60.09
60.10 LAGRANGE FAMILY PCC		1094948	436				60.10
60.12 NORTH RIVERSIDE PCC		375000	172				60.12
60.13 GLENDALE HEIGHTS PCC							60.13
60.14 WHEATON PCC		256229	118				60.14
60.15 OBT II PCC		418422	259				60.15
60.16 HICKORY HILLS PCC		884767	73				60.16
60.18 DARIEN PCC		391185	85				60.18
60.20 ORLANAD PARK - FP		712873					60.20
60.21 FAMILY PRACTICE MAYWOOD PCC		186053	83				60.21
60.22 HOMER GLEN PCC		2445811	877				60.22
60.23 OAK PARK PCC		213834					60.23
60.24 PARK RIDGE PCC		500033	39				60.24
60.25 LOYOLA CLINIC AT GOTTLIEB		14108	28				60.25
60.26 WOODRIDGE PCC							60.26
60.27 NEUROLOGY - NILES							60.27
61 EMERGENCY		1351735					61
62 OBSERVATION BEDS (NON-DISTINCT		1730416					62

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0276) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10
62.01 OBSERVATION BEDS-DISTINCT		198847				62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
67 DURABLE MEDICAL EQUIP-SOLD						67
101 SUBTOTAL		72217181	28754			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		72217181	28754			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S276) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	1	2	3	4	5	6	7	8
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
67 DURABLE MEDICAL EQUIP-SOLD		15461	2675889				.005778	67
101 TOTAL		32729495	1381486030					101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S276)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL	ALLIED HEALTH COSTS	ALL OTHER		ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			MEDICAL EDUCATION COSTS	2.02		
	1	1.01	2	2.01	2.02	2.03	3	
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
67 DURABLE MEDICAL EQUIP-SOLD								67
101 TOTAL				1028250				1028250 101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S276)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES						65
67	DURABLE MEDICAL EQUIP-SOLD	2675889					67
101	TOTAL	1028250	1381486030				101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S276) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY SURGERY CENTER					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
41.02 RADIOLOGY-MRI					41.02
41.03 RADIOLOGY-CAT SCAN					41.03
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
44.01 LABORATORY-SURGICAL PATHOLOGY					44.01
44.02 LABORATORY-NEUROSURGICAL					44.02
44.03 LABORATORY-HLA					44.03
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PULMONARY LABS					59
59.01 OCCUPATIONAL HEALTH					59.01
59.03 HYPERALIMENTATION					59.03
59.04 PERIPHERAL VASCULAR					59.04
59.05 PEDIATRIC ENDO NUTRITION					59.05
59.06 CARDIAC CATHETER LAB					59.06
59.07 GASTROINTESTINAL SERVICE					59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB					59.08
59.09 BONE MARROW PROCUREMENT					59.09
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIAC REHABILITATION					60.01
60.02 CANCER CENTER					60.02
60.03 PSYCH SOCIAL REHAB					60.03
60.04 WELLNESS ASSESSMENT					60.04
60.06 HEART FAILURE CLINIC					60.06
60.07 LOC OUTPATIENT CENTER					60.07
60.08 OB OUTPATIENT CENTER					60.08
60.09 ELMHURST IMMEDIATE CARE					60.09
60.10 LAGRANGE FAMILY PCC					60.10
60.12 NORTH RIVERSIDE PCC					60.12
60.13 GLENDALE HEIGHTS PCC					60.13
60.14 WHEATON PCC					60.14
60.15 OB II PCC					60.15
60.16 HICKORY HILLS PCC					60.16
60.18 DARIEN PCC					60.18
60.20 ORLANAD PARK - FP					60.20
60.21 FAMILY PRACTICE MAYWOOD PCC					60.21
60.22 HOMER GLEN PCC					60.22
60.23 OAK PARK PCC					60.23
60.24 PARK RIDGE PCC					60.24
60.25 LOYOLA CLINIC AT GOTTLIEB					60.25
60.26 WOODRIDGE PCC					60.26
60.27 NEUROLOGY - NILES					60.27
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S276)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES	8.01	8.02	9	9.01	9.02
67 DURABLE MEDICAL EQUIP-SOLD					
101 TOTAL					

65
 67
 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T276)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	RATIO OF		
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7	8
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
67 DURABLE MEDICAL EQUIP-SOLD		15461	2675889				.005778	67
101 TOTAL		32729495	1381486030	7380936				100919 101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	SUB II (14-T276)	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES						65
67	DURABLE MEDICAL EQUIP-SOLD						67
101	TOTAL			1028250			1028250 101

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	SUB II (14-T276)	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
OTHER REIMBURSABLE COST CENTERS							
65	AMBULANCE SERVICES						65
67	DURABLE MEDICAL EQUIP-SOLD	2675889					67
101	TOTAL	1028250	1381486030		7380936	21	14186 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T276) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY SURGERY CENTER					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
41.02 RADIOLOGY-MRI					41.02
41.03 RADIOLOGY-CAT SCAN					41.03
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
44.01 LABORATORY-SURGICAL PATHOLOGY					44.01
44.02 LABORATORY-NEUROSURGICAL					44.02
44.03 LABORATORY-HLA					44.03
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PULMONARY LABS					59
59.01 OCCUPATIONAL HEALTH					59.01
59.03 HYPERALIMENTATION					59.03
59.04 PERIPHERAL VASCULAR					59.04
59.05 PEDIATRIC ENDO NUTRITION					59.05
59.06 CARDIAC CATHETER LAB					59.06
59.07 GASTROINTESTINAL SERVICE					59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB					59.08
59.09 BONE MARROW PROCUREMENT					59.09
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIAC REHABILITATION					60.01
60.02 CANCER CENTER					60.02
60.03 PSYCH SOCIAL REHAB					60.03
60.04 WELLNESS ASSESSMENT					60.04
60.06 HEART FAILURE CLINIC					60.06
60.07 LOC OUTPATIENT CENTER					60.07
60.08 OB OUTPATIENT CENTER					60.08
60.09 ELMHURST IMMEDIATE CARE					60.09
60.10 LAGRANGE FAMILY PCC					60.10
60.12 NORTH RIVERSIDE PCC					60.12
60.13 GLENDALE HEIGHTS PCC					60.13
60.14 WHEATON PCC					60.14
60.15 OB II PCC					60.15
60.16 HICKORY HILLS PCC					60.16
60.18 DARIEN PCC					60.18
60.20 ORLANAD PARK - FP					60.20
60.21 FAMILY PRACTICE MAYWOOD PCC					60.21
60.22 HOMER GLEN PCC					60.22
60.23 OAK PARK PCC					60.23
60.24 PARK RIDGE PCC					60.24
60.25 LOYOLA CLINIC AT GOTTLIEB					60.25
60.26 WOODRIDGE PCC					60.26
60.27 NEUROLOGY - NILES					60.27
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	SUB II (14-T276)	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES	8.01	8.02	9	9.01	9.02
67 DURABLE MEDICAL EQUIP-SOLD					
101 TOTAL					

65
 67
 101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T276) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.544851	.544851	.544851			37
37.01 AMBULATORY SURGERY CENTER	.361601	.361601	.361601			37.01
38 RECOVERY ROOM	.173770	.173770	.173770			38
39 DELIVERY ROOM & LABOR ROOM	.502055	.502055	.502055			39
40 ANESTHESIOLOGY	.136628	.136628	.136628			40
41 RADIOLOGY-DIAGNOSTIC	.391738	.391738	.391738			41
41.01 RADIOLOGY-ULTRASOUND	.199291	.199291	.199291			41.01
41.02 RADIOLOGY-MRI	.164301	.164301	.164301			41.02
41.03 RADIOLOGY-CAT SCAN	.109926	.109926	.109926			41.03
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	.259391	.259391	.259391			43
44 LABORATORY	.167801	.167801	.167801			44
44.01 LABORATORY-SURGICAL PATHOLOGY	.318226	.318226	.318226			44.01
44.02 LABORATORY-NEUROSURGICAL						44.02
44.03 LABORATORY-HLA	.671016	.671016	.671016			44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.502433	.502433	.502433			47
49 RESPIRATORY THERAPY	.278280	.278280	.278280			49
50 PHYSICAL THERAPY	.385993	.385993	.385993			50
51 OCCUPATIONAL THERAPY	.371516	.371516	.371516			51
52 SPEECH PATHOLOGY	.367622	.367622	.367622			52
53 ELECTROCARDIOLOGY	.285473	.285473	.285473			53
54 ELECTROENCEPHALOGRAPHY	.481669	.481669	.481669			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.796022	.796022	.796022			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.331596	.331596	.331596			56
57 RENAL DIALYSIS	.357129	.357129	.357129			57
59 PULMONARY LABS	.671579	.671579	.671579			59
59.01 OCCUPATIONAL HEALTH	.730365	.730365	.730365			59.01
59.03 HYPERALIMENTATION						59.03
59.04 PERIPHERAL VASCULAR	.219625	.219625	.219625			59.04
59.05 PEDIATRIC ENDO NUTRITION						59.05
59.06 CARDIAC CATHETER LAB	.315858	.315858	.315858			59.06
59.07 GASTROINTESTINAL SERVICE	.320269	.320269	.320269			59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB						59.08
59.09 BONE MARROW PROCUREMENT	.924032	.924032	.924032			59.09
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.747797	1.747797	1.747797			60
60.01 CARDIAC REHABILITATION	2.872332	2.872332	2.872332			60.01
60.02 CANCER CENTER	.479203	.479203	.479203			60.02
60.03 PSYCH SOCIAL REHAB	2.210627	2.210627	2.210627			60.03
60.04 WELLNESS ASSESSMENT						60.04
60.06 HEART FAILURE CLINIC						60.06
60.07 LOC OUTPATIENT CENTER	.578545	.578545	.578545			60.07
60.08 OB OUTPATIENT CENTER	.409952	.409952	.409952			60.08
60.09 ELMHURST IMMEDIATE CARE	.678076	.678076	.678076			60.09
60.10 LAGRANGE FAMILY PCC	.660988	.660988	.660988			60.10
60.12 NORTH RIVERSIDE PCC	.843607	.843607	.843607			60.12
60.13 GLENDALE HEIGHTS PCC						60.13
60.14 WHEATON PCC	1.148715	1.148715	1.148715			60.14
60.15 OB II PCC	.684164	.684164	.684164			60.15
60.16 HICKORY HILLS PCC	.610315	.610315	.610315			60.16
60.18 DARIEN PCC	.642281	.642281	.642281			60.18
60.20 ORLANAD PARK - FP	.768270	.768270	.768270			60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	.644762	.644762	.644762			60.21
60.22 HOMER GLEN PCC	.548692	.548692	.548692			60.22
60.23 OAK PARK PCC	.836709	.836709	.836709			60.23
60.24 PARK RIDGE PCC	.558278	.558278	.558278			60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	.669615	.669615	.669615			60.25
60.26 WOODRIDGE PCC						60.26
60.27 NEUROLOGY - NILES						60.27
61 EMERGENCY	.257086	.257086	.257086			61
62 OBSERVATION BEDS (NON-DISTINCT	.684759	.684759	.684759			62

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[XX]	SUB II (14-T276)	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8	PART I COL. 9	PART II COL. 9	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
	1	1.01	1.02	2	3	4	
62.01 OBSERVATION BEDS-DISTINCT	.878906	.878906	.878906				62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	22.495004	22.495004	22.495004				65
65.01 AMBULANCE CHARGES (S-2 LINE 56.	22.495004	22.495004					65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.	22.495004	22.495004					65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.	22.495004	22.495004					65.03
67 DURABLE MEDICAL EQUIP-SOLD	.967701	.967701	.967701				67
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

	1	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.331596	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[XX]	SUB II (14-T276)	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	5	5.01	5.02	5.03	5.04	6	7	8	
62.01 OBSERVATION BEDS-DISTINCT									62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
65.01 AMBULANCE CHARGES (S-2 LINE 56)									65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)									65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)									65.03
67 DURABLE MEDICAL EQUIP-SOLD									67
101 SUBTOTAL		14186							101
102 CRNA CHARGES									102
103 PBP CLINIC LAB									103
104 NET CHARGES		14186							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T276) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)		
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.01 AMBULATORY SURGERY CENTER						37.01
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC		934				41
41.01 RADIOLOGY-ULTRASOUND						41.01
41.02 RADIOLOGY-MRI						41.02
41.03 RADIOLOGY-CAT SCAN						41.03
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY		38				44
44.01 LABORATORY-SURGICAL PATHOLOGY						44.01
44.02 LABORATORY-NEUROSURGICAL						44.02
44.03 LABORATORY-HLA						44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA						47
49 RESPIRATORY THERAPY		2709				49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY		94				53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PAT		1200				55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 PULMONARY LABS						59
59.01 OCCUPATIONAL HEALTH						59.01
59.03 HYPERALIMENTATION						59.03
59.04 PERIPHERAL VASCULAR						59.04
59.05 PEDIATRIC ENDO NUTRITION						59.05
59.06 CARDIAC CATHETER LAB						59.06
59.07 GASTROINTESTINAL SERVICE						59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB						59.08
59.09 BONE MARROW PROCUREMENT						59.09
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CARDIAC REHABILITATION						60.01
60.02 CANCER CENTER						60.02
60.03 PSYCH SOCIAL REHAB						60.03
60.04 WELLNESS ASSESSMENT						60.04
60.06 HEART FAILURE CLINIC						60.06
60.07 LOC OUTPATIENT CENTER						60.07
60.08 OB T OUTPATIENT CENTER						60.08
60.09 ELMHURST IMMEDIATE CARE						60.09
60.10 LAGRANGE FAMILY PCC						60.10
60.12 NORTH RIVERSIDE PCC						60.12
60.13 GLENDALE HEIGHTS PCC						60.13
60.14 WHEATON PCC						60.14
60.15 OB T II PCC						60.15
60.16 HICKORY HILLS PCC						60.16
60.18 DARIEN PCC						60.18
60.20 ORLANAD PARK - FP						60.20
60.21 FAMILY PRACTICE MAYWOOD PCC						60.21
60.22 HOMER GLEN PCC						60.22
60.23 OAK PARK PCC						60.23
60.24 PARK RIDGE PCC						60.24
60.25 LOYOLA CLINIC AT GOTTLIEB						60.25
60.26 WOODRIDGE PCC						60.26
60.27 NEUROLOGY - NILES						60.27
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[XX]	SUB II (14-T276)	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
67 DURABLE MEDICAL EQUIP-SOLD							67
101 SUBTOTAL		4975					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		4975					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0276)	SUB I (PPS) (14-S276)	SUB II (PPS) (14-T276)	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	87270		8510				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	87270		8510				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	87270		8510				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	32628		5995				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 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							12
13 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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0276)	SUB I (PPS) (14-S276)	SUB II (PPS) (14-T276)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	75529932		8410952				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	75529932		8410952				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	137041518		5420312				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		7960083					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	129081435		5420312				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.551146		1.551747				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1479.10		636.93				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	75529932		8410952				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0276)	SUB I (PPS) (14-S276)	SUB II (PPS) (14-T276)	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	865.47		988.36			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28238555		5925218			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28238555		5925218			41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	24938394	14574	1711.16	7822	13384694	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	4884469	3289	1485.09	872	1294998	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE	14333846	11209	1278.78			47
47.01 PEDIATRIC INTENSIVE CARE	3876586	2504	1548.16	35	54186	47.01
47.03 HEART TRANSPLANT ICU	4780727	3311	1443.89	1739	2510925	47.03
47.04 BONE INTENSIVE CARE	5008160	3787	1322.46	817	1080450	47.04

	HOSPITAL (PPS) (14-0276)	SUB I (PPS) (14-S276)	SUB II (PPS) (14-T276)	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	82435729		2524500			48
49 TOTAL PROGRAM INPATIENT COSTS	128999537		8449718			49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2461420		350887			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	5721509		100940			51
52 TOTAL PROGRAM EXCLUDABLE COST	8182929		451827			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	120816608		7997891			53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0276)	SUB I (PPS) (14-S276)	SUB II (PPS) (14-T276)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66	SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68	PROGRAM ROUTINE SERVICE COST	68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72	PER DIEM CAPITAL RELATED COSTS	72
73	PROGRAM CAPITAL RELATED COSTS	73
74	INPATIENT ROUTINE SERVICE COST	74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78	INPATIENT ROUTINE SERVICE COST LIMITATION	78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80	PROGRAM INPATIENT ANCILLARY SERVICES	80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS) (PPS)
 (14-0276)(14-S276)(14-T276)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	7017	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	865.47	84
85 OBSERVATION BED COST	6073003	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		75529932		6073003		86
87 NEW CAPITAL-RELATED COST	4305361	75529932	.057002	6073003	346173	87
88 NON PHYSICIAN ANESTHETIST		75529932		6073003		88
89 NURSING SCHOOL		75529932		6073003		89
89.01 ALLIED HEALTH		75529932		6073003		89.01
89.02 ALL OTHER		75529932		6073003		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0276) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		54162428		25
26 INTENSIVE CARE UNIT		19521642		26
28 BURN INTENSIVE CARE UNIT		28555515		28
30 NEONATAL INTENSIVE CARE				30
30.01 PEDIATRIC INTENSIVE CARE		85390		30.01
30.03 HEART TRANSPLANT ICU		4478975		30.03
30.04 BONE INTENSIVE CARE		2359241		30.04
31.01 SUBPROVIDER II-REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.544851	41967087	22865809	37
37.01 AMBULATORY SURGERY CENTER	.361601	143921	52042	37.01
38 RECOVERY ROOM	.173770	8704173	1512524	38
39 DELIVERY ROOM & LABOR ROOM	.502055	105994	53215	39
40 ANESTHESIOLOGY	.136628	19466862	2659718	40
41 RADIOLOGY-DIAGNOSTIC	.391738	12670983	4963706	41
41.01 RADIOLOGY-ULTRASOUND	.199291	1017807	202840	41.01
41.02 RADIOLOGY-MRI	.164301	3713915	610200	41.02
41.03 RADIOLOGY-CAT SCAN	.109926	10267189	1128631	41.03
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.259391	1332714	345694	43
44 LABORATORY	.167801	32636814	5476490	44
44.01 LABORATORY-SURGICAL PATHOLOGY	.318226	3713200	1181637	44.01
44.02 LABORATORY-NEUROSURGICAL				44.02
44.03 LABORATORY-HLA	.671016	53247	35730	44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.502433	5344043	2685024	47
49 RESPIRATORY THERAPY	.278280	14211482	3954771	49
50 PHYSICAL THERAPY	.385993	2447474	944708	50
51 OCCUPATIONAL THERAPY	.371516	1152889	428317	51
52 SPEECH PATHOLOGY	.367622	685871	252141	52
53 ELECTROCARDIOLOGY	.285473	23675683	6758768	53
54 ELECTROENCEPHALOGRAPHY	.481669	840105	404653	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.796022	4632450	3687532	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.331596	33731383	11185192	56
57 RENAL DIALYSIS	.357129	1583424	565487	57
59 PULMONARY LABS	.671579	308910	207457	59
59.01 OCCUPATIONAL HEALTH	.730365			59.01
59.03 HYPERALIMENTATION				59.03
59.04 PERIPHERAL VASCULAR	.219625	1611030	353822	59.04
59.05 PEDIATRIC ENDO NUTRITION				59.05
59.06 CARDIAC CATHETER LAB	.315858	16204495	5118319	59.06
59.07 GASTROINTESTINAL SERVICE	.320269	1831465	586561	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB				59.08
59.09 BONE MARROW PROCUREMENT	.924032	260016	240263	59.09
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.747797	2097	3665	60
60.01 CARDIAC REHABILITATION	2.872332	155858	447676	60.01
60.02 CANCER CENTER	.479203	603712	289301	60.02
60.03 PSYCH SOCIAL REHAB	2.210627			60.03
60.04 WELLNESS ASSESSMENT				60.04
60.06 HEART FAILURE CLINIC				60.06
60.07 LOC OUTPATIENT CENTER	.578545	915061	529404	60.07
60.08 OB OUTPATIENT CENTER	.409952	44318	18168	60.08
60.09 ELMHURST IMMEDIATE CARE	.678076	2559	1735	60.09
60.10 LAGRANGE FAMILY PCC	.660988	5593	3697	60.10
60.12 NORTH RIVERSIDE PCC	.843607	2830	2387	60.12
60.13 GLENDALE HEIGHTS PCC				60.13
60.14 WHEATON PCC	1.148715	2161	2482	60.14
60.15 OB II PCC	.684164	10175	6961	60.15
60.16 HICKORY HILLS PCC	.610315	5643	3444	60.16
60.18 DARIEN PCC	.642281	2789	1791	60.18
60.20 ORLANAD PARK - FP	.768270	4084	3138	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	.644762	4869	3139	60.21
60.22 HOMER GLEN PCC	.548692	13265	7278	60.22
60.23 OAK PARK PCC	.836709	2789	2334	60.23
60.24 PARK RIDGE PCC	.558278	23797	13285	60.24

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09
 11/29/2010 13:58

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0276)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
60.25 LOYOLA CLINIC AT GOTTLIEB	.669615	295	198	60.25
60.26 WOODRIDGE PCC				60.26
60.27 NEUROLOGY - NILES				60.27
61 EMERGENCY	.257086	10109005	2598884	61
62 OBSERVATION BEDS (NON-DISTINCT)	.684759			62
62.01 OBSERVATION BEDS-DISTINCT	.878906	40404	35511	62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
67 DURABLE MEDICAL EQUIP-SOLD	.967701			67
101 TOTAL		256265930	82435729	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		256265930		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S276)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
28 BURN INTENSIVE CARE UNIT			28
30 NEONATAL INTENSIVE CARE			30
30.01 PEDIATRIC INTENSIVE CARE			30.01
30.03 HEART TRANSPLANT ICU			30.03
30.04 BONE INTENSIVE CARE			30.04
31.01 SUBPROVIDER II-REHAB			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.544851		37
37.01 AMBULATORY SURGERY CENTER	.361601		37.01
38 RECOVERY ROOM	.173770		38
39 DELIVERY ROOM & LABOR ROOM	.502055		39
40 ANESTHESIOLOGY	.136628		40
41 RADIOLOGY-DIAGNOSTIC	.391738		41
41.01 RADIOLOGY-ULTRASOUND	.199291		41.01
41.02 RADIOLOGY-MRI	.164301		41.02
41.03 RADIOLOGY-CAT SCAN	.109926		41.03
42 RADIOLOGY-THERAPEUTIC			42
43 RADIOISOTOPE	.259391		43
44 LABORATORY	.167801		44
44.01 LABORATORY-SURGICAL PATHOLOGY	.318226		44.01
44.02 LABORATORY-NEUROSURGICAL			44.02
44.03 LABORATORY-HLA	.671016		44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.502433		47
49 RESPIRATORY THERAPY	.278280		49
50 PHYSICAL THERAPY	.385993		50
51 OCCUPATIONAL THERAPY	.371516		51
52 SPEECH PATHOLOGY	.367622		52
53 ELECTROCARDIOLOGY	.285473		53
54 ELECTROENCEPHALOGRAPHY	.481669		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.796022		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.331596		56
57 RENAL DIALYSIS	.357129		57
59 PULMONARY LABS	.671579		59
59.01 OCCUPATIONAL HEALTH	.730365		59.01
59.03 HYPERALIMENTATION			59.03
59.04 PERIPHERAL VASCULAR	.219625		59.04
59.05 PEDIATRIC ENDO NUTRITION			59.05
59.06 CARDIAC CATHETER LAB	.315858		59.06
59.07 GASTROINTESTINAL SERVICE	.320269		59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB			59.08
59.09 BONE MARROW PROCUREMENT	.924032		59.09
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.747797		60
60.01 CARDIAC REHABILITATION	2.872332		60.01
60.02 CANCER CENTER	.479203		60.02
60.03 PSYCH SOCIAL REHAB	2.210627		60.03
60.04 WELLNESS ASSESSMENT			60.04
60.06 HEART FAILURE CLINIC			60.06
60.07 LOC OUTPATIENT CENTER	.578545		60.07
60.08 OBST OUTPATIENT CENTER	.409952		60.08
60.09 ELMHURST IMMEDIATE CARE	.678076		60.09
60.10 LAGRANGE FAMILY PCC	.660988		60.10
60.12 NORTH RIVERSIDE PCC	.843607		60.12
60.13 GLENDALE HEIGHTS PCC			60.13
60.14 WHEATON PCC	1.148715		60.14
60.15 OBST II PCC	.684164		60.15
60.16 HICKORY HILLS PCC	.610315		60.16
60.18 DARIEN PCC	.642281		60.18
60.20 ORLANAD PARK - FP	.768270		60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	.644762		60.21
60.22 HOMER GLEN PCC	.548692		60.22
60.23 OAK PARK PCC	.836709		60.23
60.24 PARK RIDGE PCC	.558278		60.24

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2010.09
 11/29/2010 13:58

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S276)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
60.25 LOYOLA CLINIC AT GOTTLIEB	.669615			60.25
60.26 WOODRIDGE PCC				60.26
60.27 NEUROLOGY - NILES				60.27
61 EMERGENCY	.257086			61
62 OBSERVATION BEDS (NON-DISTINCT)	.684759			62
62.01 OBSERVATION BEDS-DISTINCT	.878906			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
67 DURABLE MEDICAL EQUIP-SOLD	.967701			67
101 TOTAL				101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES				103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[XX] SUB II (14-T276)	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
28 BURN INTENSIVE CARE UNIT				28
30 NEONATAL INTENSIVE CARE				30
30.01 PEDIATRIC INTENSIVE CARE				30.01
30.03 HEART TRANSPLANT ICU				30.03
30.04 BONE INTENSIVE CARE				30.04
31.01 SUBPROVIDER II-REHAB		5420312		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.544851	1754	956	37
37.01 AMBULATORY SURGERY CENTER	.361601			37.01
38 RECOVERY ROOM	.173770	2070	360	38
39 DELIVERY ROOM & LABOR ROOM	.502055			39
40 ANESTHESIOLOGY	.136628	5635	770	40
41 RADIOLOGY-DIAGNOSTIC	.391738	169443	66377	41
41.01 RADIOLOGY-ULTRASOUND	.199291	9442	1882	41.01
41.02 RADIOLOGY-MRI	.164301	42726	7020	41.02
41.03 RADIOLOGY-CAT SCAN	.109926	119704	13159	41.03
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.259391	18891	4900	43
44 LABORATORY	.167801	779838	130858	44
44.01 LABORATORY-SURGICAL PATHOLOGY	.318226	15752	5013	44.01
44.02 LABORATORY-NEUROSURGICAL				44.02
44.03 LABORATORY-HLA				44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO	.671016	238	160	46.30
47 BLOOD STORING, PROCESSING & TRA	.502433	63702	32006	47
49 RESPIRATORY THERAPY	.278280	600580	167129	49
50 PHYSICAL THERAPY	.385993	1738151	670914	50
51 OCCUPATIONAL THERAPY	.371516	1643301	610513	51
52 SPEECH PATHOLOGY	.367622	515035	189338	52
53 ELECTROCARDIOLOGY	.285473	60615	17304	53
54 ELECTROENCEPHALOGRAPHY	.481669	4324	2083	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.796022	156022	124197	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.331596	1242337	411954	56
57 RENAL DIALYSIS	.357129	79834	28511	57
59 PULMONARY LABS	.671579	2229	1497	59
59.01 OCCUPATIONAL HEALTH	.730365			59.01
59.03 HYPERALIMENTATION				59.03
59.04 PERIPHERAL VASCULAR	.219625	64126	14084	59.04
59.05 PEDIATRIC ENDO NUTRITION				59.05
59.06 CARDIAC CATHETER LAB	.315858	1791	566	59.06
59.07 GASTROINTESTINAL SERVICE	.320269	6850	2194	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB				59.08
59.09 BONE MARROW PROCUREMENT	.924032			59.09
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.747797			60
60.01 CARDIAC REHABILITATION	2.872332			60.01
60.02 CANCER CENTER	.479203			60.02
60.03 PSYCH SOCIAL REHAB	2.210627			60.03
60.04 WELLNESS ASSESSMENT				60.04
60.06 HEART FAILURE CLINIC				60.06
60.07 LOC OUTPATIENT CENTER	.578545	35337	20444	60.07
60.08 OB OUTPATIENT CENTER	.409952			60.08
60.09 ELMHURST IMMEDIATE CARE	.678076			60.09
60.10 LAGRANGE FAMILY PCC	.660988			60.10
60.12 NORTH RIVERSIDE PCC	.843607			60.12
60.13 GLENDALE HEIGHTS PCC				60.13
60.14 WHEATON PCC	1.148715			60.14
60.15 OB II PCC	.684164			60.15
60.16 HICKORY HILLS PCC	.610315			60.16
60.18 DARIEN PCC	.642281			60.18
60.20 ORLANAD PARK - FP	.768270			60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	.644762			60.21
60.22 HOMER GLEN PCC	.548692			60.22
60.23 OAK PARK PCC	.836709			60.23
60.24 PARK RIDGE PCC	.558278			60.24

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09
 11/29/2010 13:58

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T276)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
60.25 LOYOLA CLINIC AT GOTTLIEB	.669615			60.25
60.26 WOODRIDGE PCC				60.26
60.27 NEUROLOGY - NILES				60.27
61 EMERGENCY	.257086	1209	311	61
62 OBSERVATION BEDS (NON-DISTINCT)	.684759			62
62.01 OBSERVATION BEDS-DISTINCT	.878906			62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
67 DURABLE MEDICAL EQUIP-SOLD	.967701			67
101 TOTAL		7380936	2524500	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		7380936		103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

1	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION			COST	
		1	D		2	3	4		
1	ADULTS & PEDIATRICS	137948	38	865.47	108		93471	1	
2	INTENSIVE CARE UNIT	7379	43	1711.16	4		6845	2	
3	CORONARY CARE UNIT		44					3	
4	BURN INTENSIVE CARE UNIT		45	1485.09				4	
5	SURGICAL INTENSIVE CARE UNIT		46					5	
6	NEONATAL INTENSIVE CARE		47	1278.78				6	
6.01	PEDIATRIC INTENSIVE CARE		47.01	1548.16				6.01	
6.03	HEART TRANSPLANT ICU		47.03	1443.89				6.03	
6.04	BONE INTENSIVE CARE		47.04	1322.46				6.04	
7	TOTAL	145327			112		100316	7	
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES			ORGAN ACQUISITION ANCILLARY COSTS		
8	OPERATING ROOM	C	1		2		3		
8.01	AMBULATORY SURGERY CENTER	37.01	.544851		465795		253789	8	
9	RECOVERY ROOM	38	.361601					8.01	
10	DELIVERY ROOM & LABOR ROOM	39	.173770		107283		18643	9	
11	ANESTHESIOLOGY	40	.502055					10	
12	RADIOLOGY-DIAGNOSTIC	41	.136628		116191		15875	11	
12.01	RADIOLOGY-ULTRASOUND	41.01	.391738		33708		13205	12	
12.02	RADIOLOGY-MRI	41.02	.199291		18042		3596	12.01	
12.03	RADIOLOGY-CAT SCAN	41.03	.164301		10980		1804	12.02	
13	RADIOLOGY-THERAPEUTIC	42	.109926		142235		15635	12.03	
14	RADIOISOTOPE	43						13	
15	LABORATORY	44	.259391		94168		24426	14	
15.01	LABORATORY-SURGICAL PATHOLOGY	44.01	.167801		364024		61084	15	
15.02	LABORATORY-NEUROSURGICAL	44.02	.318226					15.01	
15.03	LABORATORY-HLA	44.03			461326		309557	15.02	
16	PBP CLINICAL LAB SERVICES-PRGM	45	.671016					15.03	
17	WHOLE BLOOD & PACKED RED BLOOD	46						16	
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30						16	
18	BLOOD STORING, PROCESSING & TRA	47	.502433					17	
19	INTRAVENOUS THERAPY	48						17.30	
20	RESPIRATORY THERAPY	49	.278280		6562		1826	18	
21	PHYSICAL THERAPY	50	.385993		1135		438	19	
22	OCCUPATIONAL THERAPY	51	.371516		627		233	20	
23	SPEECH PATHOLOGY	52	.367622					21	
24	ELECTROCARDIOLOGY	53	.285473		59942		17112	22	
25	ELECTROENCEPHALOGRAPHY	54	.481669		2248		1083	23	
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.796022		70229		55904	24	
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30						25	
27	DRUGS CHARGED TO PATIENTS	56	.331596		187989		62336	26	
28	RENAL DIALYSIS	57	.357129		1880		671	26.30	
29	ASC (NON-DISTINCT PART)	58						27	
30	PULMONARY LABS	59	.671579		617		414	28	
30.01	OCCUPATIONAL HEALTH	59.01	.730365					29	
30.03	HYPERALIMENTATION	59.03						30	
30.04	PERIPHERAL VASCULAR	59.04	.219625		4192		921	30.01	
30.05	PEDIATRIC ENDO NUTRITION	59.05						30.03	
30.06	CARDIAC CATHETER LAB	59.06	.315858		115066		36345	30.04	
30.07	GASTROINTESTINAL SERVICE	59.07	.320269		11269		3609	30.05	
30.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08						30.06	
30.09	BONE MARROW PROCUREMENT	59.09	.924032					30.07	
30.97	CARDIAC REHABILITATION	59.97						30.08	
30.98	HYPERBARIC OXYGEN THERAPY	59.98						30.09	
30.99	LITHOTRIPSY	59.99						30.97	
31	CLINIC	60	1.747797		14336		25056	30.98	
31.01	CARDIAC REHABILITATION	60.01	2.872332					30.99	
31.02	CANCER CENTER	60.02	.479203					31	
31.03	PSYCH SOCIAL REHAB	60.03	2.210627					31.01	
31.04	WELLNESS ASSESSMENT	60.04						31.02	
31.06	HEART FAILURE CLINIC	60.06						31.03	
31.07	LOC OUTPATIENT CENTER	60.07	.578545					31.04	
31.08	OBT OUTPATIENT CENTER	60.08	.409952					31.06	
31.09	ELMHURST IMMEDIATE CARE	60.09	.678076					31.07	
31.10	LAGRANGE FAMILY PCC	60.10	.660988					31.08	
31.12	NORTH RIVERSIDE PCC	60.12	.843607					31.09	
31.13	GLENDALE HEIGHTS PCC	60.13						31.10	
31.14	WHEATON PCC	60.14	1.148715					31.12	
31.15	OBT II PCC	60.15	.684164					31.13	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	1	RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
31.16 HICKORY HILLS PCC	60.16	.610315				31.16
31.18 DARIEN PCC	60.18	.642281				31.18
31.20 ORLANAD PARK - FP	60.20	.768270				31.20
31.21 FAMILY PRACTICE MAYWOOD PCC	60.21	.644762				31.21
31.22 HOMER GLEN PCC	60.22	.548692				31.22
31.23 OAK PARK PCC	60.23	.836709				31.23
31.24 PARK RIDGE PCC	60.24	.558278				31.24
31.25 LOYOLA CLINIC AT GOTTLIEB	60.25	.669615				31.25
31.26 WOODRIDGE PCC	60.26					31.26
31.27 NEUROLOGY - NILES	60.27					31.27
32 EMERGENCY	61	.257086		1595	410	32
33 OBSERVATION BEDS (NON-DISTINCT)	62	.684759				33
33.01 OBSERVATION BEDS-DISTINCT	62.01	.878906				33.01
34 OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50 RHC	63.50					34.50
34.60 FQHC	63.60					34.60
35 TOTAL				2291439	923972	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2		108		36
37 INTENSIVE CARE UNIT	3		4		37
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 NEONATAL INTENSIVE CARE	7				41
41.01 PEDIATRIC INTENSIVE CARE	7.01				41.01
41.03 HEART TRANSPLANT ICU	7.03				41.03
41.04 BONE INTENSIVE CARE	7.04				41.04
42 SUBTOTAL			112		42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC	14336	20			43
43.01 CARDIAC REHABILITATION		20.01			43.01
43.02 CANCER CENTER		20.02			43.02
43.03 PSYCH SOCIAL REHAB		20.03			43.03
43.04 WELLNESS ASSESSMENT		20.04			43.04
43.06 HEART FAILURE CLINIC		20.06			43.06
43.07 LOC OUTPATIENT CENTER		20.07			43.07
43.08 OB OUTPATIENT CENTER		20.08			43.08
43.09 ELMHURST IMMEDIATE CARE		20.09			43.09
43.10 LAGRANGE FAMILY PCC		20.10			43.10
43.12 NORTH RIVERSIDE PCC		20.12			43.12
43.13 GLENDALE HEIGHTS PCC		20.13			43.13
43.14 WHEATON PCC		20.14			43.14
43.15 OB II PCC		20.15			43.15
43.16 HICKORY HILLS PCC		20.16			43.16
43.18 DARIEN PCC		20.18			43.18
43.20 ORLANAD PARK - FP		20.20			43.20
43.21 FAMILY PRACTICE MAYWOOD PCC		20.21			43.21
43.22 HOMER GLEN PCC		20.22			43.22
43.23 OAK PARK PCC		20.23			43.23
43.24 PARK RIDGE PCC		20.24			43.24
43.25 LOYOLA CLINIC AT GOTTLIEB		20.25			43.25
43.26 WOODRIDGE PCC		20.26			43.26
43.27 NEUROLOGY - NILES		20.27			43.27
44 EMERGENCY	1595	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
45.01 OBSERVATION BEDS-DISTINCT		22.01			45.01
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	15931				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	1024288		2436766		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2614853		2614853		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	3639141		5051619		53
54 TOTAL USABLE ORGANS		60			54
55 MEDICARE USABLE ORGANS		35			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.583333			56
57 MEDICARE COST/CHARGES	2122831		2946776		57
58 REVENUE FOR ORGANS SOLD	50999				58
59 SUBTOTAL	2071832		2946776		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	2071832		2946776		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
62 ORGANS EXCISED IN PROVIDER		24	49		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S					65
66 TOTAL		24	49		66
67 ORGANS TRANSPLANTED		24	36	3532787	67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			13		69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL		24	49		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	865.47			1
2	INTENSIVE CARE UNIT		43	1711.16			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	1485.09			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1278.78			6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1548.16			6.01
6.03	HEART TRANSPLANT ICU		47.03	1443.89			6.03
6.04	BONE INTENSIVE CARE		47.04	1322.46			6.04
7	TOTAL						7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		C	1	2	3	4	
			RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
8	OPERATING ROOM	37	.544851				8
8.01	AMBULATORY SURGERY CENTER	37.01	.361601				8.01
9	RECOVERY ROOM	38	.173770				9
10	DELIVERY ROOM & LABOR ROOM	39	.502055				10
11	ANESTHESIOLOGY	40	.136628				11
12	RADIOLOGY-DIAGNOSTIC	41	.391738				12
12.01	RADIOLOGY-ULTRASOUND	41.01	.199291				12.01
12.02	RADIOLOGY-MRI	41.02	.164301				12.02
12.03	RADIOLOGY-CAT SCAN	41.03	.109926				12.03
13	RADIOLOGY-THERAPEUTIC	42					13
14	RADIOISOTOPE	43	.259391				14
15	LABORATORY	44	.167801				15
15.01	LABORATORY-SURGICAL PATHOLOGY	44.01	.318226				15.01
15.02	LABORATORY-NEUROSURGICAL	44.02					15.02
15.03	LABORATORY-HLA	44.03	.671016				15.03
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.502433				18
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.278280				20
21	PHYSICAL THERAPY	50	.385993				21
22	OCCUPATIONAL THERAPY	51	.371516				22
23	SPEECH PATHOLOGY	52	.367622				23
24	ELECTROCARDIOLOGY	53	.285473				24
25	ELECTROENCEPHALOGRAPHY	54	.481669				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.796022				26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30					26.30
27	DRUGS CHARGED TO PATIENTS	56	.331596				27
28	RENAL DIALYSIS	57	.357129				28
29	ASC (NON-DISTINCT PART)	58					29
30	PULMONARY LABS	59	.671579				30
30.01	OCCUPATIONAL HEALTH	59.01	.730365				30.01
30.03	HYPERALIMENTATION	59.03					30.03
30.04	PERIPHERAL VASCULAR	59.04	.219625				30.04
30.05	PEDIATRIC ENDO NUTRITION	59.05					30.05
30.06	CARDIAC CATHETER LAB	59.06	.315858				30.06
30.07	GASTROINTESTINAL SERVICE	59.07	.320269				30.07
30.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08					30.08
30.09	BONE MARROW PROCUREMENT	59.09	.924032				30.09
30.97	CARDIAC REHABILITATION	59.97					30.97
30.98	HYPERBARIC OXYGEN THERAPY	59.98					30.98
30.99	LITHOTRIPSY	59.99					30.99
31	CLINIC	60	1.747797				31
31.01	CARDIAC REHABILITATION	60.01	2.872332				31.01
31.02	CANCER CENTER	60.02	.479203				31.02
31.03	PSYCH SOCIAL REHAB	60.03	2.210627				31.03
31.04	WELLNESS ASSESSMENT	60.04					31.04
31.06	HEART FAILURE CLINIC	60.06					31.06
31.07	LOC OUTPATIENT CENTER	60.07	.578545				31.07
31.08	OBT OUTPATIENT CENTER	60.08	.409952				31.08
31.09	ELMHURST IMMEDIATE CARE	60.09	.678076				31.09
31.10	LAGRANGE FAMILY PCC	60.10	.660988				31.10
31.12	NORTH RIVERSIDE PCC	60.12	.843607				31.12
31.13	GLENDALE HEIGHTS PCC	60.13					31.13
31.14	WHEATON PCC	60.14	1.148715				31.14
31.15	OBT II PCC	60.15	.684164				31.15

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	1	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
31.16 HICKORY HILLS PCC	60.16	.610315				31.16
31.18 DARIEN PCC	60.18	.642281				31.18
31.20 ORLANAD PARK - FP	60.20	.768270				31.20
31.21 FAMILY PRACTICE MAYWOOD PCC	60.21	.644762				31.21
31.22 HOMER GLEN PCC	60.22	.548692				31.22
31.23 OAK PARK PCC	60.23	.836709				31.23
31.24 PARK RIDGE PCC	60.24	.558278				31.24
31.25 LOYOLA CLINIC AT GOTTLIEB	60.25	.669615				31.25
31.26 WOODRIDGE PCC	60.26					31.26
31.27 NEUROLOGY - NILES	60.27					31.27
32 EMERGENCY	61	.257086				32
33 OBSERVATION BEDS (NON-DISTINCT)	62	.684759				33
33.01 OBSERVATION BEDS-DISTINCT	62.01	.878906				33.01
34 OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50 RHC	63.50					34.50
34.60 FQHC	63.60					34.60
35 TOTAL						35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		D	1	2	3
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3			37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	NEONATAL INTENSIVE CARE	7			41
41.01	PEDIATRIC INTENSIVE CARE	7.01			41.01
41.03	HEART TRANSPLANT ICU	7.03			41.03
41.04	BONE INTENSIVE CARE	7.04			41.04
42	SUBTOTAL				42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
43.01	CARDIAC REHABILITATION		20.01		43.01
43.02	CANCER CENTER		20.02		43.02
43.03	PSYCH SOCIAL REHAB		20.03		43.03
43.04	WELLNESS ASSESSMENT		20.04		43.04
43.06	HEART FAILURE CLINIC		20.06		43.06
43.07	LOC OUTPATIENT CENTER		20.07		43.07
43.08	OBT OUTPATIENT CENTER		20.08		43.08
43.09	ELMHURST IMMEDIATE CARE		20.09		43.09
43.10	LAGRANGE FAMILY PCC		20.10		43.10
43.12	NORTH RIVERSIDE PCC		20.12		43.12
43.13	GLENDALE HEIGHTS PCC		20.13		43.13
43.14	WHEATON PCC		20.14		43.14
43.15	OBT II PCC		20.15		43.15
43.16	HICKORY HILLS PCC		20.16		43.16
43.18	DARIEN PCC		20.18		43.18
43.20	ORLANAD PARK - FP		20.20		43.20
43.21	FAMILY PRACTICE MAYWOOD PCC		20.21		43.21
43.22	HOMER GLEN PCC		20.22		43.22
43.23	OAK PARK PCC		20.23		43.23
43.24	PARK RIDGE PCC		20.24		43.24
43.25	LOYOLA CLINIC AT GOTTLIEB		20.25		43.25
43.26	WOODRIDGE PCC		20.26		43.26
43.27	NEUROLOGY - NILES		20.27		43.27
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
45.01	OBSERVATION BEDS-DISTINCT		22.01		45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I					48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1548067		1548067		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1548067		1548067		53
54 TOTAL USABLE ORGANS		16			54
55 MEDICARE USABLE ORGANS		7			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.437500			56
57 MEDICARE COST/CHARGES	677279		677279		57
58 REVENUE FOR ORGANS SOLD	26762				58
59 SUBTOTAL	650517		677279		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	650517		677279		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		25		65
66 TOTAL		25		66
67 ORGANS TRANSPLANTED		16	1089076	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		9		69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		25		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	38	865.47			1
2	INTENSIVE CARE UNIT	43	1711.16			2
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45	1485.09			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	NEONATAL INTENSIVE CARE	47	1278.78			6
6.01	PEDIATRIC INTENSIVE CARE	47.01	1548.16			6.01
6.03	HEART TRANSPLANT ICU	47.03	1443.89			6.03
6.04	BONE INTENSIVE CARE	47.04	1322.46			6.04
7	TOTAL					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
	C	1		2	3	
8	OPERATING ROOM	37	.544851			8
8.01	AMBULATORY SURGERY CENTER	37.01	.361601			8.01
9	RECOVERY ROOM	38	.173770			9
10	DELIVERY ROOM & LABOR ROOM	39	.502055			10
11	ANESTHESIOLOGY	40	.136628			11
12	RADIOLOGY-DIAGNOSTIC	41	.391738			12
12.01	RADIOLOGY-ULTRASOUND	41.01	.199291			12.01
12.02	RADIOLOGY-MRI	41.02	.164301			12.02
12.03	RADIOLOGY-CAT SCAN	41.03	.109926			12.03
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43	.259391			14
15	LABORATORY	44	.167801			15
15.01	LABORATORY-SURGICAL PATHOLOGY	44.01	.318226			15.01
15.02	LABORATORY-NEUROSURGICAL	44.02				15.02
15.03	LABORATORY-HLA	44.03	.671016			15.03
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.502433			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.278280			20
21	PHYSICAL THERAPY	50	.385993			21
22	OCCUPATIONAL THERAPY	51	.371516			22
23	SPEECH PATHOLOGY	52	.367622			23
24	ELECTROCARDIOLOGY	53	.285473			24
25	ELECTROENCEPHALOGRAPHY	54	.481669			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.796022			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30				26.30
27	DRUGS CHARGED TO PATIENTS	56	.331596			27
28	RENAL DIALYSIS	57	.357129			28
29	ASC (NON-DISTINCT PART)	58				29
30	PULMONARY LABS	59	.671579			30
30.01	OCCUPATIONAL HEALTH	59.01	.730365			30.01
30.03	HYPERALIMENTATION	59.03				30.03
30.04	PERIPHERAL VASCULAR	59.04	.219625			30.04
30.05	PEDIATRIC ENDO NUTRITION	59.05				30.05
30.06	CARDIAC CATHETER LAB	59.06	.315858			30.06
30.07	GASTROINTESTINAL SERVICE	59.07	.320269			30.07
30.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08				30.08
30.09	BONE MARROW PROCUREMENT	59.09	.924032			30.09
30.97	CARDIAC REHABILITATION	59.97				30.97
30.98	HYPERBARIC OXYGEN THERAPY	59.98				30.98
30.99	LITHOTRIPSY	59.99				30.99
31	CLINIC	60	1.747797			31
31.01	CARDIAC REHABILITATION	60.01	2.872332			31.01
31.02	CANCER CENTER	60.02	.479203			31.02
31.03	PSYCH SOCIAL REHAB	60.03	2.210627			31.03
31.04	WELLNESS ASSESSMENT	60.04				31.04
31.06	HEART FAILURE CLINIC	60.06				31.06
31.07	LOC OUTPATIENT CENTER	60.07	.578545			31.07
31.08	OBT OUTPATIENT CENTER	60.08	.409952			31.08
31.09	ELMHURST IMMEDIATE CARE	60.09	.678076			31.09
31.10	LAGRANGE FAMILY PCC	60.10	.660988			31.10
31.12	NORTH RIVERSIDE PCC	60.12	.843607			31.12
31.13	GLENDALE HEIGHTS PCC	60.13				31.13
31.14	WHEATON PCC	60.14	1.148715			31.14
31.15	OBT II PCC	60.15	.684164			31.15

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		D	1	2	3
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3			37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	NEONATAL INTENSIVE CARE	7			41
41.01	PEDIATRIC INTENSIVE CARE	7.01			41.01
41.03	HEART TRANSPLANT ICU	7.03			41.03
41.04	BONE INTENSIVE CARE	7.04			41.04
42	SUBTOTAL				42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
43.01	CARDIAC REHABILITATION		20.01		43.01
43.02	CANCER CENTER		20.02		43.02
43.03	PSYCH SOCIAL REHAB		20.03		43.03
43.04	WELLNESS ASSESSMENT		20.04		43.04
43.06	HEART FAILURE CLINIC		20.06		43.06
43.07	LOC OUTPATIENT CENTER		20.07		43.07
43.08	OBT OUTPATIENT CENTER		20.08		43.08
43.09	ELMHURST IMMEDIATE CARE		20.09		43.09
43.10	LAGRANGE FAMILY PCC		20.10		43.10
43.12	NORTH RIVERSIDE PCC		20.12		43.12
43.13	GLENDALE HEIGHTS PCC		20.13		43.13
43.14	WHEATON PCC		20.14		43.14
43.15	OBT II PCC		20.15		43.15
43.16	HICKORY HILLS PCC		20.16		43.16
43.18	DARIEN PCC		20.18		43.18
43.20	ORLANAD PARK - FP		20.20		43.20
43.21	FAMILY PRACTICE MAYWOOD PCC		20.21		43.21
43.22	HOMER GLEN PCC		20.22		43.22
43.23	OAK PARK PCC		20.23		43.23
43.24	PARK RIDGE PCC		20.24		43.24
43.25	LOYOLA CLINIC AT GOTTLIEB		20.25		43.25
43.26	WOODRIDGE PCC		20.26		43.26
43.27	NEUROLOGY - NILES		20.27		43.27
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
45.01	OBSERVATION BEDS-DISTINCT		22.01		45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I					48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1133751		1133751		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1133751		1133751		53
54 TOTAL USABLE ORGANS		14			54
55 MEDICARE USABLE ORGANS		6			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.428571			56
57 MEDICARE COST/CHARGES	485893		485893		57
58 REVENUE FOR ORGANS SOLD	14024				58
59 SUBTOTAL	471869		485893		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	471869		485893		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		19		65
66 TOTAL		19		66
67 ORGANS TRANSPLANTED		14	893390	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		5		69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		19		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [XX] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
	1	D	2	3	4	
1	ADULTS & PEDIATRICS	38	865.47			1
2	INTENSIVE CARE UNIT	43	1711.16			2
3	CORONARY CARE UNIT	44				3
4	BURN INTENSIVE CARE UNIT	45	1485.09			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
6	NEONATAL INTENSIVE CARE	47	1278.78			6
6.01	PEDIATRIC INTENSIVE CARE	47.01	1548.16			6.01
6.03	HEART TRANSPLANT ICU	47.03	1443.89			6.03
6.04	BONE INTENSIVE CARE	47.04	1322.46			6.04
7	TOTAL					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
	C	1		2	3	
8	OPERATING ROOM	37	.544851			8
8.01	AMBULATORY SURGERY CENTER	37.01	.361601			8.01
9	RECOVERY ROOM	38	.173770			9
10	DELIVERY ROOM & LABOR ROOM	39	.502055			10
11	ANESTHESIOLOGY	40	.136628			11
12	RADIOLOGY-DIAGNOSTIC	41	.391738			12
12.01	RADIOLOGY-ULTRASOUND	41.01	.199291			12.01
12.02	RADIOLOGY-MRI	41.02	.164301			12.02
12.03	RADIOLOGY-CAT SCAN	41.03	.109926			12.03
13	RADIOLOGY-THERAPEUTIC	42				13
14	RADIOISOTOPE	43	.259391			14
15	LABORATORY	44	.167801			15
15.01	LABORATORY-SURGICAL PATHOLOGY	44.01	.318226			15.01
15.02	LABORATORY-NEUROSURGICAL	44.02				15.02
15.03	LABORATORY-HLA	44.03	.671016			15.03
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.502433			18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.278280			20
21	PHYSICAL THERAPY	50	.385993			21
22	OCCUPATIONAL THERAPY	51	.371516			22
23	SPEECH PATHOLOGY	52	.367622			23
24	ELECTROCARDIOLOGY	53	.285473			24
25	ELECTROENCEPHALOGRAPHY	54	.481669			25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.796022			26
26.30	IMPL. DEV. CHARGED TO PATIENT	55.30				26.30
27	DRUGS CHARGED TO PATIENTS	56	.331596			27
28	RENAL DIALYSIS	57	.357129			28
29	ASC (NON-DISTINCT PART)	58				29
30	PULMONARY LABS	59	.671579			30
30.01	OCCUPATIONAL HEALTH	59.01	.730365			30.01
30.03	HYPERALIMENTATION	59.03				30.03
30.04	PERIPHERAL VASCULAR	59.04	.219625			30.04
30.05	PEDIATRIC ENDO NUTRITION	59.05				30.05
30.06	CARDIAC CATHETER LAB	59.06	.315858			30.06
30.07	GASTROINTESTINAL SERVICE	59.07	.320269			30.07
30.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08				30.08
30.09	BONE MARROW PROCUREMENT	59.09	.924032			30.09
30.97	CARDIAC REHABILITATION	59.97				30.97
30.98	HYPERBARIC OXYGEN THERAPY	59.98				30.98
30.99	LITHOTRIPSY	59.99				30.99
31	CLINIC	60	1.747797			31
31.01	CARDIAC REHABILITATION	60.01	2.872332			31.01
31.02	CANCER CENTER	60.02	.479203			31.02
31.03	PSYCH SOCIAL REHAB	60.03	2.210627			31.03
31.04	WELLNESS ASSESSMENT	60.04				31.04
31.06	HEART FAILURE CLINIC	60.06				31.06
31.07	LOC OUTPATIENT CENTER	60.07	.578545			31.07
31.08	OBT OUTPATIENT CENTER	60.08	.409952			31.08
31.09	ELMHURST IMMEDIATE CARE	60.09	.678076			31.09
31.10	LAGRANGE FAMILY PCC	60.10	.660988			31.10
31.12	NORTH RIVERSIDE PCC	60.12	.843607			31.12
31.13	GLENDALE HEIGHTS PCC	60.13				31.13
31.14	WHEATON PCC	60.14	1.148715			31.14
31.15	OBT II PCC	60.15	.684164			31.15

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [XX] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	1	RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
31.16 HICKORY HILLS PCC	60.16	.610315				31.16
31.18 DARIEN PCC	60.18	.642281				31.18
31.20 ORLANAD PARK - FP	60.20	.768270				31.20
31.21 FAMILY PRACTICE MAYWOOD PCC	60.21	.644762				31.21
31.22 HOMER GLEN PCC	60.22	.548692				31.22
31.23 OAK PARK PCC	60.23	.836709				31.23
31.24 PARK RIDGE PCC	60.24	.558278				31.24
31.25 LOYOLA CLINIC AT GOTTLIEB	60.25	.669615				31.25
31.26 WOODRIDGE PCC	60.26					31.26
31.27 NEUROLOGY - NILES	60.27					31.27
32 EMERGENCY	61	.257086				32
33 OBSERVATION BEDS (NON-DISTINCT)	62	.684759				33
33.01 OBSERVATION BEDS-DISTINCT	62.01	.878906				33.01
34 OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50 RHC	63.50					34.50
34.60 FQHC	63.60					34.60
35 TOTAL						35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [XX] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		D	1	2	3
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3			37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
41	NEONATAL INTENSIVE CARE	7			41
41.01	PEDIATRIC INTENSIVE CARE	7.01			41.01
41.03	HEART TRANSPLANT ICU	7.03			41.03
41.04	BONE INTENSIVE CARE	7.04			41.04
42	SUBTOTAL				42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D	2	3
43	CLINIC		20		43
43.01	CARDIAC REHABILITATION		20.01		43.01
43.02	CANCER CENTER		20.02		43.02
43.03	PSYCH SOCIAL REHAB		20.03		43.03
43.04	WELLNESS ASSESSMENT		20.04		43.04
43.06	HEART FAILURE CLINIC		20.06		43.06
43.07	LOC OUTPATIENT CENTER		20.07		43.07
43.08	OBT OUTPATIENT CENTER		20.08		43.08
43.09	ELMHURST IMMEDIATE CARE		20.09		43.09
43.10	LAGRANGE FAMILY PCC		20.10		43.10
43.12	NORTH RIVERSIDE PCC		20.12		43.12
43.13	GLENDALE HEIGHTS PCC		20.13		43.13
43.14	WHEATON PCC		20.14		43.14
43.15	OBT II PCC		20.15		43.15
43.16	HICKORY HILLS PCC		20.16		43.16
43.18	DARIEN PCC		20.18		43.18
43.20	ORLANAD PARK - FP		20.20		43.20
43.21	FAMILY PRACTICE MAYWOOD PCC		20.21		43.21
43.22	HOMER GLEN PCC		20.22		43.22
43.23	OAK PARK PCC		20.23		43.23
43.24	PARK RIDGE PCC		20.24		43.24
43.25	LOYOLA CLINIC AT GOTTLIEB		20.25		43.25
43.26	WOODRIDGE PCC		20.26		43.26
43.27	NEUROLOGY - NILES		20.27		43.27
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
45.01	OBSERVATION BEDS-DISTINCT		22.01		45.01
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [XX] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I					48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2808034		2808034		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2808034		2808034		53
54 TOTAL USABLE ORGANS		37			54
55 MEDICARE USABLE ORGANS		14			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.378378			56
57 MEDICARE COST/CHARGES	1062498		1062498		57
58 REVENUE FOR ORGANS SOLD	20820				58
59 SUBTOTAL	1041678		1062498		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	1041678		1062498		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER				62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		46		65
66 TOTAL		46		66
67 ORGANS TRANSPLANTED		37	2389176	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		9		69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		46		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0276)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	20506617					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	20422345					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	43782642					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	924084					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	476414					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1889342					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	5460864					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	490.46					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	300.59					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	6.18					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	350.24					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	14.63					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	321.40					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	319.74					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..	314.08					3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	318.41				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0276)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.649207				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.634710				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.634710				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	6371712				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	6213556				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	13579057				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	26164325 0	26164325			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0477				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2288				4.01
4.02	SUM OF 4 AND 4.01	0.2765				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1203				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	10190806				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	126527599				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	126527599				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	9883166				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	8026288				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	4235896				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	178394				15
16	TOTAL	148851343				16
17	PRIMARY PAYER PAYMENTS	123473				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	148727870				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5617136				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	732316				20
21	REIMBURSABLE BAD DEBTS	995075				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	696553				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	968554				21.02
22	SUBTOTAL	143074971				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0276)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	143074971				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	141694704				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1380267				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0276) 1	HOSPITAL (14-0276) 1.01	HOSPITAL (14-0276) 1.02	
1 MEDICAL AND OTHER SERVICES	105537			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	72124395			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	57235397			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	92786			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	105537			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	289498			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	289498			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	289498			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	183961			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	105537			17
17.01 TOTAL PPS PAYMENTS	57328183			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0276)	HOSPITAL (14-0276)	HOSPITAL (14-0276)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	20093		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	12778352		18.01
19 SUBTOTAL	44635275		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	4100047		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	48735322		23
24 PRIMARY PAYER PAYMENTS	13992		24
25 SUBTOTAL	48721330		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD	100296		26
27 BAD DEBTS	1487587		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	1041311		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1456571		27.02
28 SUBTOTAL	49862937		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	36		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	49862901		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	49416430		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	446471		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S276)	SUB I (14-S276)	SUB I (14-S276)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S276)	SUB I (14-S276)	SUB I (14-S276)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T276)	SUB II (14-T276)	SUB II (14-T276)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4975			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3151			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 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)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	3151			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T276) 1	SUB II (14-T276) 1.01	SUB II (14-T276) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	819		18.01
19 SUBTOTAL	2332		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	2332		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	2332		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	2332		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	2332		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	2332		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0276)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		142176910		48951371	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM	.01		02/05/2010	437779	3.01
REVISION OF THE INTERIM RATE FOR THE COST TO PROVIDER	.02		05/28/2010	27280	3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.03	NONE			3.03
	.04				3.04
	.05				3.05
	.50	02/05/2010			3.50
	.51	05/28/2010			3.51
	.52			NONE	3.52
	.53				3.53
	.54				3.54
SUBTOTAL	.99	-482206		465059	3.99
4 TOTAL INTERIM PAYMENTS		141694704		49416430	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB II SUB III SUB IV
 (14-S276) (14-T276) (14-T276)
 1.01

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		6891026			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0252			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		497773			1.04
1.05	OUTLIER PAYMENTS		249146			1.05
1.06	TOTAL PPS PAYMENTS		8107686			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		2.37			1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)		1.77			1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)		1.77			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	23.315068				1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.068167		0.051601		1.41
1.42	MEDICAL EDUCATION ADJUSTMENT	469741				1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL		8107686			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL		8107686			6
7	DEDUCTIBLES		20484			7
8	SUBTOTAL		8087202			8
9	COINSURANCE		122113			9
10	SUBTOTAL		7965089			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		14280			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		9996			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		14280			11.02
12	SUBTOTAL		7975085			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S276)	SUB II (14-T276)	SUB II (14-T276) 1.01	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)			21			13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER			7975106			17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS			7645708			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM			329398			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	322.44 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	6.18 3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP 320.78	320.78 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	363.85 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	320.78 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	110.06 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	219.19 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	329.25 3.09
3.10	SEE INSTRUCTIONS	290.27 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	13.71 3.11
3.12	SEE INSTRUCTIONS	206.95 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	204.94 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	208.65 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	206.85 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	206.85 3.16
3.17	SEE INSTRUCTIONS	94410.06 3.17
3.18	SEE INSTRUCTIONS	19528721 3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		100.40	3.19
3.20	SEE INSTRUCTIONS		116.57	3.20
3.21	SEE INSTRUCTIONS		104.67	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		104.67	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		99703.10	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		10435923	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		29964644	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		49908	4
5	TOTAL INPATIENT DAYS		127437	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.391629	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 11735024	0	11735024	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1938	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		127437	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		391311	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		23573451	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.09
11/29/2010 13:58

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	137449255	12
13	ORGAN ACQUISITION COSTS	4235896	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	123473	15
16	TOTAL PART A REASONABLE COST	141561678	16
PART B REASONABLE COST			
17	REASONABLE COST	72327693	17
18	PRIMARY PAYER PAYMENTS	13992	18
19	TOTAL PART B REASONABLE COST	72313701	19
20	TOTAL REASONABLE COST	213875379	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.661889	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.338111	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	12126335	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	8026288	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	4100047	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	320.78 2
3	UNADJUSTED DIRECT GME FTE CAP	328.62 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	320.78 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01 5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8 8
9	LINE 7 TIMES LINE 8	9 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	13 13
14	UNADJUSTED IME FTE CAP	14 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	15 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17 17
18	SEE INSTRUCTIONS	18 18
19	RESIDENT TO BED COUNT	19 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23 23

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	89729000			1
2	TEMPORARY INVESTMENTS	1386000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	122520000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	15609000			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	29704000			9
10	DUE FROM OTHER FUNDS	1915000			10
11	TOTAL CURRENT ASSETS	260863000			11
FIXED ASSETS					
12	LAND	1349000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	6845000			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	421939000			14
14.01	ACCUMULATED DEPRECIATION	-355815000			14.01
15	LEASEHOLD IMPROVEMENTS	23164000			15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	257525000			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	355007000			21
OTHER ASSETS					
22	INVESTMENTS	124956000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	18295000			25
26	TOTAL OTHER ASSETS	143251000			26
27	TOTAL ASSETS	759121000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	30598000			28
29	SALARIES, WAGES & FEES PAYABLE	54100000			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	25549000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	29553000			34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	139800000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	339229000			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	133154000			41
42	TOTAL LONG TERM LIABILITIES	472383000			42
43	TOTAL LIABILITIES	612183000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	146938000			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	146938000			51
52	TOTAL LIABILITIES AND FUND BALANCES	759121000			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	149425000			1
2 NET INCOME (LOSS)	14150000			2
3 TOTAL	163575000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	6707000			5
6 NET ASSETS RELEASED FROM RESTRICTIO	1328000			6
7 OTHER	31000			7
8				8
9				9
10 TOTAL ADDITIONS	8066000			10
11 SUBTOTAL	171641000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET UNREALIZED ACTUARIAL LOSS	20179000			13
14 TRANSFER (TO) / FROM AFFILIATES	7000			14
15 OTHER ADJUSTMENT	4517000			15
16				16
17				17
18 TOTAL DEDUCTIONS	24703000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	146938000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	137012166		137012166	2
2.01 SUBPROVIDER I				4
4 SUBPROVIDER II	7989435		7989435	2.01
5 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	145001601		145001601	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	46960836		46960836	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT	11745460		11745460	12
13 SURGICAL INTENSIVE CARE UNIT				13
14 NEONATAL INTENSIVE CARE	30197380		30197380	14
14.01 PEDIATRIC INTENSIVE CARE	7697862		7697862	14.01
14.03 HEART TRANSPLANT ICU	9683606		9683606	14.03
14.04 BONE INTENSIVE CARE	11242258		11242258	14.04
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	117527402		117527402	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	262529003		262529003	16
17 ANCILLARY SERVICES	652320060	723309032	1375629092	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		5490418	5490418	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE		1415608	1415608	23
24 HOSPICE				24
25 TOTAL PATIENT REVENUES	914849063	730215058	1645064121	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		930350857	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		930350857	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1645064121	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	757866121	2
3	NET PATIENT REVENUES	887198000	3
4	LESS - TOTAL OPERATING EXPENSES	930350857	4
5	NET INCOME FROM SERVICE TO PATIENTS	-43152857	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1550000	6
7	INCOME FROM INVESTMENTS	16793000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	38959857	24
25	TOTAL OTHER INCOME	57302857	25
26	TOTAL	14150000	26
27	OTHER EXPENSES		27
28			28
29	OTHER REVENUES		29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	14150000	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7257

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	831920	230435	855	93495	402740	1559445
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1985618	576524	139555		55819	2757516
7 PHYSICAL THERAPY	546873	153317	31507	208161	29716	969574
8 OCCUPATIONAL THERAPY	24140	4946		69298	3626	102010
9 SPEECH PATHOLOGY	1105	73		21110	929	23217
10 MEDICAL SOCIAL SERVICES	56170	16169	1226		512	74077
11 HOME HEALTH AIDE	104409	30488	17718		4499	157114
12 SUPPLIES				31	124218	124249
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	3550235	1011952	190861	392095	622059	5767202

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7257

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL	-137271	1422174	-83065	1339109	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE	-580	2756936	-168427	2588509	6
7 PHYSICAL THERAPY		969574	-57753	911821	7
8 OCCUPATIONAL THERAPY		102010	-5092	96918	8
9 SPEECH PATHOLOGY		23217	-992	22225	9
10 MEDICAL SOCIAL SERVICES		74077	-3702	70375	10
11 HOME HEALTH AIDE	-88	157026	-10429	146597	11
12 SUPPLIES		124249	-2489	121760	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-137939	5629263	-331949	5297314	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7257

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	1339109					1339109	1339109	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2588509					2588509	875723	3464232 6
7 PHYSICAL THERAPY	911821					911821	308480	1220301 7
8 OCCUPATIONAL THERAPY	96918					96918	32789	129707 8
9 SPEECH PATHOLOGY	22225					22225	7519	29744 9
10 MEDICAL SOCIAL SERVICES	70375					70375	23809	94184 10
11 HOME HEALTH AIDE	146597					146597	49596	196193 11
12 SUPPLIES	121760					121760	41193	162953 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	5297314					5297314		5297314 24

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09
 11/29/2010 13:58

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES SQUARE	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1339109	3958205	5
6 SKILLED NURSING CARE						2588509	6
7 PHYSICAL THERAPY						911821	7
8 OCCUPATIONAL THERAPY						96918	8
9 SPEECH PATHOLOGY						22225	9
10 MEDICAL SOCIAL SERVICES						70375	10
11 HOME HEALTH AIDE						146597	11
12 SUPPLIES						121760	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1339109	3958205	24
25 COST TO BE ALLOC (PER W/S H)						1339109	25
26 UNIT COST MULTIPLIER						.338312	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7257

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL	653		653			1
2 SKILLED NURSING CARE	4531696		4531696	424	4532120	2
3 PHYSICAL THERAPY	1656651		1656651	154	1656805	3
4 OCCUPATIONAL THERAPY	158989		158989	15	159004	4
5 SPEECH PATHOLOGY	55992		55992	5	55997	5
6 MEDICAL SOCIAL SERVICES	115653		115653	11	115664	6
7 HOME HEALTH AIDE	283676		283676	26	283702	7
8 SUPPLIES	194980		194980	18	194998	8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTALS	6998290		6998290	653	6998290	20
21 UNIT COST MULTIPLIER				.000093		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE	
	1	2	3	3.01	4	5	6.01	6.02	
1 ADMINISTRATIVE AND GENERAL						831920			1
2 SKILLED NURSING CARE	3373		3373	3373	1362	1985618	1607	3233810	2
3 PHYSICAL THERAPY	1698		1698	1698	977	546873	809	1627116	3
4 OCCUPATIONAL THERAPY	30		30	30	17	24140	14	28228	4
5 SPEECH PATHOLOGY	172		172	172	99	1105	82	165053	5
6 MEDICAL SOCIAL SERVICES	26		26	26	15	56170	12	24409	6
7 HOME HEALTH AIDE	430		430	430	248	104409	205	411802	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	5729		5729	5729	2718	3550235	2729	5490418	20
21 TOTAL COST TO BE ALLOCATED			46568	17064	2716	2329	34567	32426	21
22 UNIT COST MULTIPLIER			8.128469		.999264		12.666545		22
22 UNIT COST MULTIPLIER				2.978530		.000656		.005906	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-5
 PART II

HHA COST CENTER	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	HOSPITAL ADMINSTRTN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	
		6.10		6.11		6.12		6.14	
1 ADMINISTRATIVE AND GENERAL		548		549		643		649	1
2 SKILLED NURSING CARE		3583129		3589285		4206206		4246417	2
3 PHYSICAL THERAPY		1278172		1280368		1500435		1514779	3
4 OCCUPATIONAL THERAPY		131432		131658		154287		155762	4
5 SPEECH PATHOLOGY		35664		35725		41865		42265	5
6 MEDICAL SOCIAL SERVICES		95331		95495		111908		112978	6
7 HOME HEALTH AIDE		209739		210099		246210		248564	7
8 SUPPLIES		163562		163843		192004		193840	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS		5497577		5507022		6453558		6515254	20
21 TOTAL COST TO BE ALLOCATED		9445		946536		61696		38329	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		.001718		.171878		.009560		.005883	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-5
 PART II

HHA COST CENTER	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	SAFETY & SECURITY HOURS OF SERVICES	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED
	7	8	8.01	9	10	11	12	13
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE		3373	249		222		69904	2
3 PHYSICAL THERAPY		1698	126		112		35173	3
4 OCCUPATIONAL THERAPY		30	2		2		610	4
5 SPEECH PATHOLOGY		172	13		12		3568	5
6 MEDICAL SOCIAL SERVICES		26	2		2		528	6
7 HOME HEALTH AIDE		430	32		28		8902	7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS		5729	424		378		118685	20
21 TOTAL COST TO BE ALLOCATED		103840	21105		9051		8339	21
22 UNIT COST MULTIPLIER			49.775943		23.944444		.070262	22
22 UNIT COST MULTIPLIER		18.125327						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-5
 PART II

HHA COST CENTER	PATIENT TRANSPRTN NUMBER OF TRIPS 13.01	NURSING ADMINIS- TRATION RN FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	CENTRAL PROCESSING NUMBER OF INSTRUMENT 15.01	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 18.01	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE		1487	2072		2991	3233810		39857	2
3 PHYSICAL THERAPY		747	1043		1504	1627116		20863	3
4 OCCUPATIONAL THERAPY		13	18		26	28228		362	4
5 SPEECH PATHOLOGY		75	106		153	165053		2116	5
6 MEDICAL SOCIAL SERVICES		11	16		23	24409		313	6
7 HOME HEALTH AIDE		189	264		381	411802		5280	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS		2522	3519		5078	5490418		68791	20
21 TOTAL COST TO BE ALLOCATED		97921	834		1029	34408		168180	21
22 UNIT COST MULTIPLIER			.236999		.202639				22
22 UNIT COST MULTIPLIER		38.826725				.006267		2.444797	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	4532120		4532120	18888	239.95	1
2	PHYSICAL THERAPY	3	1656805		1656805	9054	182.99	2
3	OCCUPATIONAL THERAPY	4	159004		159004	1257	126.49	3
4	SPEECH PATHOLOGY	5	55997		55997	315	177.77	4
5	MEDICAL SOCIAL SERV	6	115664		115664	127	910.74	5
6	HOME HEALTH AIDE SERV	7	283702		283702	2192	129.43	6
7	TOTAL		6803292		6803292	31833		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	194998		194998	143754	1.356470	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-6
 PARTS II & III

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	
1	PHYSICAL THERAPY 50	.385993			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.371516			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.367622			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.796022			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30				COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.331596			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY 2	182.99	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	126.49						2
3	SPEECH PATHOLOGY 4	177.77						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7257

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1969063	1113772	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	12419	2371	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	64971	31978	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	17968	10071	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	6499	1222	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	2070920	1159414	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	2070920	1159414	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	2070920	1159414	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2070920	1159414	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	2070920	1159414	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	2070920	1159414	24
25 TOTAL INTERIM PAYMENTS	2070920	1159414	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7257

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2070920		1159414	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		2070920		1159414	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2329

WORKSHEET I-1

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS		BASIS	STATISTICS	FTES PER 2080 HOURS		
	1	2			3	4	
1 REGISTERED NURSES	908057		HRS OF SERVICE	29776.00	14.32		1
2 LICENSED PRACTICAL NURSES			HRS OF SERVICE				2
3 NURSES AIDES			HRS OF SERVICE				3
4 TECHNICIANS	1144663		HRS OF SERVICE	50337.00	24.20		4
5 SOCIAL WORKERS			HRS OF SERVICE				5
6 DIETICIANS			HRS OF SERVICE				6
7 PHYSICIANS			ACCUMULATED COST				7
8 NON-PATIENT CARE SALARY	241057		ACCUMULATED COST				8
9 SUBTOTAL	2293777						9
10 EMPLOYEE BENEFITS	647291		SALARY				10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU			SQUARE FEET				11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT			PERCENTAGE OF TIME				12
13 MACHINES COSTS & REPAIRS			PERCENTAGE OF TIME				13
14 SUPPLIES	2533841		REQUISITIONS				14
15 DRUGS			REQUISITIONS				15
16 OTHER	270977		ACCUMULATED COST				16
17 SUBTOTAL	5745886						17
18 OLD CAP REL COSTS-BLDGS & FIXTURES			SQUARE FEET				18
19 OLD CAP REL COSTS-MOV EQUIPMENT			PERCENTAGE OF TIME				19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	130318		SQUARE FEET				20
21 NEW CAP REL COSTS-MOV EQUIPMENT	156714		PERCENTAGE OF TIME				21
22 EMPLOYEE BENEFITS	1880		SALARY				22
23 ADMINISTRATIVE AND GENERAL	1654425		ACCUMULATED COST				23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	223368		SQUARE FEET				24
25 MEDICAL EDUCATION PROGRAM COSTS							25
26 CENTRAL SERVICES & SUPPLIES	95331		REQUISITIONS				26
27 PHARMACY	-386577		REQUISITIONS				27
28 OTHER ALLOCATED COSTS	797412		ACCUMULATED COST				28
29 SUBTOTAL	8418757						29
30 LABORATORY			CHARGES				30
30.01 LABORATORY-SURGICAL PATHOLOGY			CHARGES				30.01
30.02 LABORATORY-NEUROSURGICAL			CHARGES				30.02
30.03 LABORATORY-HLA			CHARGES				30.03
31 RESPIRATORY THERAPY			CHARGES				31
32 PULMONARY LABS			CHARGES				32
32.01 OCCUPATIONAL HEALTH			CHARGES				32.01
32.03 HYPERALIMENTATION			CHARGES				32.03
32.04 PERIPHERAL VASCULAR			CHARGES				32.04
32.05 PEDIATRIC ENDO NUTRITION			CHARGES				32.05
32.06 CARDIAC CATHETER LAB			CHARGES				32.06
32.07 GASTROINTESTINAL SERVICE			CHARGES				32.07
32.08 BIOPSY/RIGHT CARDIAC CATH LAB			CHARGES				32.08
32.09 BONE MARROW PROCUREMENT			CHARGES				32.09
32.97 CARDIAC REHABILITATION			CHARGES				32.97
32.98 HYPERBARIC OXYGEN THERAPY			CHARGES				32.98
32.99 LITHOTRIPSY			CHARGES				32.99
33 TOTAL COSTS	8418757						33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2329

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL	
	RELATED COSTS		CARE	SALARY	EMPLOYEE		MEDICAL	ANCILLARY	SERVICES				
	BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS		SUPPLIES	TOTAL	TOTAL				
	1	2	3	4	5	6	7	8	9	10	11		
1 TOTAL RENAL DEPT COSTS	353686	156714	908057	1144663	649171	-386577	2629172		5454886	2963871	8418757	1	
2 MAINTENANCE													
3 HEMODIALYSIS	236032	104583	605992	763928	433241	-257991	1760209		3645994	1981023	5627017	2	
4 INTERMITTENT PERITONEAL TRAINING												3	
5 HEMODIALYSIS												4	
6 INTERMITTENT PERITONEAL												5	
7 CAPD	271	120	701	887	501	-298			2182	1186	3368	6	
8 CCPD	121	53	335	409	230	-137			1011	549	1560	7	
9 HOME													
10 HEMODIALYSIS												8	
11 INTERMITTENT PERITONEAL												9	
12 CAPD	13022	5770	33424	42114	23890	-14227	100265		204258	110982	315240	10	
13 CCPD	71473	31669	183496	231311	131187	-78121	523606		1094621	594754	1689375	11	
14 OTHER BILLABLE SERVICES													
15 INPATIENT DIALYSIS	32767	14519	84109	106014	60122	-35803	245092		506820	275377	782197	12	
16 METHOD II HOME PATIENT												13	
17 EPO (INCL IN RENAL DEPT)						747788						14	
18.01 ARANESP (INCL IN RENAL DEPT)												14.01	
19 OTHER												15	
20 TOTAL	353686	156714	908057	1144663	649171	-386577	2629172		5454886	2963871	8418757	16	
21 MEDICAL EDUC PGM COSTS												17	
22 TOTAL RENAL COSTS											8418757	18	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2329

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		-DIRECT RNS (HOURS)	PATIENT- CARE SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)									
	1	2									
1	TOTAL RENAL DEPT COSTS	353686	156714	908057	1144663	649171	-386577	2629172	5454886	2963871	1
2	MAINTENANCE										
3	HEMODIALYSIS	7830	7830.00	19871.00	33594.00	1806888	1189428	158			2
4	INTERMITTENT PERITONEAL TRAINING										3
5	HEMODIALYSIS										4
6	INTERMITTENT PERITONEAL										5
7	CAPD	9	9.00	23.00	39.00	2090	1376				6
8	CCPD	4	4.00	11.00	18.00	958	631				7
9	HOME										
10	HEMODIALYSIS										8
11	INTERMITTENT PERITONEAL										9
12	CAPD	432	432.00	1096.00	1852.00	99638	65589	9			10
13	CCPD	2371	2371.00	6017.00	10172.00	547136	360166	47			11
14	OTHER BILLABLE SERVICES										
15	INPT DIAL TRTMNTS 3182	1087	1087.00	2758.00	4662.00	250749	165062	22			
16	METHOD II HOME PATIENT										13
17	EPO										14
18	ARANESP										14.01
19	OTHER										15
20	TOTAL STATISTICAL BASIS	11733	11733.00	29776.00	50337.00	2707459	1782252	236	5454886		16
21	UNIT COST MULTIPLIER	30.144550		30.496272		.239771		11140.559322		.543342	17
			13.356686		22.739992		-.216904				

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2329
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	17552	5627017	320.59	15710	5036469	169.69	2665830	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	20	3368	168.40	15	2526	77.56	1163	5
6 TRAINING - CCPD	10	1560	156.00	10	1560	74.18	742	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	831	315240	379.35	831	315240			9
10 HOME PROGRAM - CCPD	2934	1689375	575.79	2934	1689368			10
11 TOTALS	17582	7636560		15735	7045163		2667735	11

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2010.09
11/29/2010 13:58

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2329

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	7045163 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2667735 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	601 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	574663 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	141532 5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	137470 5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	433732 6
7	PROGRAM PAYMENT	2133707 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	100296 8
9	REIMBURSABLE BAD DEBTS	100296 9

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	142928	39740			136166	318834
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES						9
10 NURSING CARE	322703	89721	32944		106987	552355
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY						11
12 OCCUPATIONAL THERAPY						12
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	34080	9475	3479			47034
15 SPIRITUAL COUNSELING	46027	12796				58823
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER	50487	14036	5155			69678
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY						20
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES						25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
HOSPICE NONREIMBURSABLE SERVICE						
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	596225	165768	41578		243153	1046724

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL	-29539	289295	-64128	225167	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE		552355		552355	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		47034		47034	14
15 SPIRITUAL COUNSELING		58823		58823	15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		69678		69678	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES					25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS					30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	-29539	1017185	-64128	953057	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1566

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6		33474						109454	142928
7									7
8									8
9									9
10					322703				322703
10.20									10.20
11									11
12									12
13									13
14			34080						34080
15								46027	46027
16									16
17									17
18							50487		50487
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34		33474	34080		322703		50487	155481	596225

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1566

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8		9307						30433	39740
9	INPATIENT CARE SERVICE								
10	INPATIENT - GENERAL CARE								7
11	INPATIENT - RESPITE CARE								8
12	VISITING SERVICES								
13	PHYSICIAN SERVICES								9
14	NURSING CARE								10
15					89721				89721
16	10.20								10.20
17	NURSING CARE-CONT.HOME CARE								11
18	PHYSICAL THERAPY								12
19	OCCUPATIONAL THERAPY								13
20	SPEECH/LANGUAGE PATHOLOGY								14
21			9475						9475
22	MEDICAL SOCIAL SERVICES								15
23	SPIRITUAL COUNSELING								16
24							12796		12796
25	DIETARY COUNSELING								17
26	COUNSELING - OTHER								18
27	HH AIDE AND HOMEMAKER								19
28	18.20						14036		14036
29	HH AIDE & HMKR-CONT.HME CARE								20
30	OTHER								21
31	OTHER HOSPICE SERVICE COSTS								22
32	DRUGS, BIOL. & INFUS. THER.								23
33	20.30								20.30
34	ANALGESICS								24
35	20.31								20.31
36	SEDATIVES / HYPNOTICS								25
37	20.32								20.32
38	OTHER - SPECIFY								26
39	DURABLE MED. EQUIP./OXYGEN								27
40	PATIENT TRANSPORTATION								28
41	IMAGING SERVICES								29
42	LABS AND DIAGNOSTICS								30
43	MEDICAL SUPPLIES								31
44	OUTPAT.SERV.(INCL.E/R DEPT.)								32
45	RADIATION THERAPY								33
46	CHEMOTHERAPY								34
47	OTHER								35
48	HOSPICE NONREIMBURSABLE SERVICE								36
49	BEREAVEMENT PROGRAM COSTS								37
50	VOLUNTEER PROGRAM COSTS								38
51	FUNDRAISING								39
52	OTHER PROGRAM COSTS								40
53	34	9307	9475		89721		14036	43229	165768
54	TOTAL								34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1566

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3									3
4									4
5									5
6	225167						225167	225167	6
7									7
8									8
9									9
10	552355						552355	170867	723222
10.20									10.20
11									11
12									12
13									13
14	47034						47034	14550	61584
15	58823						58823	18196	77019
16									16
17									17
18	69678						69678	21554	91232
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	953057						953057		953057

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	25	I&R COST & POST STEP-DOWN ADJS	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL							1
2 INPATIENT - GENERAL CARE	943			943		943	2
3 INPATIENT - RESPITE CARE	425			425		425	3
4 PHYSICIAN SERVICES							4
5 NURSING CARE	1013573			1013573		1013573	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE	73855			73855		73855	9
10 SPIRITUAL COUNSELING	92157			92157		92157	10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS	109213			109213		109213	13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO							15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN							16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES							20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS	1290166			1290166		1290166	29
30 UNIT COST MULTIPLIER							30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CPTL BLG INTRST SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICTN PHONE COST	SYSTEM + COMPUTERS GROSS REVENUE
	1	2	3	3.01	4	5	6.01	6.02
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE	4		4	4	20	3678	2	8259 2
3 INPATIENT - RESPITE CARE	2		2	2	9	1599	1	3591 3
4 PHYSICIAN SERVICES								4
5 NURSING CARE	564		564	564	3057	533435	234	1242689 5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE	1		1	1	4	720		1616 9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					1	240		539 13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL	571		571	571	3091	539672	237	1256694 29
30 TOTAL COST TO BE ALLOCATED			3617	1325	2857	391	3002	8361 30
31 UNIT COST MULTIPLIER			6.334501		.924296		12.666667	31
31 UNIT COST MULTIPLIER				2.320490		.000725		.006653 31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	RECON- CILIATION	PASTORAL CARE ACCUM COST	RECON- CILIATION	HOSPITAL ADMINSTRN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	RECON- CILIATION	PRIMARY CARE ADMIN ACCUM COST	
		6.10		6.11		6.12		6.14	
1 ADMINISTRATIVE AND GENERAL									1
2 INPATIENT - GENERAL CARE		192		192		225		227	2
3 INPATIENT - RESPITE CARE		88		88		103		104	3
4 PHYSICIAN SERVICES									4
5 NURSING CARE		755379		756678		886734		895211	5
5.20 NURSING CARE-CONTINUOUS HOM									5.20
6 PHYSICAL THERAPY									6
7 OCCUPATIONAL THERAPY									7
8 SPEECH/LANGUAGE PATHOLOGY									8
9 MEDICAL SOCIAL SERV. - DIRE		61849		61955		72604		73298	9
10 SPIRITUAL COUNSELING		77307		77440		90750		91618	10
11 DIETARY COUNSELING									11
12 COUNSELING - OTHER									12
13 HOME HLTH AIDE & HOMEMAKERS		91582		91739		107507		108535	13
13.20 HH AIDE & HMKR-CONT. HOME C									13.20
14 OTHER									14
15 DRUGS,BIOLOGICALS & INFUSIO									15
15.30 ANALGESICS									15.30
15.31 SEDATIVES / HYPNOTICS									15.31
15.32 OTHER - SPECIFY									15.32
16 DURABLE MED. EQUIP./OXYGEN									16
17 PATIENT TRANSPORTATION									17
18 IMAGING SERVICES									18
19 LABS AND DIAGNOSTICS									19
20 MEDICAL SUPPLIES									20
21 OUTPAT. SERV.(INCL.E/R DEPT									21
22 RADIATION THERAPY									22
23 CHEMOTHERAPY									23
24 OTHER									24
25 BEREAVEMENT PROGRAM COSTS									25
26 VOLUNTEER PROGRAM COSTS									26
27 FUNDRAISING									27
28 OTHER PROGRAM COSTS									28
29 TOTAL		986397		988092		1157923		1168993	29
30 TOTAL COST TO BE ALLOCATED		1695		169831		11070		6877	30
31 UNIT COST MULTIPLIER									31
31 UNIT COST MULTIPLIER		.001718		.171878		.009560		.005883	31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	SAFETY & SECURITY HOURS OF SERVICES	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED
	7	8	8.01	9	10	11	12	13
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE		4					118	2
3 INPATIENT - RESPITE CARE		2					51	3
4 PHYSICIAN SERVICES								4
5 NURSING CARE		564	48		49		17750	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE		1					23	9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS							8	13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL		571	48		49		17950	29
30 TOTAL COST TO BE ALLOCATED		8066	2389		551		1261	30
31 UNIT COST MULTIPLIER			49.770833		11.244898		.070251	31
31 UNIT COST MULTIPLIER		14.126095						31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	PATIENT TRANSPRTN NUMBER OF TRIPS 13.01	NURSING ADMINIS- TRATION RN FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	CENTRAL PROCESSING NUMBER OF INSTRUMENT 15.01	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 18.01
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE		2	17		468	8259		149 2
3 INPATIENT - RESPITE CARE		1	7		203	3591		65 3
4 PHYSICIAN SERVICES								4
5 NURSING CARE		375	2587		70354	1242689		22457 5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE			3		91	1616		29 9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS			1		30	539		10 13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL		378	2615		71146	1256694		22710 29
30 TOTAL COST TO BE ALLOCATED		15531	620		14419	8872		62587 30
31 UNIT COST MULTIPLIER			.237094		.202668			31
31 UNIT COST MULTIPLIER		41.087302				.007060		2.755923 31

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1566

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
ANCILLARY SERVICE COST CENTERS				
1	PHYSICAL THERAPY	50	0.385993	1
2	OCCUPATIONAL THERAPY	51	0.371516	2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.367622	3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.331596	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67	0.967701	5
6	LABS AND DIAGNOSTICS	44	0.167801	6
6.01	LABORATORY-SURGICAL PATHOLOGY	44.01	0.318226	6.01
6.02	LABORATORY-NEUROSURGICAL	44.02		6.02
6.03	LABORATORY-HLA	44.03	0.671016	6.03
7	MEDICAL SUPPLIES	55	0.796022	7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.257086	8
9	RADIATION THERAPY	41	0.391738	9
9.01	RADIOLOGY-ULTRASOUND	41.01	0.199291	9.01
9.02	RADIOLOGY-MRI	41.02	0.164301	9.02
9.03	RADIOLOGY-CAT SCAN	41.03	0.109926	9.03
10	PULMONARY LABS	59	0.671579	10
10.01	OCCUPATIONAL HEALTH	59.01	0.730365	10.01
10.03	HYPERALIMENTATION	59.03		10.03
10.04	PERIPHERAL VASCULAR	59.04	0.219625	10.04
10.05	PEDIATRIC ENDO NUTRITION	59.05		10.05
10.06	CARDIAC CATHETER LAB	59.06	0.315858	10.06
10.07	GASTROINTESTINAL SERVICE	59.07	0.320269	10.07
10.08	BIOPSY/RIGHT CARDIAC CATH LAB	59.08		10.08
10.09	BONE MARROW PROCUREMENT	59.09	0.924032	10.09
10.97	CARDIAC REHABILITATION	59.97		10.97
10.98	HYPERBARIC OXYGEN THERAPY	59.98		10.98
10.99	LITHOTRIPSY	59.99		10.99
11	TOTALS			11

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09
11/29/2010 13:58

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1566

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				1290166	1
2 TOTAL UNDUPLICATED DAYS				8362	2
3 AGGREGATE COST PER DIEM				154.29	3
4 UNDUPLICATED MEDICARE DAYS	7377				4
5 AGGREGATE MEDICARE COST	1138197				5
6 UNDUPLICATED MEDICAID DAYS		437			6
7 AGGREGATE MEDICAID COST		67425			7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			548		12
13 AGGREGATE COST FOR OTHER DAYS			84551		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0276)	HOSPITAL (14-0276)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	6973474				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	352519				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	333.62				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS [E-3,PT VI,LN.18]
4.02	318.41	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE [x E-3,PT VI,LN.1]
4.03	2155501				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0477				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.2288				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2765				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0576				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	401672				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	9883166				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 NEW CAPITAL-BLDG INTEREST					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATION					6.01
6.02 SYSTEM & COMPUTERS					6.02
6.03 PURCHASING					6.03
6.04 OPC STORES					6.04
6.05 PATIENT AFFAIRS					6.05
6.06 PATIENT ADMITTING					6.06
6.07 PATIENT ACCOUNTS					6.07
6.08 ACCOUNTING					6.08
6.09 EMPLOYEE HEALTH SERVICES					6.09
6.10 PASTORAL CARE					6.10
6.11 HOSPITAL ADMINISTRATION					6.11
6.12 AMBULATORY ADMINISTRATION					6.12
6.14 PRIMARY CARE ADMINISTRATION					6.14
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 SAFETY AND SECURITY					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
13.01 PATIENT TRANSPORTATION					13.01
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
15.01 CENTRAL PROCESSING					15.01
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
18.01 HOSPITAL MEDICAL ADMIN					18.01
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 PARAMEDICAL ED-MICU					24.01
24.02 PARAMEDICAL ED-SOCIAL WORK					24.02
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
28 BURN INTENSIVE CARE UNIT					28
30 NEONATAL INTENSIVE CARE					30
30.01 PEDIATRIC INTENSIVE CARE					30.01
30.03 HEART TRANSPLANT ICU					30.03
30.04 BONE INTENSIVE CARE					30.04
31.01 SUBPROVIDER II-REHAB					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 AMBULATORY SURGERY CENTER					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
41.02 RADIOLOGY-MRI					41.02
41.03 RADIOLOGY-CAT SCAN					41.03
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
44.01 LABORATORY-SURGICAL PATHOLOGY					44.01
44.02 LABORATORY-NEUROSURGICAL					44.02
44.03 LABORATORY-HLA					44.03
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PULMONARY LABS					59
59.01 OCCUPATIONAL HEALTH					59.01
59.03 HYPERALIMENTATION					59.03
59.04 PERIPHERAL VASCULAR					59.04
59.05 PEDIATRIC ENDO NUTRITION					59.05
59.06 CARDIAC CATHETER LAB					59.06
59.07 GASTROINTESTINAL SERVICE					59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB					59.08
59.09 BONE MARROW PROCUREMENT					59.09
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CARDIAC REHABILITATION					60.01
60.02 CANCER CENTER					60.02
60.03 PSYCH SOCIAL REHAB					60.03
60.04 WELLNESS ASSESSMENT					60.04
60.06 HEART FAILURE CLINIC					60.06
60.07 LOC OUTPATIENT CENTER					60.07
60.08 OB OUTPATIENT CENTER					60.08
60.09 ELMHURST IMMEDIATE CARE					60.09
60.10 LAGRANGE FAMILY PCC					60.10
60.12 NORTH RIVERSIDE PCC					60.12
60.13 GLENDALE HEIGHTS PCC					60.13
60.14 WHEATON PCC					60.14
60.15 OB II PCC					60.15
60.16 HICKORY HILLS PCC					60.16
60.18 DARIEN PCC					60.18
60.20 ORLANAD PARK - FP					60.20
60.21 FAMILY PRACTICE MAYWOOD PCC					60.21
60.22 HOMER GLEN PCC					60.22
60.23 OAK PARK PCC					60.23
60.24 PARK RIDGE PCC					60.24
60.25 LOYOLA CLINIC AT GOTTLIEB					60.25
60.26 WOODRIDGE PCC					60.26
60.27 NEUROLOGY - NILES					60.27
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
67 DURABLE MEDICAL EQUIP-SOLD					67
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
82 LUNG ACQUISITION					82
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
86 OTHER ORGAN ACQUISITION (SPECI					86
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
96.01 HINES RADIATION THERAPY					96.01
96.02 HOME INFUSION THERAPY					96.02
96.03 OP HOSPITAL PHARMACY					96.03
96.04 HOSPITALIST					96.04
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 FACULTY CLINICAL OPERATIONS					98.01

PROVIDER NO. 14-0276 LOYOLA UNIVERSITY MEDICAL CENT
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	37.39		14.87				52.26 25
26 INTENSIVE CARE UNIT	53.67		12.33				66.00 26
28 BURN INTENSIVE CARE UNIT	26.51		20.46				46.97 28
30 NEONATAL INTENSIVE CARE			51.24				51.24 30
30.01 PEDIATRIC INTENSIVE CARE	1.40		46.96				48.36 30.01
30.03 HEART TRANSPLANT ICU	52.52		8.25				60.77 30.03
30.04 BONE INTENSIVE CARE	21.57		10.25				31.82 30.04
33 NURSERY			16.88				16.88 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	32.21	3.53					35.74 37
37.01 AMBULATORY SURGERY CENTER	0.40	22.15					22.55 37.01
38 RECOVERY ROOM	24.67	6.76					31.43 38
39 DELIVERY ROOM & LABOR ROOM	1.30	1.03					2.33 39
40 ANESTHESIOLOGY	32.19	3.13					35.32 40
41 RADIOLOGY-DIAGNOSTIC	20.40	13.96					34.36 41
41.01 RADIOLOGY-ULTRASOUND	9.60	17.41					27.01 41.01
41.02 RADIOLOGY-MRI	10.66	19.32					29.98 41.02
41.03 RADIOLOGY-CAT SCAN	13.12	23.48					36.60 41.03
43 RADIOISOTOPE	5.91	34.33					40.24 43
44 LABORATORY	19.68	1.08					20.76 44
44.01 LABORATORY-SURGICAL PATHOLOGY	14.77	10.61					25.38 44.01
44.03 LABORATORY-HLA	2.95	1.94					4.89 44.03
47 BLOOD STORING, PROCESSING & TRA	25.82	6.54					32.36 47
49 RESPIRATORY THERAPY	33.65	0.45					34.10 49
50 PHYSICAL THERAPY	14.63	1.16					15.79 50
51 OCCUPATIONAL THERAPY	16.20	0.91					17.11 51
52 SPEECH PATHOLOGY	28.04						28.04 52
53 ELECTROCARDIOLOGY	31.75	14.61					46.36 53
54 ELECTROENCEPHALOGRAPHY	14.27	13.89					28.16 54
55 MEDICAL SUPPLIES CHARGED TO PAT	34.63	1.68					36.31 55
56 DRUGS CHARGED TO PATIENTS	31.81	1.87					33.68 56
57 RENAL DIALYSIS	6.72	16.21					22.93 57
59 PULMONARY LABS	17.87	41.54					59.41 59
59.01 OCCUPATIONAL HEALTH		0.18					0.18 59.01
59.04 PERIPHERAL VASCULAR	23.27	28.89					52.16 59.04
59.06 CARDIAC CATHETER LAB	30.96	24.27					55.23 59.06
59.07 GASTROINTESTINAL SERVICE	9.43	26.78					36.21 59.07
59.09 BONE MARROW PROCUREMENT	14.90	0.61					15.51 59.09
60 CLINIC	0.45	6.97					7.42 60
60.01 CARDIAC REHABILITATION	51.07	1.33					52.40 60.01
60.02 CANCER CENTER	0.73	31.47					32.20 60.02
60.03 PSYCH SOCIAL REHAB		20.57					20.57 60.03
60.07 LOC OUTPATIENT CENTER	1.09	35.16					36.25 60.07
60.08 OBT OUTPATIENT CENTER	0.20	21.45					21.65 60.08
60.09 ELMHURST IMMEDIATE CARE	0.11	20.80					20.91 60.09
60.10 LAGRANGE FAMILY PCC	0.12	35.24					35.36 60.10
60.12 NORTH RIVERSIDE PCC	0.07	10.95					11.02 60.12
60.14 WHEATON PCC	0.12	12.55					12.67 60.14
60.15 OBT II PCC	0.22	13.09					13.31 60.15
60.16 HICKORY HILLS PCC	0.08	20.11					20.19 60.16
60.18 DARIEN PCC	0.08	17.78					17.86 60.18
60.20 ORLANAD PARK - FP	0.09	21.55					21.64 60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	0.20	11.97					12.17 60.21
60.22 HOMER GLEN PCC	0.09	30.00					30.09 60.22
60.23 OAK PARK PCC	0.19	16.97					17.16 60.23
60.24 PARK RIDGE PCC	1.09	40.87					41.96 60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	0.08	5.43					5.51 60.25
61 EMERGENCY	17.35	9.02					26.37 61
62 OBSERVATION BEDS (NON-DISTINCT)		28.49					28.49 62
62.01 OBSERVATION BEDS-DISTINCT	5.91	33.10					39.01 62.01
101 TOTAL CHARGES	15.58	11.30					26.88 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II-REHAB	70.45		10.35				80.80 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
38 RECOVERY ROOM	0.01						0.01 38
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.27						0.27 41
41.01 RADIOLOGY-ULTRASOUND	0.09						0.09 41.01
41.02 RADIOLOGY-MRI	0.12						0.12 41.02
41.03 RADIOLOGY-CAT SCAN	0.15						0.15 41.03
43 RADIOISOTOPE	0.08						0.08 43
44 LABORATORY	0.47						0.47 44
44.01 LABORATORY-SURGICAL PATHOLOGY	0.06						0.06 44.01
44.03 LABORATORY-HLA	0.01						0.01 44.03
47 BLOOD STORING, PROCESSING & TRA	0.31						0.31 47
49 RESPIRATORY THERAPY	1.42	0.02					1.44 49
50 PHYSICAL THERAPY	10.39						10.39 50
51 OCCUPATIONAL THERAPY	23.09						23.09 51
52 SPEECH PATHOLOGY	21.05						21.05 52
53 ELECTROCARDIOLOGY	0.08						0.08 53
54 ELECTROENCEPHALOGRAPHY	0.07						0.07 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.17	0.01					1.18 55
56 DRUGS CHARGED TO PATIENTS	1.17						1.17 56
57 RENAL DIALYSIS	0.34						0.34 57
59 PULMONARY LABS	0.13						0.13 59
59.04 PERIPHERAL VASCULAR	0.93						0.93 59.04
59.07 GASTROINTESTINAL SERVICE	0.04						0.04 59.07
60.07 LOC OUTPATIENT CENTER	0.04						0.04 60.07
101 TOTAL CHARGES	0.45						0.45 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	12737969	1.56	-12737969	-4.20		3
3.01	NEW CAPITAL-BLDG INTEREST	4667656	.57	-4667656	-1.54		3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	23720803	2.91	-23720803	-7.83		4
5	EMPLOYEE BENEFITS	137328	.02	-137328	-.05		5
6.01	COMMUNICATION	2430374	.30	-2430374	-.80		6.01
6.02	SYSTEM & COMPUTERS	7762104	.95	-7762104	-2.56		6.02
6.03	PURCHASING	10798819	1.32	-10798819	-3.56		6.03
6.04	OPC STORES	176853	.02	-176853	-.06		6.04
6.05	PATIENT AFFAIRS	1509453	.18	-1509453	-.50		6.05
6.06	PATIENT ADMITTING	1603021	.20	-1603021	-.53		6.06
6.07	PATIENT ACCOUNTS	9498494	1.16	-9498494	-3.13		6.07
6.08	ACCOUNTING	2728124	.33	-2728124	-.90		6.08
6.09	EMPLOYEE HEALTH SERVICES	759060	.09	-759060	-.25		6.09
6.10	PASTORAL CARE	1184610	.15	-1184610	-.39		6.10
6.11	HOSPITAL ADMINISTRATION	116945992	14.33	-116945992	-38.58		6.11
6.12	AMBULATORY ADMINISTRATION	6498694	.80	-6498694	-2.14		6.12
6.14	PRIMARY CARE ADMINISTRATION	4012759	.49	-4012759	-1.32		6.14
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	19263677	2.36	-19263677	-6.36		8
8.01	SAFETY AND SECURITY	2782356	.34	-2782356	-.92		8.01
9	LAUNDRY & LINEN SERVICE	1784482	.22	-1784482	-.59		9
10	HOUSEKEEPING	7910707	.97	-7910707	-2.61		10
11	DIETARY	4719592	.58	-4719592	-1.56		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
13.01	PATIENT TRANSPORTATION	1233175	.15	-1233175	-.41		13.01
14	NURSING ADMINISTRATION	3670265	.45	-3670265	-1.21		14
15	CENTRAL SERVICES & SUPPLY	1630338	.20	-1630338	-.54		15
15.01	CENTRAL PROCESSING	368377	.05	-368377	-.12		15.01
16	PHARMACY	9437291	1.16	-9437291	-3.11		16
17	MEDICAL RECORDS & LIBRARY	5690734	.70	-5690734	-1.88		17
18	SOCIAL SERVICE	1793568	.22	-1793568	-.59		18
18.01	HOSPITAL MEDICAL ADMIN	16010925	1.96	-16010925	-5.28		18.01
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	11941291	1.46	-11941291	-3.94		22
23	I&R SERVICES-OTHER PRGM COSTS A	7076635	.87	-7076635	-2.33		23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMEDICAL ED-MICU	638583	.08	-638583	-.21		24.01
24.02	PARAMEDICAL ED-SOCIAL WORK						24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	40680498	4.98	40214425	13.27	80894923	9.91
26	INTENSIVE CARE UNIT	14818523	1.82	11614682	3.83	26433205	3.24
28	BURN INTENSIVE CARE UNIT	2599395	.32	2779765	.92	5379160	.66

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
30 NEONATAL INTENSIVE CARE	9301665	1.14	5266282	1.74	14567947	1.78	30
30.01 PEDIATRIC INTENSIVE CARE	2346593	.29	1758367	.58	4104960	.50	30.01
30.03 HEART TRANSPLANT ICU	2567030	.31	2442071	.81	5009101	.61	30.03
30.04 BONE INTENSIVE CARE	2894263	.35	2783984	.92	5678247	.70	30.04
31.01 SUBPROVIDER II-REHAB	4543094	.56	3867858	1.28	8410952	1.03	31.01
33 NURSERY	515352	.06	125048	.04	640400	.08	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	46445049	5.69	27432597	9.05	73877646	9.05	37
37.01 AMBULATORY SURGERY CENTER	7063752	.87	6651113	2.19	13714865	1.68	37.01
38 RECOVERY ROOM	2804344	.34	3326607	1.10	6130951	.75	38
39 DELIVERY ROOM & LABOR ROOM	2445555	.30	1871669	.62	4317224	.53	39
40 ANESTHESIOLOGY	2351428	.29	8211319	2.71	10562747	1.29	40
41 RADIOLOGY-DIAGNOSTIC	14210971	1.74	10904696	3.60	25115667	3.08	41
41.01 RADIOLOGY-ULTRASOUND	1198971	.15	1121288	.37	2320259	.28	41.01
41.02 RADIOLOGY-MRI	2718571	.33	3343259	1.10	6061830	.74	41.02
41.03 RADIOLOGY-CAT SCAN	4196677	.51	4612955	1.52	8809632	1.08	41.03
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE	3472427	.43	2661278	.88	6133705	.75	43
44 LABORATORY	16199609	1.98	11634042	3.84	27833651	3.41	44
44.01 LABORATORY-SURGICAL PATHOLOGY	4814612	.59	4176866	1.38	8991478	1.10	44.01
44.02 LABORATORY-NEUROSURGICAL							44.02
44.03 LABORATORY-HLA	846621	.10	363638	.12	1210259	.15	44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	7637900	.94	2760796	.91	10398696	1.27	47
49 RESPIRATORY THERAPY	8103443	.99	3649372	1.20	11752815	1.44	49
50 PHYSICAL THERAPY	4340113	.53	2117006	.70	6457119	.79	50
51 OCCUPATIONAL THERAPY	1766629	.22	877904	.29	2644533	.32	51
52 SPEECH PATHOLOGY	606717	.07	292635	.10	899352	.11	52
53 ELECTROCARDIOLOGY	13370787	1.64	7913653	2.61	21284440	2.61	53
54 ELECTROENCEPHALOGRAPHY	1693095	.21	1141717	.38	2834812	.35	54
55 MEDICAL SUPPLIES CHARGED TO PAT	7244182	.89	3405488	1.12	10649670	1.30	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	23320814	2.86	11845074	3.91	35165888	4.31	56
57 RENAL DIALYSIS	5745886	.70	3420659	1.13	9166545	1.12	57
59 PULMONARY LABS	433365	.05	895254	.30	1328619	.16	59
59.01 OCCUPATIONAL HEALTH	129668	.02	199962	.07	329630	.04	59.01
59.03 HYPERALIMENTATION							59.03
59.04 PERIPHERAL VASCULAR	932174	.11	588109	.19	1520283	.19	59.04
59.05 PEDIATRIC ENDO NUTRITION							59.05
59.06 CARDIAC CATHETER LAB	10135685	1.24	6395478	2.11	16531163	2.03	59.06
59.07 GASTROINTESTINAL SERVICE	3945951	.48	2270924	.75	6216875	.76	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB							59.08
59.09 BONE MARROW PROCUREMENT	1315301	.16	297031	.10	1612332	.20	59.09
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	302627	.04	511156	.17	813783	.10	60

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
60.01 CARDIAC REHABILITATION	337949	.04	538661	.18	876610	.11	60.01
60.02 CANCER CENTER	25478846	3.12	14018874	4.62	39497720	4.84	60.02
60.03 PSYCH SOCIAL REHAB	366854	.04	835044	.28	1201898	.15	60.03
60.04 WELLNESS ASSESSMENT							60.04
60.06 HEART FAILURE CLINIC							60.06
60.07 LOC OUTPATIENT CENTER	25274362	3.10	27256292	8.99	52530654	6.44	60.07
60.08 OBT OUTPATIENT CENTER	6621330	.81	3046440	1.01	9667770	1.18	60.08
60.09 ELMHURST IMMEDIATE CARE	1092134	.13	451684	.15	1543818	.19	60.09
60.10 LAGRANGE FAMILY PCC	2241533	.27	865297	.29	3106830	.38	60.10
60.12 NORTH RIVERSIDE PCC	2447309	.30	975794	.32	3423103	.42	60.12
60.13 GLENDALE HEIGHTS PCC	44756	.01	61515	.02	106271	.01	60.13
60.14 WHEATON PCC	1563595	.19	559579	.18	2123174	.26	60.14
60.15 OBT II PCC	2283193	.28	914266	.30	3197459	.39	60.15
60.16 HICKORY HILLS PCC	3155499	.39	1243992	.41	4399491	.54	60.16
60.18 DARIEN PCC	1535761	.19	663909	.22	2199670	.27	60.18
60.20 ORLANAD PARK - FP	2358166	.29	949431	.31	3307597	.41	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	996048	.12	558896	.18	1554944	.19	60.21
60.22 HOMER GLEN PCC	5675309	.70	2478069	.82	8153378	1.00	60.22
60.23 OAK PARK PCC	907171	.11	352970	.12	1260141	.15	60.23
60.24 PARK RIDGE PCC	728140	.09	495460	.16	1223600	.15	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	182312	.02	77526	.03	259838	.03	60.25
60.26 WOODRIDGE PCC							60.26
60.27 NEUROLOGY - NILES	16379		3223		19602		60.27
61 EMERGENCY	8099577	.99	8161265	2.69	16260842	1.99	61
62 OBSERVATION BEDS (NON-DISTINCT							62
62.01 OBSERVATION BEDS-DISTINCT	384577	.05	216158	.07	600735	.07	62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	204483	.03	70181	.02	274664	.03	65
67 DURABLE MEDICAL EQUIP-SOLD	2118072	.26	471389	.16	2589461	.32	67
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	5297314	.65	1700976	.56	6998290	.86	71
82 LUNG ACQUISITION	1902894	.23	905140	.30	2808034	.34	82
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION	1732509	.21	882344	.29	2614853	.32	83
84 LIVER ACQUISITION	1062447	.13	485620	.16	1548067	.19	84
85 HEART ACQUISITION	833170	.10	300581	.10	1133751	.14	85
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
86 OTHER ORGAN ACQUISITION (SPECIF	44663	.01	18174	.01	62837	.01	86
93 HOSPICE	953057	.12	337109	.11	1290166	.16	93

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN	206287	.03	124889	.04	331176	.04	96
96.01	HINES RADIATION THERAPY	1336929	.16	275246	.09	1612175	.20	96.01
96.02	HOME INFUSION THERAPY	3508316	.43	1462917	.48	4971233	.61	96.02
96.03	OP HOSPITAL PHARMACY	3369014	.41	1588473	.52	4957487	.61	96.03
96.04	HOSPITALIST	4796727	.59	1069111	.35	5865838	.72	96.04
98	PHYSICIANS' PRIVATE OFFICES	253174	.03	161621	.05	414795	.05	98
98.01	FACULTY CLINICAL OPERATIONS	113662799	13.92	22799966	7.52	136462765	16.72	98.01
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	816256101	100.00	0	.00	816256101	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5907224	130311732	.045331	41967087	1902410	37
37.01 AMBULATORY SURGERY CENTER	1295584	36360177	.035632	143921	5128	37.01
38 RECOVERY ROOM	643801	35282007	.018247	8704173	158825	38
39 DELIVERY ROOM & LABOR ROOM	231879	8129972	.028522	105994	3023	39
40 ANESTHESIOLOGY	408373	60469521	.006753	19466862	131460	40
41 RADIOLOGY-DIAGNOSTIC	2610707	62121375	.042026	12670983	532511	41
41.01 RADIOLOGY-ULTRASOUND	195735	10600787	.018464	1017807	18793	41.01
41.02 RADIOLOGY-MRI	844826	34850998	.024241	3713915	90029	41.02
41.03 RADIOLOGY-CAT SCAN	888765	78252891	.011358	10267189	116615	41.03
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	455828	22534280	.020228	1332714	26958	43
44 LABORATORY	1196247	165872599	.007212	32636814	235377	44
44.01 LABORATORY-SURGICAL PATHOLOGY	525251	25136941	.020896	3713200	77591	44.01
44.02 LABORATORY-NEUROSURGICAL						44.02
44.03 LABORATORY-HLA	46665	1803621	.025873	53247	1378	44.03
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	180618	20696682	.008727	5344043	46637	47
49 RESPIRATORY THERAPY	504153	42233808	.011937	14211482	169642	49
50 PHYSICAL THERAPY	257477	16728601	.015391	2447474	37669	50
51 OCCUPATIONAL THERAPY	105178	7118215	.014776	1152889	17035	51
52 SPEECH PATHOLOGY	42477	2446401	.017363	685871	11909	52
53 ELECTROCARDIOLOGY	2237777	74558540	.030014	23675683	710602	53
54 ELECTROENCEPHALOGRAPHY	242879	5885397	.041268	840105	34669	54
55 MEDICAL SUPPLIES CHARGED TO PAT	270089	13378613	.020188	4632450	93520	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	570281	106050526	.005377	33731383	181374	56
57 RENAL DIALYSIS	424030	23573451	.017988	1583424	28483	57
59 PULMONARY LABS	113240	1728907	.065498	308910	20233	59
59.01 OCCUPATIONAL HEALTH	60449	451322	.133938			59.01
59.03 HYPERALIMENTATION						59.03
59.04 PERIPHERAL VASCULAR	132796	6922190	.019184	1611030	30906	59.04
59.05 PEDIATRIC ENDO NUTRITION						59.05
59.06 CARDIAC CATHETER LAB	1922806	52337380	.036739	16204495	595337	59.06
59.07 GASTROINTESTINAL SERVICE	426837	19411406	.021989	1831465	40272	59.07
59.08 BIOPSY/RIGHT CARDIAC CATH LAB						59.08
59.09 BONE MARROW PROCUREMENT	9916	1744887	.005683	260016	1478	59.09
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	63468	465605	.136313	2097	286	60
60.01 CARDIAC REHABILITATION	15260	305191	.050001	155858	7793	60.01
60.02 CANCER CENTER	1343225	82371497	.016307	603712	9845	60.02
60.03 PSYCH SOCIAL REHAB	126293	393102	.321273			60.03
60.04 WELLNESS ASSESSMENT						60.04
60.06 HEART FAILURE CLINIC						60.06
60.07 LOC OUTPATIENT CENTER	5138277	84182634	.061037	915061	55853	60.07
60.08 OB OUTPATIENT CENTER	498449	22496488	.022157	44318	982	60.08
60.09 ELMHURST IMMEDIATE CARE	71887	2276762	.031574	2559	81	60.09
60.10 LAGRANGE FAMILY PCC	135919	4700284	.028917	5593	162	60.10
60.12 NORTH RIVERSIDE PCC	92116	4057701	.022702	2830	64	60.12
60.13 GLENDALE HEIGHTS PCC	8825					60.13
60.14 WHEATON PCC	49505	1777256	.027855	2161	60	60.14
60.15 OB II PCC	108090	4673527	.023128	10175	235	60.15
60.16 HICKORY HILLS PCC	187542	7208561	.026017	5643	147	60.16
60.18 DARIEN PCC	104978	3424777	.030653	2789	85	60.18
60.20 ORLANAD PARK - FP	103946	4305253	.024144	4084	99	60.20
60.21 FAMILY PRACTICE MAYWOOD PCC	88357	2411656	.036637	4869	178	60.21
60.22 HOMER GLEN PCC	316769	14859664	.021317	13265	283	60.22
60.23 OAK PARK PCC	46914	1506068	.031150	2789	87	60.23
60.24 PARK RIDGE PCC	237451	2191740	.108339	23797	2578	60.24
60.25 LOYOLA CLINIC AT GOTTLIEB	19029	388041	.049039	295	14	60.25
60.26 WOODRIDGE PCC						60.26
60.27 NEUROLOGY - NILES	59					60.27
61 EMERGENCY	818372	58268791	.014045	10109005	141981	61
62 OBSERVATION BEDS (NON-DISTINCT	346173	8868813	.039033			62
62.01 OBSERVATION BEDS-DISTINCT	41242	683503	.060339	40404	2438	62.01
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
67 DURABLE MEDICAL EQUIP-SOLD	15461	2675889	.005778			67
101 TOTAL	32729495	1381486030		256265930	5543115	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	4305361		4305361	87270	49.33	32628	1609539 25
26 INTENSIVE CARE UNIT	1127287		1127287	14574	77.35	7822	605032 26
28 BURN INTENSIVE CARE UNIT	276362		276362	3289	84.03	872	73274 28
30 NEONATAL INTENSIVE CARE	603567		603567	11209	53.85		30
30.01 PEDIATRIC INTENSIVE CARE	133648		133648	2504	53.37	35	1868 30.01
30.03 HEART TRANSPLANT ICU	237230		237230	3311	71.65	1739	124599 30.03
30.04 BONE INTENSIVE CARE	218362		218362	3787	57.66	817	47108 30.04
101 TOTAL	6901817		6901817			43913	2461420 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						2461420	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						5543115	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						8004535	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						8244	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						43913	
PER DISCHARGE CAPITAL COSTS						970.95	
PER DIEM CAPITAL COSTS						182.28	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	120816608
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	339729121
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.356

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	8449697
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	13009212
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.650

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.000

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	8004535
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999)	70660189
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	181752850
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.389