

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 11-29-2012 TIME: 15:35\_\_\_\_  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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 07/01/2011 AND ENDING 06/30/2012, AND 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 III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		113,630	674,985	-14,588	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		162,198			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		275,828	674,985	-14,588	200

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 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2160 SOUTH FIRST AVENUE  
 2 CITY: MAYWOOD

STATE: IL

P.O.BOX:  
 ZIP CODE: 60153

COUNTY: COOK

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)		
											6	7	8
3	HOSPITAL	LOYOLA UNIVERSITY MEDICAL CENT	14-0276	16974	1	05/01/1969	N	P	P	3			
4	SUBPROVIDER - IPF	LOYOLA UNIVERSITY MEDICAL CENT	14-S276	16974	4	07/01/1984	N	P	O	4			
5	SUBPROVIDER - IRF	LOYOLA UNIVERSITY MEDICAL CENT	14-T276	16974	5	07/01/1999	N	P	O	5			
6	SUBPROVIDER - (OTHER)												
7	SWING BEDS - SNF												
8	SWING BEDS - NF												
9	HOSPITAL-BASED SNF												
10	HOSPITAL-BASED NF												
11	HOSPITAL-BASED OLTC												
12	HOSPITAL-BASED HHA	LOYOLA UNIVERSITY MEDICAL CENT	14-7257	16974		01/09/1984	N	P	N	12			
13	SEPARATELY CERTIFIED ASC												
14	HOSPITAL-BASED HOSPICE	LOYOLA UNIVERSITY MEDICAL CENT	14-1566	16974		10/14/1994							
15	HOSPITAL-BASED HEALTH CLINIC - RHC												
16	HOSPITAL-BASED HEALTH CLINIC - FQHC												
17	HOSPITAL-BASED (CMHC)												
18	RENAL DIALYSIS	INPATIENT RENAL UNIT	14-2329	16974		03/31/2004							
19	OTHER												
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011				TO: 06/30/2012							
21	TYPE OF CONTROL												

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.											1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.											1	N 23

		IN-STATE		OUT-OF-STATE		OUT-OF-STATE		MEDICAID HMO	OTHER MEDICAID
		MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID	MEDICAID		
		1	2	3	4	5	6		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	18,667	8,381		650	213			24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	574	429			26			25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.					1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.					1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:			38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX
		1	2	3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
			3	4	5
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2		3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
			3	4	5

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5				
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>								
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y	70		
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N	71		
<b>INPATIENT REHABILITATION FACILITY PPS</b>								
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y	75		
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				Y	N 76		
<b>LONG TERM CARE HOSPITAL PPS</b>								
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N	80		
<b>TEFRA PROVIDERS</b>								
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N	85		
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N	86		
<b>TITLE V AND XIX INPATIENT SERVICES</b>								
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V 1 2 N Y	90		
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	N 91		
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	92		
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	N 93		
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	N 94		
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					95		
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N	N 96		
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					97		
<b>RURAL PROVIDERS</b>								
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				1 N	2 105		
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.					106		
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.					107		
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N	108		
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.				PHY- SICAL Y	OCCUP- ATIONAL Y	RESPI- RATORY Y N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 356,835 PAID LOSSES: SELF INSURANCE: 25,756,459			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	Y		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		01/01/1985	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		10/17/1986	127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		10/10/2000	128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		02/02/1995	129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 902022	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: TRINITY HEALTH HOME OFFICE	CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICE	CONTRACTOR'S NUMBER: 08000	141
142	STREET: 20555 VICTORY PARKWAY	P.O. BOX:		142
143	CITY: LIVONIA	STATE: MI	ZIP CODE: 48152	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	N		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

	TITLE XVIII	TITLE V	TITLE XIX
	PART A	PART B	
	1	2	3
155	HOSPITAL	N	N
156	SUBPROVIDER - IPF	N	N
157	SUBPROVIDER - IRF	N	N
158	SUBPROVIDER - (OTHER)	N	N
159	SNF	N	N
160	HHA	N	N
161	CMHC	N	N

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH	1.00		169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
<b>FINANCIAL DATA AND REPORTS</b>				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
		Y/N		Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
<b>BED COMPLEMENT</b>				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15
<b>PS&amp;R REPORT DATA</b>				
		Y/N	DATE	Y/N
		1	2	3
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N 18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N 19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N 20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N 21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- 22 HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. 22
- 23 HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 23
- 24 WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 24
- 25 HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 25
- 26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 26
- 27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

- 28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 28
- 29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. 29
- 30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. 30
- 31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. 31

PURCHASED SERVICES

- 32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. 32
- 33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. 33

PROVIDER-BASED PHYSICIANS

- 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. 34
- 35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 35

HOME OFFICE COSTS

- |   | Y/N | DATE |    |
|---|-----|------|----|
|   | 1   | 2    |    |
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?   |     |      | 36 |
| 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.  |     |      | 37 |
| 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | N   |      | 38 |
| 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.   |     |      | 39 |
| 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.  |     |      | 40 |

COST REPORT PREPARER CONTACT INFORMATION

- |                  |                 |        |    |
|------------------|-----------------|--------|----|
| 41 FIRST NAME:   | LAST NAME:      | TITLE: | 41 |
| 42 EMPLOYER:     |                 |        | 42 |
| 43 PHONE NUMBER: | E-MAIL ADDRESS: |        | 43 |







HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	427,015,515	7,429,000	434,444,515	10,512,744.00	41.33	1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B	2,587,737		2,587,737	27,725.00	93.34	3
4	PHYSICIAN-PART A ADMINISTRATIVE	337,354		337,354	6,304.00	53.51	4
4.01	PHYSICIAN-PART A - TEACHING	3,036,186		3,036,186	53,732.00	56.51	4.01
5	PHYSICIAN-PART B	20,558,695		20,558,695	154,904.00	132.72	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	20,001,553	3,477,412	23,478,965	193,583.00	121.29	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	127,640,273	-7,488,467	120,151,806	1,076,835.69	111.58	10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)	1,636,513		1,636,513	28,764.00	56.89	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS	25,662,569		25,662,569	444,479.00	57.74	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)	49,252,671		49,252,671			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS	25,165,215		25,165,215			19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B	511,437		511,437			21
22	PHYSICIAN PART A - ADMINISTRATIVE	2,622,929		2,622,929			22
22.01	PHYSICIAN PART A - TEACHING	291,437					22.01
23	PHYSICIAN PART B	17,760,440		17,760,440			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES	3,262,876		3,262,876			25
26	EMPLOYEE BENEFITS	1,898,070		1,898,070	72,358.00	26.23	26
27	ADMINISTRATIVE & GENERAL	57,447,101	7,416,700	64,863,801	1,635,636.00	39.66	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)	1,688,057		1,688,057	28,820.00	58.57	28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT	10,966,951		10,966,951	576,906.00	19.01	30
31	LAUNDRY & LINEN SERVICE	244,603		244,603	22,175.00	11.03	31
32	HOUSEKEEPING	1,292,725	-1,292,725				32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY	2,797,449	-807,802	1,989,647	164,813.00	12.07	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA	585,866	519,486	1,105,352	134,680.00	8.21	36
37	MAINTENANCE OF PERSONNEL	1,003,293		1,003,293	140,607.00	7.14	37
38	NURSING ADMINISTRATION	2,282,873		2,282,873	54,260.00	42.07	38
39	CENTRAL SERVICES AND SUPPLY	1,458,580		1,458,580	146,714.00	9.94	39
40	PHARMACY	7,104,888	-21,599	7,083,289	276,152.00	25.65	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,302,116		3,302,116	172,371.00	19.16	41
42	SOCIAL SERVICE	3,501,077	99,195	3,600,272	113,210.00	31.80	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	385,555,587	3,951,588	389,507,175	10,165,352.	38.32	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	127,640,273	-7,488,467	120,151,806	1,076,835.6	111.58	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	257,915,314	11,440,055	269,355,369	9,088,516.3	29.64	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	27,299,082		27,299,082	473,243.00	57.69	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	51,875,600		51,875,600		19.26%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	337,089,996	11,440,055	348,530,051	9,561,759.3	36.45	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	95,573,649	5,913,255	101,486,904	3,538,702.0	28.68	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	21,269,420	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	25,824,843	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,062,959	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	1,557,647	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	5,050	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	663,923	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	3,318,917	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	275,001	16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	28,382,347	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	436,989	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	3,065,993	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	85,863,089	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

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						1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		932.00	267.00		1,899.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		0.66	0.66	4
5 OTHER ADMINISTRATIVE PERSONNEL		14.77	14.77	5
6 DIRECT NURSING SERVICE		23.49	23.49	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		5.89	5.89	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		0.93	0.93	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		0.51	0.51	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		3.32	3.32	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	7,647	248	594	208	8,697	21
22 SKILLED NURSING VISIT CHARGES	1,355,958	42,651	106,811	37,405	1,542,825	22
23 PHYSICAL THERAPY VISITS	5,426	14	89	142	5,671	23
24 PHYSICAL THERAPY VISIT CHARGES	952,174	2,361	15,851	25,071	995,457	24
25 OCCUPATIONAL THERAPY VISITS	785	12	4	14	815	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	140,605	2,026	739	2,735	146,105	26
27 SPEECH PATHOLOGY VISITS	106			6	112	27
28 SPEECH PATHOLOGY VISIT CHARGES	19,047			1,117	20,164	28
29 MEDICAL SOCIAL SERVICE VISITS	79		3	5	87	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	18,853		692	1,209	20,754	30
31 HOME HEALTH AIDE VISITS	1,466	26	10	44	1,546	31
32 HOME HEALTH AIDE VISIT CHARGES	179,758	3,044	1,232	5,237	189,271	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	15,509	300	700	419	16,928	33
34 OTHER CHARGES	57,899	2,513	6,348	2,030	68,790	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,724,294	52,595	131,673	74,804	2,983,366	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)						36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	33,470	107	4,231	610	38,418	38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2329

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- 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		163					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
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 (SEE INSTRUCTIONS)							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						692	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						59	12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						636,277	13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						5,523,580	15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							21

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1566

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
1	CONTINUOUS HOME CARE					1
2	ROUTINE HOME CARE	7,748	139		105	7,992
3	INPATIENT RESPITE CARE					3
4	GENERAL INPATIENT CARE	201	4		9	214
5	TOTAL HOSPICE DAYS	7,949	143		114	8,206

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 (SUM OF COLS. 1, 2 & 5) 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	158	2		16	176
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	50.31	71.50		7.13	46.63
9	UNDUPLICATED CENSUS COUNT					9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.



HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.317237	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				53,649,000	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				280,904,000	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				89,113,142	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				35,464,142	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				12,032,864	9
10	STAND-ALONE SCHIP CHARGES				53,786,774	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				17,063,155	11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.				5,030,291	12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				4,744	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				8,966,795	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				2,844,599	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.				2,839,855	16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				720,148	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				43,334,288	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	43,335,850	80,827	43,416,677		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	13,747,735	25,641	13,773,376		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	61,151	1,901	63,052		22
23	COST OF CHARITY CARE	13,686,584	23,740	13,710,324		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				31,617,272	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				2,460,931	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				29,156,341	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				9,249,470	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				22,959,794	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				66,294,082	30

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				15,301,048	1
1.01	00101				10,371,818	1.01
2	00200				24,055,929	2
3	00300					3
4	00400					4
5.01	01160	1,898,070	1,252,425	3,150,495	-277,512	5.01
5.02	00550	961,928	2,276,841	3,238,769	-161,412	5.02
5.03	00560	5,860,307	5,951,175	11,811,482	-3,372,370	5.03
5.04	00561	1,577,110	55,660	1,632,770	-274,495	5.04
5.05	00570		8,731	8,731		5.05
5.06	00571	1,245,692	228,402	1,474,094	-6,779	5.06
5.07	00580	1,779,386	426,170	2,205,556	-47,802	5.07
5.08	00590	4,367,405	4,827,095	9,194,500	-234,906	5.08
5.09	00591	1,777,687	487,364	2,265,051	-208,429	5.09
5.10	00596	408,984	341,028	750,012	-1,784	5.10
5.11	00592	859,793	135,342	995,135	-104,649	5.11
5.12	00593	33,983,798	120,591,110	154,574,908	-12,852,806	5.12
5.14	00595	4,610,369	24,831,621	29,441,990	-1,294,280	5.14
6	00600	14,642	3,812,433	3,827,075	-381	6
7	00700					7
7.01	00701	8,795,457	20,496,292	29,291,749	-7,380,578	7.01
8	00800	2,171,494	813,064	2,984,558	-698,785	8
9	00900	244,603	2,184,570	2,429,173	-74,356	9
10	01000	1,292,725	10,290,721	11,583,446	-2,815,392	10
11	01100	2,797,449	3,931,540	6,728,989	-2,171,722	11
12	01200	585,866	1,003,508	1,589,374	1,584,221	12
12.01	01850		59,269	1,062,562	-4,786	12.01
13	01300	1,003,293		1,062,562	-4,786	13
14	01400	2,282,873	1,182,578	3,465,451	-57,787	14
14.01	01401	1,369,378	2,670,019	4,039,397	-1,897,113	14.01
15	01500	89,202	33,124	122,326		15
16	01600	7,104,888	19,946,977	27,051,865	-19,400,572	16
17	01700	3,302,116	5,372,861	8,674,977	-963,725	17
17.01	01851	3,501,077	178,832	3,679,909	90,867	17.01
19	01900				12,693,143	19
20	02000				2,587,737	20
21	02100					21
22	02200	20,001,553	-1,814,117	18,187,436	4,671,807	22
23	02300					23
23.01	02301					23.01
23.02	02302	504,366	191,657	696,023	-41,398	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	29,217,230	6,336,187	35,553,417	-2,092,283	30
31	03100	11,242,403	2,641,652	13,883,755	-366,231	31
33	03300	3,545,432	1,247,091	4,792,523	-117,646	33
35	01960	6,409,468	783,190	7,192,658	-356,287	35
35.01	01980	1,836,069	328,004	2,164,073	-35,858	35.01
35.03	02080	1,885,077	379,928	2,265,005	-72,018	35.03
35.04	02081	2,660,301	352,589	3,012,890	-67,204	35.04
41	04100	4,548,965	886,570	5,435,535	-1,703,457	41
43	04300				626,446	43
ANCILLARY SERVICE COST CENTERS						
50	05000	10,875,050	37,759,810	48,634,860	-5,127,028	50
50.01	05001	2,511,493	4,674,125	7,185,618	-650,407	50.01
51	05100	2,132,196	1,003,609	3,135,805	-362,390	51
52	05200	1,835,455	549,056	2,384,511	-124,964	52
53	05300	558,452	1,926,917	2,485,369	-209,737	53
54	05400	6,614,398	5,068,143	11,682,541	-2,435,200	54
54.01	03630	763,004	124,672	887,676	-13,846	54.01
56	05600	1,397,135	1,728,604	3,125,739	-188,696	56
57	05700	1,714,776	1,317,429	3,032,205	-133,432	57
58	05800	1,426,763	2,132,283	3,559,046	-1,020,626	58
59	05900	3,498,162	9,563,375	13,061,537	-2,701,191	59
60	06000	6,961,024	12,156,854	19,117,878	-515,920	60
60.01	03420	1,398,332	1,540,812	2,939,144	-227,817	60.01
60.02	03421					60.02
60.03	03422					60.03
62.30	06250					62.30
63	06300	1,288,901	6,598,433	7,887,334	-70,395	63
65	06500	5,464,212	1,540,645	7,004,857	-344,218	65
66	06600	2,914,701	727,993	3,642,694	500,198	66
67	06700	872,630	251,416	1,124,046	479,686	67
68	06800	307,181	35,718	342,899	196,804	68
69	06900	3,028,364	12,007,282	15,035,646	-1,586,554	69
70	07000	1,192,785	441,073	1,633,858	-190,144	70
71	07100				1,483,190	71

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
73	07300 DRUGS CHARGED TO PATIENTS				19,064,615	73
74	07400 RENAL DIALYSIS	2,470,085	2,962,596	5,432,681	-151,584	74
76	03560 PULMONARY LABS	228,564	229,766	458,330	-88,499	76
76.01	03950 OCCUPATIONAL HEALTH	638,413	253,884	892,297	-72,582	76.01
76.03	03951 HYPERALIMENTATION					76.03
76.04	03650 PERIPHERAL VASCULAR	661,634	155,979	817,613	-124,618	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION					76.05
76.07	03340 GASTROINTESTINAL SERVICE	1,774,957	2,229,262	4,004,219	-366,857	76.07
76.09	03953 BONE MARROW PROCUREMENT		1,299,226	1,299,226		76.09
76.10	03954 BARIATRICS	27,382	103,562	130,944	-4,255	76.10
76.11	03955 HEPATOLOGY	20,166	2,939	23,105	333,731	76.11
76.97	07697 CARDIAC REHABILITATION					76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000 CLINIC	177,467	76,194	253,661	-31,373	90
90.01	09001 CARDIAC REHABILITATION	280,025	1,725	281,750		90.01
90.02	09002 CANCER CENTER	5,302,662	20,184,351	25,487,013	-475,009	90.02
90.03	09003 PSYCH SOCIAL REHAB	252,385	74,303	326,688	-21,118	90.03
90.04	09004 WELLNESS ASSESSMENT					90.04
90.06	09005 HEART FAILURE CLINIC					90.06
90.07	09006 LOC OUTPATIENT CENTER	16,185,411	10,887,315	27,072,726	-2,711,315	90.07
90.08	09007 OB OUTPATIENT CENTER	3,376,989	2,645,731	6,022,720	-487,144	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	890,553	819,383	1,709,936	-235,773	90.09
90.10	09009 LAGRANGE FAMILY PCC	1,636,980	1,341,514	2,978,494	-202,876	90.10
90.12	09010 NORTH RIVERSIDE PCC	2,281,285	1,617,108	3,898,393	-172,763	90.12
90.13	09011 GLENDALE HEIGHTS PCC					90.13
90.14	09012 WHEATON PCC	1,447,616	1,364,298	2,811,914	-42,790	90.14
90.15	09013 OB II PCC	2,351,946	1,189,888	3,541,834	-175,195	90.15
90.16	09014 HICKORY HILLS PCC	2,347,320	1,778,839	4,126,159	-174,635	90.16
90.18	09015 DARIEN PCC	1,576,491	846,661	2,423,152	-94,513	90.18
90.20	09016 ORLANAD PARK - FP	2,530,240	1,728,825	4,259,065	-73,890	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	615,511	363,044	978,555	-73,012	90.21
90.22	09018 HOMER GLEN PCC	3,106,374	3,064,297	6,170,671	-179,811	90.22
90.23	09019 OAK PARK PCC	1,935,488	583,252	2,518,740	-8,550	90.23
90.24	09020 PARK RIDGE PCC	327,191	555,898	883,089	-241,963	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	128,007	66,488	194,495	-13,837	90.25
90.26	09022 WOODRIDGE PCC					90.26
90.27	09023 NEUROLOGY - NILES	13,640	21,183	34,823		90.27
90.28	09024 MARJORIE WEINBERG CANCER CENTER	777,154	4,468,532	5,245,686	-17,562	90.28
90.29	09025 BURR RIDGE PCC	4,925,743	8,309,116	13,234,859	-2,981,505	90.29
91	09100 EMERGENCY	13,368,210	3,096,022	16,464,232	-461,311	91
92	09200 OBSERVATION BEDS					92
92.01	09201 OBSERVATION BEDS-DISTINCT	244,664	43,320	287,984	-10,196	92.01
OTHER REIMBURSABLE COST CENTERS						
95	09500 AMBULANCE SERVICES		292,750	292,750		95
97	09700 DURABLE MEDICAL EQUIP-SOLD	36,850	2,680,194	2,717,044		97
99	09900 CMHC					99
99.10	09910 CORF					99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY					99.40
101	10100 HOME HEALTH AGENCY	3,395,993	941,817	4,337,810	-1,739	101
SPECIAL PURPOSE COST CENTERS						
105	10500 KIDNEY ACQUISITION	696,653	1,744,342	2,440,995	-21,452	105
106	10600 HEART ACQUISITION	692,794	1,011,447	1,704,241	-764,471	106
107	10700 LIVER ACQUISITION	693,856	496,010	1,189,866	-415,629	107
108	10800 LUNG ACQUISITION	765,734	1,444,099	2,209,833	-550,524	108
109	10900 PANCREAS ACQUISITION	210,092	2,231	212,323	-39,308	109
110	11000 INTESTINAL ACQUISITION	51,594	726	52,320	170,076	110
112	08600 OTHER ORGAN ACQUISITION (SPECIFY)	31,520	59,909	91,429	1,362,056	112
116	11600 HOSPICE	628,925	301,601	930,526	-133	116
118	SUBTOTALS (SUM OF LINES 1-117)	311,595,734	427,209,379	738,805,113	9,028,212	118
NONREIMBURSABLE COST CENTERS						
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	76,725	135,534	212,259		190
190.01	19001 HINES RADIATION THERAPY	837,738	4,882	842,620		190.01
190.02	19002 HOME INFUSION THERAPY	812,546	2,358,458	3,171,004		190.02
190.03	19003 OP HOSPITAL PHARMACY	145,731	3,263,983	3,409,714	-7,215	190.03
190.04	19004 HOSPITALIST	3,102,362	321,015	3,423,377	-10,966	190.04
190.05	19005 STUDENT HEALTH	17,739	1,049	18,788		190.05
192	19200 PHYSICIANS' PRIVATE OFFICES	95,912	83,876	179,788	40,098	192
192.01	19201 FACULTY CLINICAL OPERATIONS	110,331,028	68,782,659	179,113,687	-9,050,129	192.01
200	TOTAL (SUM OF LINES 118-199)	427,015,515	502,160,835	929,176,350		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	15,301,048	-1,303,082	13,997,966	1
1.01	00101	NEW CAPITAL-BLDG INTEREST	10,371,818	-6,469,913	3,901,905	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP	24,055,929	-11,434	24,044,495	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	2,872,983	-74,289	2,798,694	4
5.01	01160	COMMUNICATION	3,077,357	-248,544	2,828,813	5.01
5.02	00550	SYSTEM & COMPUTERS	8,439,112	-229,365	8,209,747	5.02
5.03	00560	PURCHASING	1,358,275	-61,726	1,296,549	5.03
5.04	00561	OPC STORES	8,731		8,731	5.04
5.05	00570	PATIENT AFFAIRS	1,467,315	-48,755	1,418,560	5.05
5.06	00571	PATIENT ADMITTING	2,157,754	-69,643	2,088,111	5.06
5.07	00580	PATIENT ACCOUNTS	8,959,594	-171,289	8,788,305	5.07
5.08	00590	ACCOUNTING	2,056,622	-69,577	1,987,045	5.08
5.09	00591	EMPLOYEE HEALTH SERVICES	748,228	-156,491	591,737	5.09
5.10	00596	PASTORAL CARE	890,486	-33,651	856,835	5.10
5.11	00592	HOSPITAL ADMINISTRATION	141,722,102	-29,423,525	112,298,577	5.11
5.12	00593	AMBULATORY ADMINISTRATION	28,147,710	-5,062,535	23,085,175	5.12
5.14	00595	PRIMARY CARE ADMINISTRATION	3,826,694	-39,062	3,787,632	5.14
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	21,911,171	-1,179,075	20,732,096	7
7.01	00701	SAFETY AND SECURITY	2,285,773	-84,990	2,200,783	7.01
8	00800	LAUNDRY & LINEN SERVICE	2,354,817	-9,573	2,345,244	8
9	00900	HOUSEKEEPING	8,768,054		8,768,054	9
10	01000	DIETARY	4,557,267	-109,489	4,447,778	10
11	01100	CAFETERIA	3,173,595	-3,173,595		11
12	01200	MAINTENANCE OF PERSONNEL				12
12.01	01850	PATIENT TRANSPORTATION	1,057,776	-39,268	1,018,508	12.01
13	01300	NURSING ADMINISTRATION	3,407,664	-102,763	3,304,901	13
14	01400	CENTRAL SERVICES & SUPPLY	2,142,284	-53,596	2,088,688	14
14.01	01401	CENTRAL PROCESSING	122,326	-3,492	118,834	14.01
15	01500	PHARMACY	7,651,293	-311,152	7,340,141	15
16	01600	MEDICAL RECORDS & LIBRARY	7,711,252	-149,747	7,561,505	16
17	01700	SOCIAL SERVICE	3,770,776	-140,598	3,630,178	17
17.01	01851	HOSPITAL MEDICAL ADMIN	12,693,143		12,693,143	17.01
19	01900	NONPHYSICIAN ANESTHETISTS	2,587,737	-2,587,737		19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	22,859,243	-1,011,932	21,847,311	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
23.01	02301	PARAMEDICAL ED-MICU	654,625	-265,815	388,810	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	33,461,134	-1,151,326	32,309,808	30
31	03100	INTENSIVE CARE UNIT	13,517,524	-440,003	13,077,521	31
33	03300	BURN INTENSIVE CARE UNIT	4,674,877	-143,621	4,531,256	33
35	01960	NEONATAL INTENSIVE CARE	6,836,371	-295,139	6,541,232	35
35.01	01980	PEDIATRIC INTENSIVE CARE	2,128,215	-72,425	2,055,790	35.01
35.03	02080	HEART TRANSPLANT ICU	2,192,987	-73,779	2,119,208	35.03
35.04	02081	BONE INTENSIVE CARE	2,945,686	-121,038	2,824,648	35.04
41	04100	SUBPROVIDER - IRF	3,732,078	-286,314	3,445,764	41
43	04300	NURSERY	626,446		626,446	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	43,507,832	-428,636	43,079,196	50
50.01	05001	AMBULATORY SURGERY CENTER	6,535,211	-98,297	6,436,914	50.01
51	05100	RECOVERY ROOM	2,773,415	-83,452	2,689,963	51
52	05200	DELIVERY ROOM & LABOR ROOM	2,259,547	-71,837	2,187,710	52
53	05300	ANESTHESIOLOGY	2,275,632	-21,857	2,253,775	53
54	05400	RADIOLOGY-DIAGNOSTIC	9,247,341	-297,190	8,950,151	54
54.01	03630	RADIOLOGY-ULTRASOUND	873,830	-29,863	843,967	54.01
56	05600	RADIOISOTOPE	2,937,043	-54,682	2,882,361	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,898,773	-67,114	2,831,659	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,538,420	-55,842	2,482,578	58
59	05900	CARDIAC CATHETERIZATION	10,360,346	-136,914	10,223,432	59
60	06000	LABORATORY	18,601,958	-274,316	18,327,642	60
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	2,711,327	-55,315	2,656,012	60.01
60.02	03421	LABORATORY-NEUROSURGICAL				60.02
60.03	03422	LABORATORY-HLA				60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	7,816,939	-50,446	7,766,493	63
65	06500	RESPIRATORY THERAPY	6,660,639	-214,863	6,445,776	65
66	06600	PHYSICAL THERAPY	4,142,892	-150,219	3,992,673	66
67	06700	OCCUPATIONAL THERAPY	1,603,732	-34,154	1,569,578	67
68	06800	SPEECH PATHOLOGY	539,703	-12,023	527,680	68
69	06900	ELECTROCARDIOLOGY	13,449,092	-139,475	13,309,617	69
70	07000	ELECTROENCEPHALOGRAPHY	1,443,714	-46,684	1,397,030	70
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,483,190		1,483,190	71

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
73	07300 DRUGS CHARGED TO PATIENTS	19,064,615		19,064,615	73
74	07400 RENAL DIALYSIS	5,281,097	-96,676	5,184,421	74
76	03560 PULMONARY LABS	369,831	-8,946	360,885	76
76.01	03950 OCCUPATIONAL HEALTH	819,715	-324,052	495,663	76.01
76.03	03951 HYPERALIMENTATION				76.03
76.04	03650 PERIPHERAL VASCULAR	692,995	-25,895	667,100	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION				76.05
76.07	03340 GASTROINTESTINAL SERVICE	3,637,362	-69,470	3,567,892	76.07
76.09	03953 BONE MARROW PROCUREMENT	1,299,226		1,299,226	76.09
76.10	03954 BARIATRICS	126,689	-1,072	125,617	76.10
76.11	03955 HEPATOLOGY	356,836	-789	356,047	76.11
76.97	07697 CARDIAC REHABILITATION				76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699 LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	09000 CLINIC	222,288	-6,946	215,342	90
90.01	09001 CARDIAC REHABILITATION	281,750	-10,960	270,790	90.01
90.02	09002 CANCER CENTER	25,012,004	-1,694,177	23,317,827	90.02
90.03	09003 PSYCH SOCIAL REHAB	305,570	-9,878	295,692	90.03
90.04	09004 WELLNESS ASSESSMENT				90.04
90.06	09005 HEART FAILURE CLINIC				90.06
90.07	09006 LOC OUTPATIENT CENTER	24,361,411	-2,073,704	22,287,707	90.07
90.08	09007 OB OUTPATIENT CENTER	5,535,576	-132,172	5,403,404	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	1,474,163	-357,080	1,117,083	90.09
90.10	09009 LAGRANGE FAMILY PCC	2,775,618	-549,036	2,226,582	90.10
90.12	09010 NORTH RIVERSIDE PCC	3,725,630	-1,774,685	1,950,945	90.12
90.13	09011 GLENDALE HEIGHTS PCC				90.13
90.14	09012 WHEATON PCC	2,769,124	-739,833	2,029,291	90.14
90.15	09013 OB II PCC	3,366,639	-1,635,474	1,731,165	90.15
90.16	09014 HICKORY HILLS PCC	3,951,524	-1,188,907	2,762,617	90.16
90.18	09015 DARIEN PCC	2,328,639	-1,322,270	1,006,369	90.18
90.20	09016 ORLANAD PARK - FP	4,185,175	-1,959,730	2,225,445	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	905,543	-24,090	881,453	90.21
90.22	09018 HOMER GLEN PCC	5,990,860	-1,211,217	4,779,643	90.22
90.23	09019 OAK PARK PCC	2,510,190	-1,830,659	679,531	90.23
90.24	09020 PARK RIDGE PCC	641,126	-12,806	628,320	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	180,658	-5,010	175,648	90.25
90.26	09022 WOODRIDGE PCC				90.26
90.27	09023 NEUROLOGY - NILES	34,823	-533	34,290	90.27
90.28	09024 MARJORIE WEINBERG CANCER CENTER	5,228,124	-44,993	5,183,131	90.28
90.29	09025 BURR RIDGE PCC	10,253,354	-467,187	9,786,167	90.29
91	09100 EMERGENCY	16,002,921	-9,301,101	6,701,820	91
92	09200 OBSERVATION BEDS				92
92.01	09201 OBSERVATION BEDS-DISTINCT	277,788	-9,576	268,212	92.01
	OTHER REIMBURSABLE COST CENTERS				
95	09500 AMBULANCE SERVICES	292,750		292,750	95
97	09700 DURABLE MEDICAL EQUIP-SOLD	2,717,044	-732,866	1,984,178	97
99	09900 CMHC				99
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100 HOME HEALTH AGENCY	4,336,071	-201,707	4,134,364	101
	SPECIAL PURPOSE COST CENTERS				
105	10500 KIDNEY ACQUISITION	2,419,543	-27,495	2,392,048	105
106	10600 HEART ACQUISITION	939,770	-27,115	912,655	106
107	10700 LIVER ACQUISITION	774,237	-27,157	747,080	107
108	10800 LUNG ACQUISITION	1,659,309	-64,607	1,594,702	108
109	10900 PANCREAS ACQUISITION	173,015	5,799	178,814	109
110	11000 INTESTINAL ACQUISITION	222,396	1,424	223,820	110
112	08600 OTHER ORGAN ACQUISITION (SPECIFY)	1,453,485	-1,234	1,452,251	112
116	11600 HOSPICE	930,393	-40,412	889,981	116
118	SUBTOTALS (SUM OF LINES 1-117)	747,833,325	-85,606,821	662,226,504	118
	NONREIMBURSABLE COST CENTERS				
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	212,259	-3,003	209,256	190
190.01	19001 HINES RADIATION THERAPY	842,620	-32,788	809,832	190.01
190.02	19002 HOME INFUSION THERAPY	3,171,004	-245,849	2,925,155	190.02
190.03	19003 OP HOSPITAL PHARMACY	3,402,499	-5,770	3,396,729	190.03
190.04	19004 HOSPITALIST	3,412,411	-3,378,852	33,559	190.04
190.05	19005 STUDENT HEALTH	18,788	-2,863	15,925	190.05
192	19200 PHYSICIANS' PRIVATE OFFICES	219,886	-3,753	216,133	192
192.01	19201 FACULTY CLINICAL OPERATIONS	170,063,558	-24,188,863	145,874,695	192.01
200	TOTAL (SUM OF LINES 118-199)	929,176,350	-113,468,562	815,707,788	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		15,301,048
2 DEPR	A	CAP REL COSTS-MVBLE EQUIP	2		24,055,929
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500 TOTAL RECLASSIFICATIONS  
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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CRNA	B	NONPHYSICIAN ANESTHETISTS	19	2,628,712		1
2		PHYSICIANS' PRIVATE OFFICES	192		41,796	2
3						3
4						4
500 TOTAL RECLASSIFICATIONS				2,628,712	41,796	500
CODE LETTER - B						
1 SHARED SERVICE TO HE	D	HOSPITAL ADMINISTRATION	5.11	7,429,000	1,454,000	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS				7,429,000	1,454,000	500
CODE LETTER - D						
1 SERVICE ASSOCIATE	J	ADULTS & PEDIATRICS	30	843,485	4,081	1
2		INTENSIVE CARE UNIT	31	158,863	769	2
3		BURN INTENSIVE CARE UNIT	33	71,498	346	3
4		PEDIATRIC INTENSIVE CARE	35.01	23,933	116	4
5		HEART TRANSPLANT ICU	35.03	30,854	149	5
6		BONE INTENSIVE CARE	35.04	43,682	211	6
7		SUBPROVIDER - IRF	41	102,363	495	7
8		NURSERY	43	18,047	87	8
9						9
500 TOTAL RECLASSIFICATIONS				1,292,725	6,254	500
CODE LETTER - J						
1 CAFETERIA	K	CAFETERIA	11	519,486	1,068,058	1
2						2
500 TOTAL RECLASSIFICATIONS				519,486	1,068,058	500
CODE LETTER - K						
1 MEDICAL SUPPLY CHG TO PATIENT	L	MEDICAL SUPPLIES CHRGD TO PA	71		1,483,190	1
2						2
500 TOTAL RECLASSIFICATIONS					1,483,190	500
CODE LETTER - L						
1 DRUGS CHG TO PATIENT	M	DRUGS CHARGED TO PATIENTS	73		19,064,615	1
2						2
500 TOTAL RECLASSIFICATIONS					19,064,615	500
CODE LETTER - M						
1 DPU REHAB THERAPY	O	PHYSICAL THERAPY	66	501,875	115,761	1
2		OCCUPATIONAL THERAPY	67	435,551	100,463	2
3		SPEECH PATHOLOGY	68	173,772	40,082	3
4		SOCIAL SERVICE	17	99,195	22,880	4
5						5
500 TOTAL RECLASSIFICATIONS				1,210,393	279,186	500
CODE LETTER - O						
1 INSURANCE	P					1
2						2
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - P						
1 HOSPITAL MEDICAL ADMIN (50990)	R	HOSPITAL MEDICAL ADMIN	17.01		1,479,054	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					1,479,054	500
CODE LETTER - R						



RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		2	3	4	5	
1 NURSERY	T					1
2		NURSERY	43	388,169	220,143	2
500 TOTAL RECLASSIFICATIONS				388,169	220,143	500
CODE LETTER - T						
1 INTERST EXPENSE	U					1
2		NEW CAPITAL-BLDG INTEREST	1.01		10,371,818	2
500 TOTAL RECLASSIFICATIONS					10,371,818	500
CODE LETTER - U						
1 RADIOLOGY ALLOCATED	Y					1
2 RADIOLOGY ALLOCATED	Y	RADIOLOGY-DIAGNOSTIC	54		41,124	2
3 RADIOLOGY ALLOCATED	Y	RADIOLOGY-DIAGNOSTIC	54		56,711	3
4 RADIOLOGY ALLOCATED	Y	COMPUTED TOMOGRAPHY (CT) SCAN	57		237,951	4
5 RADIOLOGY ALLOCATED	Y	COMPUTED TOMOGRAPHY (CT) SCAN	57		1,178	5
6 RADIOLOGY ALLOCATED	Y	RADIOLOGY-ULTRASOUND	54.01		47,119	6
7		MAGNETIC RESONANCE IMAGING (M	58		146,919	7
500 TOTAL RECLASSIFICATIONS					531,002	500
CODE LETTER - Y						
1 TRANSPLANT PRE VS POST	AB	INTESTINAL ACQUISITION	110	125,074	45,002	1
2 TRANSPLANT PRE VS POST	AB	LUNG ACQUISITION	108	3,962	1,426	2
3 TRANSPLANT PRE VS POST	AB	HEART ACQUISITION	106	40,008	14,395	3
4 TRANSPLANT PRE VS POST	AB	LUNG ACQUISITION	108	3,108	1,118	4
5		OTHER ORGAN ACQUISITION (SPEC	112	1,031,605	330,451	5
6		HEPATOLOGY	76.11	333,519	212	6
7						7
8						8
9						9
10						10
11						11
500 TOTAL RECLASSIFICATIONS				1,537,276	392,604	500
CODE LETTER - AB						
1 AU 34291	AC					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - AC						
1 7N_7BICU	AF					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - AF						
1 NUTRITION SUPPORT TO LOC	AG	LOC OUTPATIENT CENTER	90.07	267,161	3,290	1
500 TOTAL RECLASSIFICATIONS				267,161	3,290	500
CODE LETTER - AG						
1 LAWSON AU 10637	AH	ELECTROCARDIOLOGY	69	221,328	72,244	1
500 TOTAL RECLASSIFICATIONS				221,328	72,244	500
CODE LETTER - AH						
1 HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL MEDICAL ADMIN	17.01		11,214,089	1
2		CARDIAC CATHETERIZATION	59		16,200	2
3						3
500 TOTAL RECLASSIFICATIONS					11,230,289	500
CODE LETTER - AK						
1 RECLASS MWCC COSTS TO CORRECT CC	AL					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - AL						
1 CORRECT POST TRANSPLANT (TMG)	AM					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - AM						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 REVERSE HOSP MED ADMIN (TMG)	AN					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AN						500
1 RADIOLOGY NURSING	AO	RADIOLOGY-DIAGNOSTIC	54	205,915	235	1
2		RADIOLOGY-ULTRASOUND	54.01	45,468	52	2
3		MAGNETIC RESONANCE IMAGING (M	58	144,264	165	3
4		COMPUTED TOMOGRAPHY (CT) SCAN	57	360,592	411	4
5		RADIOISOTOPE	56	79,331	90	5
6		OBSERVATION BEDS-DISTINCT	92.01	1,868	2	6
500 TOTAL RECLASSIFICATIONS CODE LETTER - AO				837,438	955	500
1 MEDICAL EDUCATION	AP	I&R SRVCES-SALARY & FRINGES A	21	3,477,412	1,268,762	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AP				3,477,412	1,268,762	500
GRAND TOTAL (INCREASES)				19,809,100	88,324,237	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 DEPRECIATION EXPENSE	A	EMPLOYEE BENEFITS	4		34,512	9 1
2 DEPR	A	COMMUNICATION	5.01		161,412	9 2
3		SYSTEM & COMPUTERS	5.02		2,353,370	3
4		PURCHASING	5.03		274,495	4
5						5
6		PATIENT AFFAIRS	5.05		6,779	6
7		PATIENT ADMITTING	5.06		47,802	7
8		PATIENT ACCOUNTS	5.07		218,180	8
9		ACCOUNTING	5.08		208,429	9
10		EMPLOYEE HEALTH SERVICES	5.09		1,784	10
11		PASTORAL CARE	5.10		104,649	11
12		HOSPITAL ADMINISTRATION	5.11		696,357	12
13		AMBULATORY ADMINISTRATION	5.12		11,024	13
14		PRIMARY CARE ADMINISTRATION	5.14		381	14
15		OPERATION OF PLANT	7		2,466,578	15
16		SAFETY AND SECURITY	7.01		189,785	16
17		LAUNDRY & LINEN SERVICE	8		74,356	17
18		HOUSEKEEPING	9		62,413	18
19		DIETARY	10		284,961	19
20		CAFETERIA	11		3,323	20
21		PATIENT TRANSPORTATION	12.01		4,786	21
22		NURSING ADMINISTRATION	13		57,787	22
23		CENTRAL SERVICES & SUPPLY	14		413,923	23
24		PHARMACY	15		306,587	24
25		MEDICAL RECORDS & LIBRARY	16		963,725	25
26		SOCIAL SERVICE	17		31,208	26
27		I&R SRVCS-SALARY & FRINGES A	21		74,367	27
28		PARAMEDICAL ED-MICU	23.01		41,398	28
29		ADULTS & PEDIATRICS	30		2,331,537	29
30		INTENSIVE CARE UNIT	31		525,863	30
31		BURN INTENSIVE CARE UNIT	33		189,490	31
32		NEONATAL INTENSIVE CARE	35		356,287	32
33		PEDIATRIC INTENSIVE CARE	35.01		59,907	33
34		HEART TRANSPLANT ICU	35.03		103,021	34
35		BONE INTENSIVE CARE	35.04		111,097	35
36		SUBPROVIDER - IRF	41		316,736	36
37		OPERATING ROOM	50		5,127,028	37
38		AMBULATORY SURGERY CENTER	50.01		650,407	38
39		RECOVERY ROOM	51		362,390	39
40		DELIVERY ROOM & LABOR ROOM	52		108,878	40
41		ANESTHESIOLOGY	53		205,355	41
42		RADIOLOGY-DIAGNOSTIC	54		1,998,530	42
43		RADIOLOGY-ULTRASOUND	54.01		106,485	43
44						44
45		RADIOISOTOPE	56		268,117	45
46		COMPUTED TOMOGRAPHY (CT) SCAN	57		733,564	46
47		MAGNETIC RESONANCE IMAGING (M	58		780,972	47
48		CARDIAC CATHETERIZATION	59		1,469,952	48
49		LABORATORY	60		515,920	49
50		LABORATORY-SURGICAL PATHOLOGY	60.01		227,817	50
51		BLOOD STORING, PROCESSING & T	63		70,395	51
52		RESPIRATORY THERAPY	65		344,218	52
53		PHYSICAL THERAPY	66		117,438	53
54		OCCUPATIONAL THERAPY	67		56,328	54
55		SPEECH PATHOLOGY	68		17,050	55
56		ELECTROCARDIOLOGY	69		1,880,126	56
57		ELECTROENCEPHALOGRAPHY	70		190,144	57
58		RENAL DIALYSIS	74		151,584	58
59		PULMONARY LABS	76		88,499	59
60		OCCUPATIONAL HEALTH	76.01		72,582	60
61		PERIPHERAL VASCULAR	76.04		124,618	61
62		GASTROINTESTINAL SERVICE	76.07		366,857	62
63		CLINIC	90		31,373	63
64		BIARIATRICS	76.10		4,255	64
65		CANCER CENTER	90.02		475,009	65
66		PSYCH SOCIAL REHAB	90.03		21,118	66
67		LOC OUTPATIENT CENTER	90.07		2,883,224	67
68		OBT OUTPATIENT CENTER	90.08		487,144	68
69		ELMHURST IMMEDIATE CARE	90.09		235,773	69
70		LAGRANGE FAMILY PCC	90.10		202,876	70
71		NORTH RIVERSIDE PCC	90.12		172,763	71
72		WHEATON PCC	90.14		42,790	72
73		OBT II PCC	90.15		175,195	73
74		HICKORY HILLS PCC	90.16		174,635	74
75		DARIEN PCC	90.18		94,513	75
76		ORLANAD PARK - FP	90.20		73,890	76
77		FAMILY PRACTICE MAYWOOD PCC	90.21		73,012	77
78		HOMER GLEN PCC	90.22		179,811	78
79		OAK PARK PCC	90.23		8,550	79
80		PARK RIDGE PCC	90.24		241,963	80
81		LOYOLA CLINIC AT GOTTLIEB	90.25		13,837	81
82						82
83		MARJORIE WEINBERG CANCER CENT	90.28		17,562	83
84		BURR RIDGE PCC	90.29		2,981,505	84
85		EMERGENCY	91		461,311	85
86		OBSERVATION BEDS-DISTINCT	92.01		12,066	86
87						87
88		HOME HEALTH AGENCY	101		1,739	88
89		KIDNEY ACQUISITION	105		2,994	89
90		HEART ACQUISITION	106		8,133	90

91				91
92	LUNG ACQUISITION	108	8,823	92
93	HOSPICE	116	133	93
94	HOSPITALIST	190.04	10,966	94
95				95
96	OP HOSPITAL PHARMACY	190.03	7,215	96
97	PHYSICIANS' PRIVATE OFFICES	192	1,698	97
98	FACULTY CLINICAL OPERATIONS	192.01	1,127,538	98
500	TOTAL RECLASSIFICATIONS		39,356,977	500
	CODE LETTER - A			

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 CRNA	B	ANESTHESIOLOGY	53	3,561	821	1
2						2
3		NONPHYSICIAN ANESTHETISTS	19		40,975	3
4		FACULTY CLINICAL OPERATIONS	192.01	2,625,151		4
500 TOTAL RECLASSIFICATIONS				2,628,712	41,796	500
CODE LETTER - B						
1 SHARED SERVICE TO HE	D					1
2		EMPLOYEE BENEFITS	4		243,000	2
3						3
4		SYSTEM & COMPUTERS	5.02		1,019,000	4
5						5
6		OPERATION OF PLANT	7		4,914,000	6
7		SAFETY AND SECURITY	7.01		509,000	7
8		HOUSEKEEPING	9		1,454,000	8
9		HOSPITAL ADMINISTRATION	5.11		744,000	9
500 TOTAL RECLASSIFICATIONS					8,883,000	500
CODE LETTER - D						
1 SERVICE ASSOCIATE	J					1
2		HOUSEKEEPING	9	1,292,725	6,254	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS				1,292,725	6,254	500
CODE LETTER - J						
1 CAFETERIA	K					1
2		DIETARY	10	519,486	1,068,058	2
500 TOTAL RECLASSIFICATIONS				519,486	1,068,058	500
CODE LETTER - K						
1 MEDICAL SUPPLY CHG TO PATIENT	L					1
2		CENTRAL SERVICES & SUPPLY	14		1,483,190	2
500 TOTAL RECLASSIFICATIONS					1,483,190	500
CODE LETTER - L						
1 DRUGS CHG TO PATIENT	M					1
2		PHARMACY	15		19,064,615	2
500 TOTAL RECLASSIFICATIONS					19,064,615	500
CODE LETTER - M						
1 DPU REHAB THERAPY	O					1
2		SUBPROVIDER - IRF	41	1,210,393	279,186	2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				1,210,393	279,186	500
CODE LETTER - O						
1 INSURANCE	P					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - P						
1 HOSPITAL MEDICAL ADMIN (50990)	R					1
2		DELIVERY ROOM & LABOR ROOM	52		16,086	2
3		CARDIAC CATHETERIZATION	59		953,867	3
4		FACULTY CLINICAL OPERATIONS	192.01		509,101	4
500 TOTAL RECLASSIFICATIONS					1,479,054	500
CODE LETTER - R						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 NURSERY	T					1
2		ADULTS & PEDIATRICS	30	388,169	220,143	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - T				388,169	220,143	500
1 INTERST EXPENSE	U					11 1
2		HOSPITAL ADMINISTRATION	5.11		10,371,818	9 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - U					10,371,818	500
1 RADIOLOGY ALLOCATED	Y					1
2 RADIOLOGY ALLOCATED	Y	MAGNETIC RESONANCE IMAGING (M	58		531,002	2
3 RADIOLOGY ALLOCATED	Y					3
4 RADIOLOGY ALLOCATED	Y					4
5 RADIOLOGY ALLOCATED	Y					5
6 RADIOLOGY ALLOCATED	Y					6
7						7
500 TOTAL RECLASSIFICATIONS CODE LETTER - Y					531,002	500
1 TRANSPLANT PRE VS POST	AB	LIVER ACQUISITION	107	60,228	21,670	1
2 TRANSPLANT PRE VS POST	AB	PANCREAS ACQUISITION	109	28,907	10,401	2
3 TRANSPLANT PRE VS POST	AB	KIDNEY ACQUISITION	105	13,574	4,884	3
4 TRANSPLANT PRE VS POST	AB	PHARMACY	15	21,599	7,771	4
5		DIETARY	10	21,155	7,611	5
6		LOC OUTPATIENT CENTER	90.07	591	213	6
7		FACULTY CLINICAL OPERATIONS	192.01	13,798	4,965	7
8		PATIENT ACCOUNTS	5.07	12,300	4,426	8
9		HEART ACQUISITION	106	497,053	313,688	9
10		LIVER ACQUISITION	107	333,519	212	10
11		LUNG ACQUISITION	108	534,552	16,763	11
500 TOTAL RECLASSIFICATIONS CODE LETTER - AB				1,537,276	392,604	500
1 AU 34291	AC					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AC						500
1 7N_7BICU	AF					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AF						500
1 NUTRITION SUPPORT TO LOC	AG	DIETARY	10	267,161	3,290	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AG				267,161	3,290	500
1 LAWSON AU 10637	AH	CARDIAC CATHETERIZATION	59	221,328	72,244	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AH				221,328	72,244	500
1 HOSPITAL MEDICAL ADMIN (50993)	AK	HOSPITAL ADMINISTRATION	5.11		9,923,631	1
2		AMBULATORY ADMINISTRATION	5.12		1,283,256	2
3		FACULTY CLINICAL OPERATIONS	192.01		23,402	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - AK					11,230,289	500
1 RECLASS MWCC COSTS TO CORRECT CC	AL					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AL						500
1 CORRECT POST TRANSPLANT (TMG)	AM					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AM						500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 REVERSE HOSP MED ADMIN (TMG)	AN					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AN						500
1 RADIOLOGY NURSING	AO	RADIOLOGY-DIAGNOSTIC	54	739,865	790	1
2		LOC OUTPATIENT CENTER	90.07	97,573	165	2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS CODE LETTER - AO				837,438	955	500
1 MEDICAL EDUCATION	AP	FACULTY CLINICAL OPERATIONS	192.01	3,477,412	1,268,762	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - AP				3,477,412	1,268,762	500
GRAND TOTAL (DECREASES)				12,380,100	95,753,237	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	1,349,446	4,320,554		4,320,554		5,670,000	1
2 LAND IMPROVEMENTS	6,845,446	56,156		56,156	6,845,446	56,156	2
3 BUILDINGS AND FIXTURES	486,682,717	6,216,436		6,216,436	127,026,959	365,872,194	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	258,117,052	19,996,600	3,256,932	23,253,532	185,826,893	95,543,691	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	752,994,661	30,589,746	3,256,932	33,846,678	319,699,298	467,142,041	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	752,994,661	30,589,746	3,256,932	33,846,678	319,699,298	467,142,041	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT							1
1.01 NEW CAPITAL-BLDG INTEREST							1.01
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT								1
1.01 NEW CAPITAL-BLDG INTEREST								1.01
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	13,997,966						13,997,966 1
1.01 NEW CAPITAL-BLDG INTEREST	10,371,818		-6,469,913				3,901,905 1.01
2 CAP REL COSTS-MVBLE EQUIP	24,044,495						24,044,495 2
3 TOTAL	48,414,279		-6,469,913				41,944,366 3



ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)					
1.01 INV INC-BLDGS AND FIXT	B	-6,469,913	CAP REL COSTS-BLDG & FIXT NEW CAPITAL-BLDG INTEREST	1 1.01	1 11 1.01
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-205,726	COMMUNICATION	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-17,099	OPERATION OF PLANT	7	8
9 PARKING LOT (CHAPTER 21)	A	-814,612	OPERATION OF PLANT	7	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2				10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-17,151,354			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-3,150,665	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST	A	-2,587,737	NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					11 33
33.03 PATIENT TELEVISION	A	-29,269	CAP REL COSTS-BLDG & FIXT	1	9 33.03
33.04 PARKING	A	-1,530,112	CAP REL COSTS-BLDG & FIXT	1	9 33.04
33.05 PARKING	A	-11,434	CAP REL COSTS-MVBLE EQUIP	2	9 33.05
34					34
35 LOBBYING EXPENSE	A	-39,436	HOSPITAL ADMINISTRATION	5.11	35
35.01 PHYSICIAN RECRUITING	A	-58,510	HOSPITAL ADMINISTRATION	5.11	35.01
35.02 BOARD OF DIRECTORS	A	-22,592	HOSPITAL ADMINISTRATION	5.11	35.02
35.03 NON ALLOWABLE EXPENSE	A	-20,625	HOSPITAL ADMINISTRATION	5.11	35.03
35.04 DONATIONS	A	-124,040	HOSPITAL ADMINISTRATION	5.11	35.04
35.05 FLOWERS AND GIFTS	A	-14,174	HOSPITAL ADMINISTRATION	5.11	35.05
35.06 EXPENSE REPORTS	A	-41,438	HOSPITAL ADMINISTRATION	5.11	35.06
35.07 ADVERTISING	A	-5,869,540	HOSPITAL ADMINISTRATION	5.11	35.07
36 SELF INSURANCE	A	-126,683	EMPLOYEE BENEFITS	4	36
36.01 SELF INSURANCE	A	-64,202	COMMUNICATION	5.01	36.01
36.02 SELF INSURANCE	A	-391,133	SYSTEM & COMPUTERS	5.02	36.02
36.03 SELF INSURANCE	A	-105,261	PURCHASING	5.03	36.03
36.05 SELF INSURANCE	A	-83,141	PATIENT AFFAIRS	5.05	36.05
36.06 SELF INSURANCE	A	-118,761	PATIENT ADMITTING	5.06	36.06
36.07 SELF INSURANCE	A	-291,493	PATIENT ACCOUNTS	5.07	36.07
36.08 SELF INSURANCE	A	-118,648	ACCOUNTING	5.08	36.08
36.09 SELF INSURANCE	A	-27,297	EMPLOYEE HEALTH SERVICES	5.09	36.09
36.10 SELF INSURANCE	A	-57,385	PASTORAL CARE	5.10	36.10
36.11 SELF INSURANCE	A	-2,268,174	HOSPITAL ADMINISTRATION	5.11	36.11
36.12 SELF INSURANCE	A	-307,709	AMBULATORY ADMINISTRATION	5.12	36.12
36.13 SELF INSURANCE	A	-977	PRIMARY CARE ADMINISTRATION	5.14	36.13
36.14 SELF INSURANCE	A	-587,034	OPERATION OF PLANT	7	36.14
36.15 SELF INSURANCE	A	-144,932	SAFETY AND SECURITY	7.01	36.15

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	4	5
36.16	SELF INSURANCE	A	-16,325	LAUNDRY & LINEN SERVICE	8	36.16
36.17	SELF INSURANCE	A	-186,710	DIETARY	10	36.17
36.18	SELF INSURANCE	A	-39,102	CAFETERIA	11	36.18
36.19	SELF INSURANCE	A	-66,963	PATIENT TRANSPORTATION	12.01	36.19
36.20	SELF INSURANCE	A	-152,365	NURSING ADMINISTRATION	13	36.20
36.21	SELF INSURANCE	A	-91,396	CENTRAL SERVICES & SUPPLY	14	36.21
36.22	SELF INSURANCE	A	-5,954	CENTRAL PROCESSING	14.01	36.22
36.23	SELF INSURANCE	A	-474,200	PHARMACY	15	36.23
36.24	SELF INSURANCE	A	-220,393	MEDICAL RECORDS & LIBRARY	16	36.24
36.25	SELF INSURANCE	A	-233,672	SOCIAL SERVICE	17	36.25
36.26	SELF INSURANCE	A	-1,334,960	I&R SRVCES-SALARY & FRINGES APP	21	36.26
36.27	SELF INSURANCE	A	-33,663	PARAMEDICAL ED-MICU	23.01	36.27
36.28	SELF INSURANCE	A	-1,950,040	ADULTS & PEDIATRICS	30	36.28
36.29	SELF INSURANCE	A	-750,330	INTENSIVE CARE UNIT	31	36.29
36.30	SELF INSURANCE	A	-236,632	BURN INTENSIVE CARE UNIT	33	36.30
36.31	SELF INSURANCE	A	-427,786	NEONATAL INTENSIVE CARE	35	36.31
36.32	SELF INSURANCE	A	-122,544	PEDIATRIC INTENSIVE CARE	35.01	36.32
36.33	SELF INSURANCE	A	-125,815	HEART TRANSPLANT ICU	35.03	36.33
36.34	SELF INSURANCE	A	-177,556	BONE INTENSIVE CARE	35.04	36.34
36.35	SELF INSURANCE	A	-303,611	SUBPROVIDER - IRF	41	36.35
36.36	SELF INSURANCE	A	-725,831	OPERATING ROOM	50	36.36
36.37	SELF INSURANCE	A	-167,624	AMBULATORY SURGERY CENTER	50.01	36.37
36.38	SELF INSURANCE	A	-142,309	RECOVERY ROOM	51	36.38
36.39	SELF INSURANCE	A	-122,503	DELIVERY ROOM & LABOR ROOM	52	36.39
36.40	SELF INSURANCE	A	-37,273	ANESTHESIOLOGY	53	36.40
36.41	-SELF INSURANCE	A	-441,464	RADIOLOGY-DIAGNOSTIC	54	36.41
36.42	SELF INSURANCE	A	-50,925	RADIOLOGY-ULTRASOUND	54.01	36.42
36.43	SELF INSURANCE	A	-95,226	MAGNETIC RESONANCE IMAGING (MRI	58	36.43
36.44	SELF INSURANCE	A	-114,449	COMPUTED TOMOGRAPHY (CT) SCAN	57	36.44
36.45	SELF INSURANCE	A	-93,249	RADIOISOTOPE	56	36.45
36.46	SELF INSURANCE	A	-464,598	LABORATORY	60	36.46
36.47	SELF INSURANCE	A	-93,329	LABORATORY-SURGICAL PATHOLOGY	60.01	36.47
36.48	SELF INSURANCE	A	-86,025	BLOOD STORING, PROCESSING & TRA	63	36.48
36.49	SELF INSURANCE	A	-364,697	RESPIRATORY THERAPY	65	36.49
36.50	SELF INSURANCE	A	-194,535	PHYSICAL THERAPY	66	36.50
36.51	SELF INSURANCE	A	-58,242	OCCUPATIONAL THERAPY	67	36.51
36.52	SELF INSURANCE	A	-20,502	SPEECH PATHOLOGY	68	36.52
36.53	SELF INSURANCE	A	-202,122	ELECTROCARDIOLOGY	69	36.53
36.54	SELF INSURANCE	A	-79,610	ELECTROENCEPHALOGRAPHY	70	36.54
36.55	SELF INSURANCE	A	-164,860	RENAL DIALYSIS	74	36.55
36.56	SELF INSURANCE	A	-1,828	BARIATRICS	76.10	36.56
36.57	SELF INSURANCE	A	-1,346	HEPATOLOGY	76.11	36.57
36.58	SELF INSURANCE	A	-15,255	PULMONARY LABS	76	36.58
36.59	SELF INSURANCE	A	-42,609	OCCUPATIONAL HEALTH	76.01	36.59
36.60	SELF INSURANCE	A	-44,159	PERIPHERAL VASCULAR	76.04	36.60
36.61	SELF INSURANCE	A	-233,477	CARDIAC CATHETERIZATION	59	36.61
36.62	SELF INSURANCE	A	-118,466	GASTROINTESTINAL SERVICE	76.07	36.62
36.63	SELF INSURANCE	A	-11,845	CLINIC	90	36.63
36.64	SELF INSURANCE	A	-18,690	CARDIAC REHABILITATION	90.01	36.64
36.65	SELF INSURANCE	A	-353,915	CANCER CENTER	90.02	36.65
36.66	SELF INSURANCE	A	-16,845	PSYCH SOCIAL REHAB	90.03	36.66
36.67	SELF INSURANCE	A	-1,080,260	LOC OUTPATIENT CENTER	90.07	36.67
36.68	SELF INSURANCE	A	-225,390	OBT OUTPATIENT CENTER	90.08	36.68
36.69	SELF INSURANCE	A	-59,438	ELMHURST IMMEDIATE CARE	90.09	36.69
36.70	SELF INSURANCE	A	-109,257	LAGRANGE FAMILY PCC	90.10	36.70
36.71	SELF INSURANCE	A	-152,259	NORTH RIVERSIDE PCC	90.12	36.71
36.72	SELF INSURANCE	A	-96,618	WHEATON PCC	90.14	36.72
36.73	SELF INSURANCE	A	-156,976	OBT II PCC	90.15	36.73
36.74	SELF INSURANCE	A	-156,667	HICKORY HILLS PCC	90.16	36.74
36.75	SELF INSURANCE	A	-105,219	DARLEN PCC	90.18	36.75
36.76	SELF INSURANCE	A	-168,875	ORLANAD PARK - FP	90.20	36.76
36.77	SELF INSURANCE	A	-41,081	FAMILY PRACTICE MAYWOOD PCC	90.21	36.77
36.78	SELF INSURANCE	A	-207,328	HOMER GLEN PCC	90.22	36.78
36.79	SELF INSURANCE	A	-129,180	OAK PARK PCC	90.23	36.79
36.80	SELF INSURANCE	A	-21,838	PARK RIDGE PCC	90.24	36.80
36.81	SELF INSURANCE	A	-8,544	LOYOLA CLINIC AT GOTTLIEB	90.25	36.81
36.82	SELF INSURANCE	A	-910	NEUROLOGY - NILES	90.27	36.82
36.83	SELF INSURANCE	A	-51,869	MARJORIE WEINBERG CANCER CENTER	90.28	36.83
36.84	SELF INSURANCE	A	-328,758	BURR RIDGE PCC	90.29	36.84
36.85	SELF INSURANCE	A	-892,232	EMERGENCY	91	36.85
36.86	SELF INSURANCE	A	-16,330	OBSERVATION BEDS-DISTINCT	92.01	36.86
36.87	SELF INSURANCE	A	-2,459	DURABLE MEDICAL EQUIP-SOLD	97	36.87
36.88	SELF INSURANCE	A	-226,658	HOME HEALTH AGENCY	101	36.88
36.89	SELF INSURANCE	A	-51,107	LUNG ACQUISITION	108	36.89
36.90	SELF INSURANCE	A	-2,104	OTHER ORGAN ACQUISITION (SPECIF	112	36.90
36.91	SELF INSURANCE	A	-46,497	KIDNEY ACQUISITION	105	36.91
36.92	SELF INSURANCE	A	-46,310	LIVER ACQUISITION	107	36.92

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
				COST CENTER 3	LINE NO. 4	
36.93	SELF INSURANCE	A	-46,239	HEART ACQUISITION	106	36.93
36.94	SELF INSURANCE	A	-41,976	HOSPICE	116	36.94
36.95	SELF INSURANCE	A	-5,121	GIFT, FLOWER, COFFEE SHOP & CAN	190	36.95
36.96	SELF INSURANCE	A	-55,913	HINES RADIATION THERAPY	190.01	36.96
36.97	SELF INSURANCE	A	-54,232	HOME INFUSION THERAPY	190.02	36.97
36.98	SELF INSURANCE	A	-9,726	OP HOSPITAL PHARMACY	190.03	36.98
36.99	SELF INSURANCE	A	-207,060	HOSPITALIST	190.04	36.99
37	SELF INSURANCE	A	-1,184	STUDENT HEALTH	190.05	37
37.01	SELF INSURANCE	A	-6,401	PHYSICIANS' PRIVATE OFFICES	192	37.01
37.02	SELF INSURANCE	A	-7,363,804	FACULTY CLINICAL OPERATIONS	192.01	37.02
37.03	PENSION EXPENSE	A	52,394	EMPLOYEE BENEFITS	4	37.03
37.04	PENSION EXPENSE	A	26,553	COMMUNICATION	5.01	37.04
37.05	PENSION EXPENSE	A	161,768	SYSTEM & COMPUTERS	5.02	37.05
37.06	PENSION EXPENSE	A	43,535	PURCHASING	5.03	37.06
37.07	PENSION EXPENSE	A	34,386	PATIENT AFFAIRS	5.05	37.07
37.08	PENSION EXPENSE	A	49,118	PATIENT ADMITTING	5.06	37.08
37.09	PENSION EXPENSE	A	120,558	PATIENT ACCOUNTS	5.07	37.09
37.10	PENSION EXPENSE	A	49,071	ACCOUNTING	5.08	37.10
37.11	PENSION EXPENSE	A	11,290	EMPLOYEE HEALTH SERVICES	5.09	37.11
37.12	PENSION EXPENSE	A	23,734	PASTORAL CARE	5.10	37.12
37.13	PENSION EXPENSE	A	938,089	HOSPITAL ADMINISTRATION	5.11	37.13
37.14	PENSION EXPENSE	A	127,265	AMBULATORY ADMINISTRATION	5.12	37.14
37.15	PENSION EXPENSE	A	404	PRIMARY CARE ADMINISTRATION	5.14	37.15
37.16	PENSION EXPENSE	A	242,790	OPERATION OF PLANT	7	37.16
37.17	PENSION EXPENSE	A	59,942	SAFETY AND SECURITY	7.01	37.17
37.18	PENSION EXPENSE	A	6,752	LAUNDRY & LINEN SERVICE	8	37.18
37.19	PENSION EXPENSE	A	77,221	DIETARY	10	37.19
37.20	PENSION EXPENSE	A	16,172	CAFETERIA	11	37.20
37.21	PENSION EXPENSE	A	27,695	PATIENT TRANSPORTATION	12.01	37.21
37.22	PENSION EXPENSE	A	63,016	NURSING ADMINISTRATION	13	37.22
37.23	PENSION EXPENSE	A	37,800	CENTRAL SERVICES & SUPPLY	14	37.23
37.24	PENSION EXPENSE	A	2,462	CENTRAL PROCESSING	14.01	37.24
37.25	PENSION EXPENSE	A	196,123	PHARMACY	15	37.25
37.26	PENSION EXPENSE	A	91,152	MEDICAL RECORDS & LIBRARY	16	37.26
37.27	PENSION EXPENSE	A	96,644	SOCIAL SERVICE	17	37.27
37.28	PENSION EXPENSE	A	552,123	I&R SRVCES-SALARY & FRINGES APP	21	37.28
37.29	PENSION EXPENSE	A	13,923	PARAMEDICAL ED-MICU	23.01	37.29
37.30	PENSION EXPENSE	A	806,513	ADULTS & PEDIATRICS	30	37.30
37.31	PENSION EXPENSE	A	310,327	INTENSIVE CARE UNIT	31	37.31
37.32	PENSION EXPENSE	A	97,868	BURN INTENSIVE CARE UNIT	33	37.32
37.33	PENSION EXPENSE	A	50,683	PEDIATRIC INTENSIVE CARE	35.01	37.33
37.34	PENSION EXPENSE	A	52,036	HEART TRANSPLANT ICU	35.03	37.34
37.35	PENSION EXPENSE	A	73,435	BONE INTENSIVE CARE	35.04	37.35
37.36	PENSION EXPENSE	A	125,570	SUBPROVIDER - IRF	41	37.36
37.37	PENSION EXPENSE	A	300,195	OPERATING ROOM	50	37.37
37.38	PENSION EXPENSE	A	69,327	AMBULATORY SURGERY CENTER	50.01	37.38
37.39	PENSION EXPENSE	A	58,857	RECOVERY ROOM	51	37.39
37.40	PENSION EXPENSE	A	50,666	DELIVERY ROOM & LABOR ROOM	52	37.40
37.41	PENSION EXPENSE	A	15,416	ANESTHESIOLOGY	53	37.41
37.42	PENSION EXPENSE	A	182,584	RADIOLOGY-DIAGNOSTIC	54	37.42
37.43	PENSION EXPENSE	A	21,062	RADIOLOGY-ULTRASOUND	54.01	37.43
37.44	PENSION EXPENSE	A	39,384	MAGNETIC RESONANCE IMAGING (MRI)	58	37.44
37.45	PENSION EXPENSE	A	47,335	COMPUTED TOMOGRAPHY (CT) SCAN	57	37.45
37.46	PENSION EXPENSE	A	38,567	RADIOISOTOPE	56	37.46
37.47	PENSION EXPENSE	A	192,152	LABORATORY	60	37.47
37.48	PENSION EXPENSE	A	38,600	LABORATORY-SURGICAL PATHOLOGY	60.01	37.48
37.49	PENSION EXPENSE	A	35,579	BLOOD STORING, PROCESSING & TRA	63	37.49
37.50	PENSION EXPENSE	A	150,834	RESPIRATORY THERAPY	65	37.50
37.51	PENSION EXPENSE	A	80,457	PHYSICAL THERAPY	66	37.51
37.52	PENSION EXPENSE	A	24,088	OCCUPATIONAL THERAPY	67	37.52
37.53	PENSION EXPENSE	A	8,479	SPEECH PATHOLOGY	68	37.53
37.54	PENSION EXPENSE	A	83,595	ELECTROCARDIOLOGY	69	37.54
37.55	PENSION EXPENSE	A	32,926	ELECTROENCEPHALOGRAPHY	70	37.55
37.56	PENSION EXPENSE	A	68,184	RENAL DIALYSIS	74	37.56
37.57	PENSION EXPENSE	A	6,309	PULMONARY LABS	76	37.57
37.58	PENSION EXPENSE	A	17,623	OCCUPATIONAL HEALTH	76.01	37.58
37.59	PENSION EXPENSE	A	18,264	PERIPHERAL VASCULAR	76.04	37.59
37.60	PENSION EXPENSE	A	96,563	CARDIAC CATHETERIZATION	59	37.60
37.61	PENSION EXPENSE	A	48,996	GASTROINTESTINAL SERVICE	76.07	37.61
37.62	PENSION EXPENSE	A	756	BARIATRICS	76.10	37.62
37.63	PENSION EXPENSE	A	557	HEPATOLOGY	76.11	37.63
37.64	PENSION EXPENSE	A	4,899	CLINIC	90	37.64
37.65	PENSION EXPENSE	A	7,730	CARDIAC REHABILITATION	90.01	37.65
37.66	PENSION EXPENSE	A	146,375	CANCER CENTER	90.02	37.66
37.67	PENSION EXPENSE	A	6,967	PSYCH SOCIAL REHAB	90.03	37.67
37.68	PENSION EXPENSE	A	446,782	LOC OUTPATIENT CENTER	90.07	37.68
37.69	PENSION EXPENSE	A	93,218	OBT OUTPATIENT CENTER	90.08	37.69

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
37.70 PENSION EXPENSE	A	24,583	ELMHURST IMMEDIATE CARE	90.09	37.70
37.71 PENSION EXPENSE	A	45,187	LAGRANGE FAMILY PCC	90.10	37.71
37.72 PENSION EXPENSE	A	62,973	NORTH RIVERSIDE PCC	90.12	37.72
37.73 PENSION EXPENSE	A	39,960	WHEATON PCC	90.14	37.73
37.74 PENSION EXPENSE	A	64,923	OBT II PCC	90.15	37.74
37.75 PENSION EXPENSE	A	64,795	HICKORY HILLS PCC	90.16	37.75
37.76 PENSION EXPENSE	A	43,517	DARIEN PCC	90.18	37.76
37.77 PENSION EXPENSE	A	69,845	ORLANAD PARK - FP	90.20	37.77
37.78 PENSION EXPENSE	A	16,991	FAMILY PRACTICE MAYWOOD PCC	90.21	37.78
37.79 PENSION EXPENSE	A	85,748	HOMER GLEN PCC	90.22	37.79
37.80 PENSION EXPENSE	A	53,427	OAK PARK PCC	90.23	37.80
37.81 PENSION EXPENSE	A	9,032	PARK RIDGE PCC	90.24	37.81
37.82 PENSION EXPENSE	A	3,534	LOYOLA CLINIC AT GOTTLIEB	90.25	37.82
37.83 PENSION EXPENSE	A	377	NEUROLOGY - NILES	90.27	37.83
37.84 PENSION EXPENSE	A	21,453	MARJORIE WEINBERG CANCER CENTER	90.28	37.84
37.85 PENSION EXPENSE	A	135,970	BURR RIDGE PCC	90.29	37.85
37.86 PENSION EXPENSE	A	369,016	EMERGENCY	91	37.86
37.87 PENSION EXPENSE	A	6,754	OBSERVATION BEDS-DISTINCT	92.01	37.87
37.88 PENSION EXPENSE	A	1,017	DURABLE MEDICAL EQUIP-SOLD	97	37.88
37.89 PENSION EXPENSE	A	93,743	HOME HEALTH AGENCY	101	37.89
37.90 PENSION EXPENSE	A	21,137	LUNG ACQUISITION	108	37.90
37.91 PENSION EXPENSE	A	19,230	KIDNEY ACQUISITION	105	37.91
37.92 PENSION EXPENSE	A	19,153	LIVER ACQUISITION	107	37.92
37.93 PENSION EXPENSE	A	19,124	HEART ACQUISITION	106	37.93
37.94 PENSION EXPENSE	A	5,799	PANCREAS ACQUISITION	109	37.94
37.95 PENSION EXPENSE	A	1,424	INTESTINAL ACQUISITION	110	37.95
37.96 PENSION EXPENSE	A	870	OTHER ORGAN ACQUISITION (SPECIF	112	37.96
37.97 PENSION EXPENSE	A	17,361	HOSPICE	116	37.97
37.98 PENSION EXPENSE	A	2,118	GIFT, FLOWER, COFFEE SHOP & CAN	190	37.98
37.99 PENSION EXPENSE	A	23,125	HINES RADIATION THERAPY	190.01	37.99
38 PENSION EXPENSE	A	22,430	HOME INFUSION THERAPY	190.02	38
38.01 PENSION EXPENSE	A	4,023	OP HOSPITAL PHARMACY	190.03	38.01
38.02 PENSION EXPENSE	A	85,638	HOSPITALIST	190.04	38.02
38.03 PENSION EXPENSE	A	490	STUDENT HEALTH	190.05	38.03
38.04 PENSION EXPENSE	A	2,648	PHYSICIANS' PRIVATE OFFICES	192	38.04
38.05 PENSION EXPENSE	A	3,045,578	FACULTY CLINICAL OPERATIONS	192.01	38.05
38.06 BAD DEBT EXPENSE	A	176,927	NEONATAL INTENSIVE CARE	35	38.06
38.07 BAD DEBT EXPENSE	A	-21,891,449	HOSPITAL ADMINISTRATION	5.11	38.07
38.08 BAD DEBT EXPENSE	A	-4,764,597	AMBULATORY ADMINISTRATION	5.12	38.08
38.09 BAD DEBT EXPENSE	A	-108,273	SUBPROVIDER - IRF	41	38.09
38.10 BAD DEBT EXPENSE	A	-1,436,720	CANCER CENTER	90.02	38.10
38.11 BAD DEBT EXPENSE	A	-138,001	LOC OUTPATIENT CENTER	90.07	38.11
38.12 BAD DEBT EXPENSE	A	-46,582	LAGRANGE FAMILY PCC	90.10	38.12
38.13 BAD DEBT EXPENSE	A	-172,806	NORTH RIVERSIDE PCC	90.12	38.13
38.14 BAD DEBT EXPENSE	A	-59,106	WHEATON PCC	90.14	38.14
38.15 BAD DEBT EXPENSE	A	-147,246	OBT II PCC	90.15	38.15
38.16 BAD DEBT EXPENSE	A	-117,789	HICKORY HILLS PCC	90.16	38.16
38.17 BAD DEBT EXPENSE	A	-105,002	DARIEN PCC	90.18	38.17
38.18 BAD DEBT EXPENSE	A	-176,995	ORLANAD PARK - FP	90.20	38.18
38.19 BAD DEBT EXPENSE	A	-66,392	HOMER GLEN PCC	90.22	38.19
38.20 BAD DEBT EXPENSE	A	-161,129	OAK PARK PCC	90.23	38.20
38.21 BAD DEBT EXPENSE	A	-87,874	BURR RIDGE PCC	90.29	38.21
38.22 BAD DEBT EXPENSE	A	-1,011,918	EMERGENCY	91	38.22
38.23 BAD DEBT EXPENSE	A	-731,424	DURABLE MEDICAL EQUIP-SOLD	97	38.23
38.24 BAD DEBT EXPENSE	A	-68,792	HOME HEALTH AGENCY	101	38.24
38.26 BAD DEBT EXPENSE	A	-214,047	HOME INFUSION THERAPY	190.02	38.26
38.27 BAD DEBT EXPENSE	A	-254,802	HOSPITALIST	190.04	38.27
38.28 BAD DEBT EXPENSE	A	-67	OP HOSPITAL PHARMACY	190.03	38.28
38.29 BAD DEBT EXPENSE	A	-13,872,339	FACULTY CLINICAL OPERATIONS	192.01	38.29
38.30 PARAMEDICAL ED-MICU	A	-109,200	PARAMEDICAL ED-MICU	23.01	38.30
38.42 PARAMEDICAL ED-MICU	A	49,480	PARAMEDICAL ED-MICU	23.01	38.42
38.43 HOUSE STAFF	A	-228,095	I&R SRVCES-SALARY & FRINGES APP	21	38.43
38.44 GRANTS	A	-892,651	HOSPITAL ADMINISTRATION	5.11	38.44
38.45 OUTSIDE PROGRAM EXPENSE	A	-201,740	HOSPITAL ADMINISTRATION	5.11	38.45
38.46 HOSP ACCESS IMP	A	19,097,112	HOSPITAL ADMINISTRATION	5.11	38.46
38.47 REORGANIZATION EXPENSE	A	-520,603	HOSPITAL ADMINISTRATION	5.11	38.47
38.48 PHYSICIAN SALARIES	A	-110,766	EMPLOYEE HEALTH SERVICES	5.09	38.48
38.49 PHYSICIAN SALARIES	A	-45,083	HOSPITAL ADMINISTRATION	5.11	38.49
38.50 PHYSICIAN SALARIES	A	-117,494	AMBULATORY ADMINISTRATION	5.12	38.50
38.51 PHYSICIAN SALARIES	A	-38,489	PRIMARY CARE ADMINISTRATION	5.14	38.51
38.52 PHYSICIAN SALARIES	A	-299,066	OCCUPATIONAL HEALTH	76.01	38.52
38.53 PHYSICIAN SALARIES	A	-1,239,932	LOC OUTPATIENT CENTER	90.07	38.53
38.54 PHYSICIAN SALARIES	A	-322,225	ELMHURST IMMEDIATE CARE	90.09	38.54
38.55 PHYSICIAN SALARIES	A	-438,384	LAGRANGE FAMILY PCC	90.10	38.55
38.56 PHYSICIAN SALARIES	A	-1,510,825	NORTH RIVERSIDE PCC	90.12	38.56
38.57 PHYSICIAN SALARIES	A	-604,784	WHEATON PCC	90.14	38.57
38.58 PHYSICIAN SALARIES	A	-1,396,175	OBT II PCC	90.15	38.58

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
38.59 PHYSICIAN SALARIES	A	-974,103	HICKORY HILLS PCC	90.16	38.59
38.60 PHYSICIAN SALARIES	A	-1,141,841	DARIEN PCC	90.18	38.60
38.61 PHYSICIAN SALARIES	A	-1,683,635	ORLANAD PARK - FP	90.20	38.61
38.62 PHYSICIAN SALARIES	A	-1,008,689	HOMER GLEN PCC	90.22	38.62
38.63 PHYSICIAN SALARIES	A	-1,593,777	OAK PARK PCC	90.23	38.63
38.64 PHYSICIAN SALARIES	A	-185,352	BURR RIDGE PCC	90.29	38.64
38.65 PHYSICIAN SALARIES	A	-5,540	FACULTY CLINICAL OPERATIONS	192.01	38.65
38.66 PHYSICIAN SALARIES	A	-7,742,535	EMERGENCY	91	38.66
38.67 PHYSICIAN SALARIES	A	-3,002,628	HOSPITALIST	190.04	38.67
38.68 APN	A	-29,718	EMPLOYEE HEALTH SERVICES	5.09	38.68
38.69 APN	A	-49,188	HOSPITAL ADMINISTRATION	5.11	38.69
38.70 APN	A	-34	NURSING ADMINISTRATION	13	38.70
39 APN	A	-344	ADULTS & PEDIATRICS	30	39
39.01 APN	A	-4,857	BURN INTENSIVE CARE UNIT	33	39.01
39.02 APN	A	-39,780	NEONATAL INTENSIVE CARE	35	39.02
39.03 APN	A	-564	PEDIATRIC INTENSIVE CARE	35.01	39.03
39.04 APN	A	-16,917	BONE INTENSIVE CARE	35.04	39.04
39.05 APN	A	-19,688	RADIOLOGY-DIAGNOSTIC	54	39.05
39.06 APN	A	-20,948	ELECTROCARDIOLOGY	69	39.06
39.07 APN	A	-23,797	CANCER CENTER	90.02	39.07
39.08 APN	A	-61,668	LOC OUTPATIENT CENTER	90.07	39.08
39.09 APN	A	-1,768	NORTH RIVERSIDE PCC	90.12	39.09
39.10 APN	A	-19,240	WHEATON PCC	90.14	39.10
39.11 APN	A	-4,843	HICKORY HILLS PCC	90.16	39.11
39.12 APN	A	-14,483	HOMER GLEN PCC	90.22	39.12
39.13 APN	A	-14,577	MARJORIE WEINBERG CANCER CENTER	90.28	39.13
39.14 APN	A	-1,133	BURR RIDGE PCC	90.29	39.14
39.15 APN	A	-23,432	EMERGENCY	91	39.15
39.16 APN	A	-228	KIDNEY ACQUISITION	105	39.16
39.17 APN	A	-34,637	LUNG ACQUISITION	108	39.17
39.18 APN	A	-15,797	HOSPICE	116	39.18
39.19 APN	A	-2,169	STUDENT HEALTH	190.05	39.19
39.20 APN	A	-814,633	FACULTY CLINICAL OPERATIONS	192.01	39.20
39.21 OTHER OPERATING REVENUE	B	-5,169	COMMUNICATION	5.01	39.21
39.22 OTHER OPERATING REVENUE	B	-354	PATIENT ACCOUNTS	5.07	39.22
39.23 OTHER OPERATING REVENUE	B	-956,033	HOSPITAL ADMINISTRATION	5.11	39.23
39.24 OTHER OPERATING REVENUE	B	-3,120	OPERATION OF PLANT	7	39.24
39.25 OTHER OPERATING REVENUE	B	-13,380	NURSING ADMINISTRATION	13	39.25
39.26 OTHER OPERATING REVENUE	B	-33,075	PHARMACY	15	39.26
39.27 OTHER OPERATING REVENUE	B	-20,506	MEDICAL RECORDS & LIBRARY	16	39.27
39.28 OTHER OPERATING REVENUE	A	-3,570	SOCIAL SERVICE	17	39.28
40 OTHER OPERATING REVENUE	A	-1,000	I&R SRVCES-SALARY & FRINGES APP	21	40
41 OTHER OPERATING REVENUE	A	-186,355	PARAMEDICAL ED-MICU	23.01	41
42 OTHER OPERATING REVENUE	A	-7,455	ADULTS & PEDIATRICS	30	42
43 OTHER OPERATING REVENUE	A	-4,500	NEONATAL INTENSIVE CARE	35	43
44 OTHER OPERATING REVENUE	A	-3,000	OPERATING ROOM	50	44
45 OTHER OPERATING REVENUE	A	-18,622	RADIOLOGY-DIAGNOSTIC	54	45
46 OTHER OPERATING REVENUE	A	-1,870	LABORATORY	60	46
47 OTHER OPERATING REVENUE	A	-586	LABORATORY-SURGICAL PATHOLOGY	60.01	47
48 OTHER OPERATING REVENUE	A	-1,000	RESPIRATORY THERAPY	65	48
49 OTHER OPERATING REVENUE	A	-36,141	PHYSICAL THERAPY	66	49
49.01 OTHER OPERATING REVENUE	A	-26,120	CANCER CENTER	90.02	49.01
49.02 OTHER OPERATING REVENUE	A	-625	LOC OUTPATIENT CENTER	90.07	49.02
49.03 OTHER OPERATING REVENUE	A	-45	WHEATON PCC	90.14	49.03
49.04 OTHER OPERATING REVENUE	A	-300	HICKORY HILLS PCC	90.16	49.04
49.05 OTHER OPERATING REVENUE	A	-13,725	DARIEN PCC	90.18	49.05
49.06 OTHER OPERATING REVENUE	A	-70	ORLANAD PARK - FP	90.20	49.06
49.07 OTHER OPERATING REVENUE	A	-73	HOMER GLEN PCC	90.22	49.07
49.08 OTHER OPERATING REVENUE	A	-40	BURR RIDGE PCC	90.29	49.08
49.09 DEVELOPMENT	A	-1,739,481	HOSPITAL ADMINISTRATION	5.11	49.09
49.10 ADJUST FOR DEPENDENT TUITION	A	-2,474,441	HOSPITAL ADMINISTRATION	5.11	49.10
50 TOTAL (SUM OF LINES 1 THRU 49)		-113,468,562			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.11	HOSPITAL ADMINISTRATION	HO ADMIN COST	17,954,901	17,954,901		1
2	5.11	HOSPITAL ADMINISTRATION	MALPRACTICE INSURANCE	26,113,294	35,980,000	-9,866,706	2
3	5.11	HOSPITAL ADMINISTRATION	WORKERS COMP	1,951,481	2,518,917	-567,436	3
4	5.11	HOSPITAL ADMINISTRATION	PROPERTY INSURANCE	2,391,765	2,659,098	-267,333	4
4.01	5.11	HOSPITAL ADMINISTRATION	INTEGRATED RISK INSURANCE	3,592,101	3,977,208	-385,107	4.01
4.02	5.11	HOSPITAL ADMINISTRATION	EMPLOYEE HEALTH STOP LOSS	2,378	474,432	-472,054	4.02
4.03	5.02	SYSTEM & COMPUTERS	TIS EXPENSES	2,293,728	2,293,728		4.03
4.12	5.11	HOSPITAL ADMINISTRATION	DEVELOPMENT		574,000	-574,000	4.12
4.13	1	CAP REL COSTS-BLDG & FIXT	UNIVERSITY DEPRECIATION	410,720		410,720	9 4.13
4.14	1	CAP REL COSTS-BLDG & FIXT	HEALTHCARE DEPRECIATION		125,025	-125,025	9 4.14
4.15	1	CAP REL COSTS-BLDG & FIXT	UNIVERSITY LAND IMPRVMT	-29,396		-29,396	9 4.15
4.16	5.11	HOSPITAL ADMINISTRATION	LASCO MANAGEMENT FEE		96,892	-96,892	4.16
4.17	192.01	FACULTY CLINICAL OPERATIONS	PHYSICIAN BILLING FEES		5,178,125	-5,178,125	4.17
5		TOTALS (SUM OF LINES 1-4)		54,680,972	71,832,326	-17,151,354	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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 (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	(7)
6	B LUMC		LUOC		UNIVERSITY	6
7	B LUMC		LUHS		HEALTHCARE	7
8	C LUMC		RML		HEALTHCARE	8
9						9
10	B	TRINITY HEALTH HOME OFFICE	TRINITY HEALTH HOME OFFICE		HEALTHCARE	10

(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 CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
11/29/2012 15:35

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	5 PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.		3	4	5	6	7	8	9
1	2							
200	TOTAL							200

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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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							
200	TOTAL							200



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	NEW CPTL BLG INTRST 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	13,997,966	13,997,966				1
1.01 NEW CAPITAL-BLDG INTEREST	3,901,905		3,901,905			1.01
2 CAP REL COSTS-MVBLE EQUIP	24,044,495			24,044,495		2
4 EMPLOYEE BENEFITS	2,798,694	86,634	24,149	11,929	2,921,406	4
5.01 COMMUNICATION	2,828,813	28,680	7,995	176,423	6,497	5.01
5.02 SYSTEM & COMPUTERS	8,209,747	222,869	62,124	1,743,829	39,581	5.02
5.03 PURCHASING	1,296,549	230,332	64,205	10,592	10,652	5.03
5.04 OPC STORES	8,731	66,807	18,622	5,984		5.04
5.05 PATIENT AFFAIRS	1,418,560	38,913	10,847	9,085	8,413	5.05
5.06 PATIENT ADMITTING	2,088,111	35,033	9,765	24,096	12,018	5.06
5.07 PATIENT ACCOUNTS	8,788,305	140,263	39,098	86,265	29,414	5.07
5.08 ACCOUNTING	1,987,045	75,606	21,075	183,469	12,006	5.08
5.09 EMPLOYEE HEALTH SERVICES	591,737	31,249	8,711	246	2,762	5.09
5.10 PASTORAL CARE	856,835	143,400	39,973	6,900	5,807	5.10
5.11 HOSPITAL ADMINISTRATION	112,298,577	820,694	228,767	841,090	279,702	5.11
5.12 AMBULATORY ADMINISTRATION	23,085,175	32,202	8,976	7,011	31,138	5.12
5.14 PRIMARY CARE ADMINISTRATION	3,787,632				99	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	20,732,096	199,485	55,606	322,344	59,405	7
7.01 SAFETY AND SECURITY	2,200,783	158,461	16,296	213,206	14,666	7.01
8 LAUNDRY & LINEN SERVICE	2,345,244	74,077	20,649	1,769	1,652	8
9 HOUSEKEEPING	8,768,054	102,145	28,473	16,927		9
10 DIETARY	4,447,778	235,051	65,520	42,586	13,438	10
11 CAFETERIA		106,786	29,766	8,553	7,466	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	1,018,508	8,337	2,324	19,871	6,776	12.01
13 NURSING ADMINISTRATION	3,304,901	80,238	22,366	44,318	15,419	13
14 CENTRAL SERVICES & SUPPLY	2,088,688	126,351	35,220	164,920	9,249	14
14.01 CENTRAL PROCESSING	118,834	33,207	9,256		602	14.01
15 PHARMACY	7,340,141	156,657	43,668	164,479	47,841	15
16 MEDICAL RECORDS & LIBRARY	7,561,505	217,381	60,595	2,255,733	22,302	16
17 SOCIAL SERVICE	3,630,178	34,115	9,510		24,316	17
17.01 HOSPITAL MEDICAL ADMIN	12,693,143			4,143		17.01
19 NONPHYSICIAN ANESTHETISTS					17,754	19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	21,847,311	66,894	18,647	1,153	158,577	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	388,810	42,592	11,872	35,286	3,406	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	32,309,808	1,595,977	444,872	913,563	200,408	30
31 INTENSIVE CARE UNIT	13,077,521	396,715	110,583	235,712	77,002	31
33 BURN INTENSIVE CARE UNIT	4,531,256	94,814	26,429	56,927	24,429	33
35 NEONATAL INTENSIVE CARE	6,541,232	215,004	59,932	144,049	43,290	35
35.01 PEDIATRIC INTENSIVE CARE	2,055,790	40,040	11,161	27,822	12,562	35.01
35.03 HEART TRANSPLANT ICU	2,119,208	97,042	27,050	32,764	12,940	35.03
35.04 BONE INTENSIVE CARE	2,824,648	83,690	23,328	26,446	18,263	35.04
41 SUBPROVIDER - IRF	3,445,764	253,122	70,557	46,467	23,240	41
43 NURSERY	626,446				2,744	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,079,196	1,356,964	378,251	3,462,549	73,450	50
50.01 AMBULATORY SURGERY CENTER	6,436,914	286,967	79,991	686,082	16,963	50.01
51 RECOVERY ROOM	2,689,963	303,658	84,644	96,757	14,401	51
52 DELIVERY ROOM & LABOR ROOM	2,187,710	75,615	21,078	71,492	12,397	52
53 ANESTHESIOLOGY	2,253,775	22,406	6,246	172,852	3,748	53
54 RADIOLOGY-DIAGNOSTIC	8,950,151	535,947	149,394	1,614,789	41,067	54
54.01 RADIOLOGY-ULTRASOUND	843,967	33,582	9,361	111,996	5,460	54.01
56 RADIOISOTOPE	2,882,361	122,436	34,129	203,519	9,972	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,831,659	60,366	16,827	553,128	14,017	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,482,578	130,834	36,470	552,354	10,611	58
59 CARDIAC CATHETERIZATION	10,223,432	321,476	89,611	1,292,257	22,132	59
60 LABORATORY	18,327,642	263,355	73,410	252,594	47,015	60
60.01 LABORATORY-SURGICAL PATHOLOGY	2,656,012	214,742	59,859	119,530	9,444	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA		25,639	7,147	2,779		60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	7,766,493	59,999	16,725	2,665	8,705	63
65 RESPIRATORY THERAPY	6,445,776	91,825	25,596	205,895	36,905	65
66 PHYSICAL THERAPY	3,992,673	121,571	33,888	12,880	23,076	66
67 OCCUPATIONAL THERAPY	1,569,578	52,554	14,649	1,007	8,835	67
68 SPEECH PATHOLOGY	527,680	9,813	2,735	17,463	3,248	68

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	CAP	NEW CPTL	CAP	EMPLOYEE	
	FOR COST					
	ALLOCATION	BLDGS &	BLG INTRST	EQUIPMENT		
	(FROM WKST	FIXTURES				
	A, COL.7)	1	1.01	2	4	
	0					
69 ELECTROCARDIOLOGY	13,309,617	296,632	82,686	1,556,476	21,948	69
70 ELECTROENCEPHALOGRAPHY	1,397,030	74,077	20,649	112,563	8,056	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,483,190					71
73 DRUGS CHARGED TO PATIENTS	19,064,615					73
74 RENAL DIALYSIS	5,184,421	102,530	28,580	158,896	16,683	74
76 PULMONARY LABS	360,885	29,196	8,138	63,466	1,544	76
76.01 OCCUPATIONAL HEALTH	495,663	31,992	8,918	14,173	4,312	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	667,100	11,465	3,196	90,836	4,469	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	3,567,892	79,705	22,218	236,595	11,988	76.07
76.09 BONE MARROW PROCUREMENT	1,299,226					76.09
76.10 BARIATRICS	125,617				185	76.10
76.11 HEPATOLOGY	356,047				2,389	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	215,342	31,992	8,918	3,317	1,199	90
90.01 CARDIAC REHABILITATION	270,790			30	1,891	90.01
90.02 CANCER CENTER	23,317,827	458,820	127,895	200,917	35,814	90.02
90.03 PSYCH SOCIAL REHAB	295,692	86,905	24,225	2,130	1,705	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	22,287,707	1,185,295	330,399	2,275,936	110,458	90.07
90.08 OB OUTPATIENT CENTER	5,403,404	848	236	394,042	22,808	90.08
90.09 ELMHURST IMMEDIATE CARE	1,117,083			56,557	6,015	90.09
90.10 LAGRANGE FAMILY PCC	2,226,582			1,062,239	11,056	90.10
90.12 NORTH RIVERSIDE PCC	1,950,945			56,263	15,408	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	2,029,291			34,238	9,777	90.14
90.15 OB II PCC	1,731,165			73,660	15,885	90.15
90.16 HICKORY HILLS PCC	2,762,617			141,974	15,854	90.16
90.18 DARIEN PCC	1,006,369			81,334	10,648	90.18
90.20 ORLANAD PARK - FP	2,225,445			68,828	17,089	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	881,453	28,060	7,822	35,236	4,157	90.21
90.22 HOMER GLEN PCC	4,779,643			225,862	20,980	90.22
90.23 OAK PARK PCC	679,531			35,199	13,072	90.23
90.24 PARK RIDGE PCC	628,320			229,105	2,210	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	175,648			16,853	865	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	34,290				92	90.27
90.28 MARJORIE WEINBERG CANCER CENTER	5,183,131				5,249	90.28
90.29 BURR RIDGE PCC	9,786,167	873,860	243,587		33,268	90.29
91 EMERGENCY	6,701,820	217,276	60,565	241,503	90,289	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	268,212	13,973	3,895	17,403	1,665	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	292,750	6,370	1,776			95
97 DURABLE MEDICAL EQUIP-SOLD	1,984,178			2,323	249	97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,134,364	50,063	13,955	2,754	22,937	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,392,048	6,143	1,712	445	4,614	105
106 HEART ACQUISITION	912,655	23,218	6,472	1,548	1,592	106
107 LIVER ACQUISITION	747,080	2,770	772	590	2,027	107
108 LUNG ACQUISITION	1,594,702	20,877	5,819		1,609	108
109 PANCREAS ACQUISITION	178,814				1,224	109
110 INTESTINAL ACQUISITION	223,820				1,193	110
112 OTHER ORGAN ACQUISITION (SPECIFY)	1,452,251	1,398	390	93	7,180	112
116 HOSPICE	889,981	3,889	1,084	2,897	4,248	116
118 SUBTOTALS (SUM OF LINES 1-117)	662,226,504	13,997,966	3,901,905	23,858,826	2,183,183	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	209,256			4,071	518	190
190.01 HINES RADIATION THERAPY	809,832			7,132	5,658	190.01
190.02 HOME INFUSION THERAPY	2,925,155			1,130	5,488	190.02
190.03 OP HOSPITAL PHARMACY	3,396,729			2,857	984	190.03
190.04 HOSPITALIST	33,559				20,953	190.04
190.05 STUDENT HEALTH	15,925				120	190.05

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	NEW CPTL BLG INTRST 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	
192 PHYSICIANS' PRIVATE OFFICES	216,133			4,226	648	192
192.01 FACULTY CLINICAL OPERATIONS	145,874,695			166,253	703,854	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	815,707,788	13,997,966	3,901,905	24,044,495	2,921,406	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION	3,048,408					5.01
5.02 SYSTEM & COMPUTERS	61,270	10,339,420				5.02
5.03 PURCHASING	32,534		1,644,864			5.03
5.04 OPC STORES	308		456	100,908		5.04
5.05 PATIENT AFFAIRS	15,160		53		1,501,031	5.05
5.06 PATIENT ADMITTING	20,937		337			5.06
5.07 PATIENT ACCOUNTS	110,914		106			5.07
5.08 ACCOUNTING	34,689		186			5.08
5.09 EMPLOYEE HEALTH SERVICES	3,343		1,046			5.09
5.10 PASTORAL CARE	19,588		76			5.10
5.11 HOSPITAL ADMINISTRATION	183,077		4,587	183		5.11
5.12 AMBULATORY ADMINISTRATION	6,436		179			5.12
5.14 PRIMARY CARE ADMINISTRATION			3			5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	51,608		14,225	157		7
7.01 SAFETY AND SECURITY	15,878		305	183		7.01
8 LAUNDRY & LINEN SERVICE			2,854			8
9 HOUSEKEEPING	20,321		153	314		9
10 DIETARY	31,669		16,474			10
11 CAFETERIA			14,554			11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	13,005		43	105		12.01
13 NURSING ADMINISTRATION	25,379		690			13
14 CENTRAL SERVICES & SUPPLY	1,378		1,771			14
14.01 CENTRAL PROCESSING	279		2,342			14.01
15 PHARMACY	26,039		29,800			15
16 MEDICAL RECORDS & LIBRARY	58,675		460			16
17 SOCIAL SERVICE	44,322		113			17
17.01 HOSPITAL MEDICAL ADMIN	6,627					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			3			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			50			23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	448,713	802,349	493,602	26		30
31 INTENSIVE CARE UNIT	79,348	293,418	216,007			31
33 BURN INTENSIVE CARE UNIT	10,190	69,055	41,136			33
35 NEONATAL INTENSIVE CARE	55,464	128,596	24,028			35
35.01 PEDIATRIC INTENSIVE CARE	20,159	42,928	29,774			35.01
35.03 HEART TRANSPLANT ICU	15,028	50,099	31,896			35.03
35.04 BONE INTENSIVE CARE	17,447	82,377	30,147			35.04
41 SUBPROVIDER - IRF	40,861	51,706	21,449			41
43 NURSERY		5,595				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	72,765	792,055	98,538			50
50.01 AMBULATORY SURGERY CENTER		232,921	52,562	71,624		50.01
51 RECOVERY ROOM	15,497	192,427	32,804			51
52 DELIVERY ROOM & LABOR ROOM	21,904	47,232	33,975			52
53 ANESTHESIOLOGY		356,367	2,751			53
54 RADIOLOGY-DIAGNOSTIC	135,032	318,518	21,350	550		54
54.01 RADIOLOGY-ULTRASOUND		68,470	2,026	26		54.01
56 RADIOISOTOPE	19,940	122,250	3,268			56
57 COMPUTED TOMOGRAPHY (CT) SCAN		450,176	9,332			57
58 MAGNETIC RESONANCE IMAGING (MRI)	14,969	219,058	3,090	654		58
59 CARDIAC CATHETERIZATION	12,961	307,228	9,982			59
60 LABORATORY	61,505	1,136,196	35,310			60
60.01 LABORATORY-SURGICAL PATHOLOGY	35,407	95,893	6,343			60.01
60.02 LABORATORY-NEUROSURGICAL		20				60.02
60.03 LABORATORY-HLA	2,038		1,021			60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	8,533	143,578	3,689	419		63
65 RESPIRATORY THERAPY	5,205	227,424	16,421			65
66 PHYSICAL THERAPY	32,475	99,288	4,094		109,882	66
67 OCCUPATIONAL THERAPY		47,502	2,934		19,053	67
68 SPEECH PATHOLOGY	5,454	14,525	1,241	52		68
69 ELECTROCARDIOLOGY	36,228	481,254	12,938			69
70 ELECTROENCEPHALOGRAPHY	21,171	38,697	1,412			70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	COMMUNICTN	SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	
	5.01	5.02	5.03	5.04	5.05	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		19,121				71
73 DRUGS CHARGED TO PATIENTS		603,117				73
74 RENAL DIALYSIS	13,533	143,278	12,813			74
76 PULMONARY LABS	12,887	10,833	6,084			76
76.01 OCCUPATIONAL HEALTH		1,929	231	26	10,179	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	4,838	40,885	275			76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE		112,101	9,881		16,443	76.07
76.09 BONE MARROW PROCUREMENT		10,869				76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		3,271	3,812	26	6,525	90
90.01 CARDIAC REHABILITATION	616	2,597	55,780	864		90.01
90.02 CANCER CENTER	114,213	506,125	350			90.02
90.03 PSYCH SOCIAL REHAB	20,423	3,138			24,795	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	411,884	498,783	48,252	24,154	631,891	90.07
90.08 OB OUTPATIENT CENTER	46,770	105,051	11,227	1,073	45,415	90.08
90.09 ELMHURST IMMEDIATE CARE		14,867	1,933		41,500	90.09
90.10 LAGRANGE FAMILY PCC	35,847	35,269	4,516		19,836	90.10
90.12 NORTH RIVERSIDE PCC	45,876	26,913	3,208		84,565	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	16,758	32,675	1,603		21,924	90.14
90.15 OB II PCC	34,572	28,387	3,244	79	81,955	90.15
90.16 HICKORY HILLS PCC	43,882	37,145	4,935	26	74,647	90.16
90.18 DARIEN PCC	23,282	11,581	4,091		34,452	90.18
90.20 ORLANAD PARK - FP	52,429	24,123	2,879	262	68,122	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		15,050	1,772		52,201	90.21
90.22 HOMER GLEN PCC	601	93,689	12,710		68,122	90.22
90.23 OAK PARK PCC		9,534	2,050	105	31,320	90.23
90.24 PARK RIDGE PCC	249	13,904	1,475		5,742	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		1,396	501		2,610	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES		305				90.27
90.28 MARJORIE WEINBERG CANCER CENTER		116,587				90.28
90.29 BURR RIDGE PCC		185,102			49,852	90.29
91 EMERGENCY	130,575	459,566	64,307			91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		60,917	2,003			92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	689					95
97 DURABLE MEDICAL EQUIP-SOLD		14,401	7			97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	40,011	28,391	402			101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	14,486	30,319	30			105
106 HEART ACQUISITION	5,703	12,761	37			106
107 LIVER ACQUISITION		9,247	55			107
108 LUNG ACQUISITION		18,697	12			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)	337		2			112
116 HOSPICE	3,475	11,734	23			116
118 SUBTOTALS (SUM OF LINES 1-117)	3,045,666	10,270,860	1,594,486	100,908	1,501,031	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,742		93			190
190.01 HINES RADIATION THERAPY			23			190.01
190.02 HOME INFUSION THERAPY		66,345	9,292			190.02
190.03 OP HOSPITAL PHARMACY			40,648			190.03
190.04 HOSPITALIST			60			190.04
190.05 STUDENT HEALTH		420				190.05
192 PHYSICIANS' PRIVATE OFFICES		1,795	202			192
192.01 FACULTY CLINICAL OPERATIONS			60			192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,048,408	10,339,420	1,644,864	100,908	1,501,031	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PATIENT	PATIENT	SUBTOTAL (COLS.0-4) 4A	ACCOUNTING	SUBTOTAL (COLS.0-4)	
	ADMITTING 5.06	ACCOUNTS 5.07		5.08		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING	2,190,297					5.06
5.07 PATIENT ACCOUNTS		9,194,365				5.07
5.08 ACCOUNTING			2,314,076	2,314,076		5.08
5.09 EMPLOYEE HEALTH SERVICES			639,094	1,818	640,912	5.09
5.10 PASTORAL CARE			1,072,579	3,051	1,075,630	5.10
5.11 HOSPITAL ADMINISTRATION			114,656,677	326,198	114,982,875	5.11
5.12 AMBULATORY ADMINISTRATION			23,171,117	65,922	23,237,039	5.12
5.14 PRIMARY CARE ADMINISTRATION			3,787,734	10,776	3,798,510	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			21,434,926	60,982	21,495,908	7
7.01 SAFETY AND SECURITY			2,519,778	7,169	2,526,947	7.01
8 LAUNDRY & LINEN SERVICE			2,446,245	6,960	2,453,205	8
9 HOUSEKEEPING			8,936,387	25,424	8,961,811	9
10 DIETARY			4,852,516	13,805	4,866,321	10
11 CAFETERIA			167,125	475	167,600	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION			1,068,969	3,041	1,072,010	12.01
13 NURSING ADMINISTRATION			3,493,311	9,938	3,503,249	13
14 CENTRAL SERVICES & SUPPLY			2,427,577	6,906	2,434,483	14
14.01 CENTRAL PROCESSING			164,520	468	164,988	14.01
15 PHARMACY			7,808,625	22,216	7,830,841	15
16 MEDICAL RECORDS & LIBRARY			10,176,651	28,953	10,205,604	16
17 SOCIAL SERVICE			3,742,554	10,648	3,753,202	17
17.01 HOSPITAL MEDICAL ADMIN			12,703,913	36,143	12,740,056	17.01
19 NONPHYSICIAN ANESTHETISTS			17,754	51	17,805	19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			22,092,585	62,853	22,155,438	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			482,016	1,371	483,387	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	324,845	713,494	38,247,657	108,815	38,356,472	30
31 INTENSIVE CARE UNIT	118,715	260,924	14,865,945	42,294	14,908,239	31
33 BURN INTENSIVE CARE UNIT	27,939	61,408	4,943,583	14,064	4,957,647	33
35 NEONATAL INTENSIVE CARE	52,029	114,354	7,377,978	20,990	7,398,968	35
35.01 PEDIATRIC INTENSIVE CARE	17,368	38,174	2,295,778	6,531	2,302,309	35.01
35.03 HEART TRANSPLANT ICU	20,270	44,551	2,450,848	6,973	2,457,821	35.03
35.04 BONE INTENSIVE CARE	33,329	73,254	3,212,929	9,141	3,222,070	35.04
41 SUBPROVIDER - IRF	20,920	45,980	4,020,066	11,437	4,031,503	41
43 NURSERY	2,264	4,975	642,024	1,827	643,851	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	270,093	704,340	50,288,201	143,070	50,431,271	50
50.01 AMBULATORY SURGERY CENTER	513	207,127	8,071,664	22,964	8,094,628	50.01
51 RECOVERY ROOM	52,448	171,116	3,653,715	10,395	3,664,110	51
52 DELIVERY ROOM & LABOR ROOM	16,179	42,001	2,529,583	7,197	2,536,780	52
53 ANESTHESIOLOGY	117,763	316,902	3,252,810	9,254	3,262,064	53
54 RADIOLOGY-DIAGNOSTIC	60,808	283,244	12,110,850	34,455	12,145,305	54
54.01 RADIOLOGY-ULTRASOUND	6,791	60,887	1,142,566	3,251	1,145,817	54.01
56 RADIOISOTOPE	5,543	108,712	3,512,130	9,992	3,522,122	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	65,245	400,322	4,401,072	12,521	4,413,593	57
58 MAGNETIC RESONANCE IMAGING (MRI)	27,308	194,799	3,672,725	10,449	3,683,174	58
59 CARDIAC CATHETERIZATION	61,748	273,205	12,614,032	35,887	12,649,919	59
60 LABORATORY	199,578	1,010,337	21,406,942	60,903	21,467,845	60
60.01 LABORATORY-SURGICAL PATHOLOGY	13,501	85,274	3,296,005	9,377	3,305,382	60.01
60.02 LABORATORY-NEUROSURGICAL		18	38		38	60.02
60.03 LABORATORY-HLA			38,624	110	38,734	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	41,915	127,677	8,180,398	23,273	8,203,671	63
65 RESPIRATORY THERAPY	90,077	202,238	7,347,362	20,903	7,368,265	65
66 PHYSICAL THERAPY	17,654	88,293	4,535,774	12,904	4,548,678	66
67 OCCUPATIONAL THERAPY	15,345	42,242	1,773,699	5,046	1,778,745	67
68 SPEECH PATHOLOGY	5,786	12,917	600,914	1,710	602,624	68
69 ELECTROCARDIOLOGY	123,411	427,959	16,349,149	46,513	16,395,662	69
70 ELECTROENCEPHALOGRAPHY	7,536	34,411	1,715,602	4,881	1,720,483	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PATIENT	PATIENT	SUBTOTAL (COLS.0-4) 4A	ACCOUNTING	SUBTOTAL (COLS.0-4)	
	ADMITTING 5.06	ACCOUNTS 5.07		5.08		
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,480	17,003	1,526,794	4,344	1,531,138	71
73 DRUGS CHARGED TO PATIENTS	223,116	536,326	20,427,174	58,115	20,485,289	73
74 RENAL DIALYSIS	8,650	127,411	5,796,795	16,492	5,813,287	74
76 PULMONARY LABS	1,468	9,634	504,135	1,434	505,569	76
76.01 OCCUPATIONAL HEALTH		1,716	569,139	1,619	570,758	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	7,017	36,358	866,439	2,465	868,904	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	7,496	99,687	4,164,006	11,847	4,175,853	76.07
76.09 BONE MARROW PROCUREMENT	3,114	9,666	1,322,875	3,764	1,326,639	76.09
76.10 BARIATRICS			125,802	358	126,160	76.10
76.11 HEPATOLOGY			358,436	1,020	359,456	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4	2,909	277,315	789	278,104	90
90.01 CARDIAC REHABILITATION	1,025	2,309	335,902	956	336,858	90.01
90.02 CANCER CENTER	1,536	450,075	25,213,572	71,733	25,285,305	90.02
90.03 PSYCH SOCIAL REHAB		2,790	461,803	1,314	463,117	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	4,795	443,545	28,253,099	80,380	28,333,479	90.07
90.08 OBT OUTPATIENT CENTER	124	93,417	6,124,415	17,424	6,141,839	90.08
90.09 ELMHURST IMMEDIATE CARE	6	13,221	1,251,182	3,560	1,254,742	90.09
90.10 LAGRANGE FAMILY PCC	19	31,363	2,470,727	7,029	2,477,756	90.10
90.12 NORTH RIVERSIDE PCC	18	23,933	2,207,129	6,279	2,213,408	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	18	29,056	2,175,340	6,189	2,181,529	90.14
90.15 OBT II PCC	24	25,243	1,994,214	5,674	1,999,888	90.15
90.16 HICKORY HILLS PCC	9	33,031	3,114,120	8,860	3,122,980	90.16
90.18 DARIEN PCC	12	10,299	1,182,068	3,363	1,185,431	90.18
90.20 ORLANAD PARK - FP	12	21,452	2,480,641	7,057	2,487,698	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	10	13,384	1,039,145	2,956	1,042,101	90.21
90.22 HOMER GLEN PCC	74	83,314	5,284,995	15,036	5,300,031	90.22
90.23 OAK PARK PCC	7	8,478	779,296	2,217	781,513	90.23
90.24 PARK RIDGE PCC	31	12,364	893,400	2,542	895,942	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	1	1,241	199,115	566	199,681	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES		272	34,959	99	35,058	90.27
90.28 MARJORIE WEINBERG CANCER CENTER	47	103,676	5,408,690	15,388	5,424,078	90.28
90.29 BURR RIDGE PCC	204	164,603	11,336,643	32,253	11,368,896	90.29
91 EMERGENCY	78,365	408,672	8,452,938	24,049	8,476,987	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	123	54,171	422,362	1,202	423,564	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES			301,585	858	302,443	95
97 DURABLE MEDICAL EQUIP-SOLD		12,806	2,013,964	5,730	2,019,694	97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		25,247	4,318,124	12,285	4,330,409	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	12,267	26,961	2,489,025	7,081	2,496,106	105
106 HEART ACQUISITION	5,001	11,348	980,335	2,789	983,124	106
107 LIVER ACQUISITION	3,741	8,223	774,505	2,203	776,708	107
108 LUNG ACQUISITION	7,562	16,626	1,665,904	4,739	1,670,643	108
109 PANCREAS ACQUISITION			180,038	512	180,550	109
110 INTESTINAL ACQUISITION			225,013	640	225,653	110
112 OTHER ORGAN ACQUISITION (SPECIFY)			1,461,651	4,158	1,465,809	112
116 HOSPICE		10,434	927,765	2,639	930,404	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,190,297	9,133,399	661,119,966	1,874,302	660,680,192	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			216,680	616	217,296	190
190.01 HINES RADIATION THERAPY			822,645	2,340	824,985	190.01
190.02 HOME INFUSION THERAPY		58,997	3,066,407	8,724	3,075,131	190.02
190.03 OP HOSPITAL PHARMACY			3,441,218	9,790	3,451,008	190.03
190.04 HOSPITALIST			54,572	155	54,727	190.04
190.05 STUDENT HEALTH		373	16,838	48	16,886	190.05
192 PHYSICIANS' PRIVATE OFFICES		1,596	224,600	639	225,239	192
192.01 FACULTY CLINICAL OPERATIONS			146,744,862	417,462	147,162,324	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,190,297	9,194,365	815,707,788	2,314,076	815,707,788	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	EMPLOYEE HEALTH SERVICES 5.09	SUBTOTAL (COLS.0-4)	PASTORAL CARE 5.10	SUBTOTAL (COLS.0-4)	HOSPITAL ADMINSTRTN 5.11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES	640,912					5.09
5.10 PASTORAL CARE	845	1,076,475	1,076,475			5.10
5.11 HOSPITAL ADMINISTRATION	90,377	115,073,252	152,012	115,225,264	115,225,264	5.11
5.12 AMBULATORY ADMINISTRATION	18,264	23,255,303	30,720	23,286,023	3,830,411	5.12
5.14 PRIMARY CARE ADMINISTRATION	2,986	3,801,496	5,022	3,806,518	626,149	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	16,896	21,512,804	28,418	21,541,222	3,543,402	7
7.01 SAFETY AND SECURITY	1,986	2,528,933	3,341	2,532,274	416,544	7.01
8 LAUNDRY & LINEN SERVICE	1,928	2,455,133	3,243	2,458,376	404,388	8
9 HOUSEKEEPING	7,044	8,968,855	11,848	8,980,703	1,477,272	9
10 DIETARY	3,825	4,870,146	6,433	4,876,579	802,168	10
11 CAFETERIA	132	167,732	222	167,954	27,627	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	843	1,072,853	1,417	1,074,270	176,711	12.01
13 NURSING ADMINISTRATION	2,754	3,506,003	4,631	3,510,634	577,478	13
14 CENTRAL SERVICES & SUPPLY	1,914	2,436,397	3,218	2,439,615	401,302	14
14.01 CENTRAL PROCESSING	130	165,118	218	165,336	27,197	14.01
15 PHARMACY	6,155	7,836,996	10,353	7,847,349	1,290,842	15
16 MEDICAL RECORDS & LIBRARY	8,022	10,213,626	13,492	10,227,118	1,682,300	16
17 SOCIAL SERVICE	2,950	3,756,152	4,962	3,761,114	618,681	17
17.01 HOSPITAL MEDICAL ADMIN	10,014	12,750,070	16,843	12,766,913	2,100,081	17.01
19 NONPHYSICIAN ANESTHETISTS	14	17,819	24	17,843	2,935	19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	17,414	22,172,852	29,290	22,202,142	3,652,119	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	380	483,767	639	484,406	79,682	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	30,148	38,386,620	50,709	38,437,329	6,322,710	30
31 INTENSIVE CARE UNIT	11,718	14,919,957	19,709	14,939,666	2,457,485	31
33 BURN INTENSIVE CARE UNIT	3,897	4,961,544	6,554	4,968,098	817,222	33
35 NEONATAL INTENSIVE CARE	5,816	7,404,784	9,782	7,414,566	1,219,652	35
35.01 PEDIATRIC INTENSIVE CARE	1,810	2,304,119	3,044	2,307,163	379,514	35.01
35.03 HEART TRANSPLANT ICU	1,932	2,459,753	3,249	2,463,002	405,149	35.03
35.04 BONE INTENSIVE CARE	2,533	3,224,603	4,260	3,228,863	531,129	35.04
41 SUBPROVIDER - IRF	3,169	4,034,672	5,330	4,040,002	664,556	41
43 NURSERY	506	644,357	851	645,208	106,133	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,639	50,470,910	66,672	50,537,582	8,313,129	50
50.01 AMBULATORY SURGERY CENTER	6,362	8,100,990	10,701	8,111,691	1,334,324	50.01
51 RECOVERY ROOM	2,880	3,666,990	4,844	3,671,834	603,995	51
52 DELIVERY ROOM & LABOR ROOM	1,994	2,538,774	3,354	2,542,128	418,165	52
53 ANESTHESIOLOGY	2,564	3,264,628	4,313	3,268,941	537,721	53
54 RADIOLOGY-DIAGNOSTIC	9,546	12,154,851	16,057	12,170,908	2,002,041	54
54.01 RADIOLOGY-ULTRASOUND	901	1,146,718	1,515	1,148,233	188,877	54.01
56 RADIOISOTOPE	2,768	3,524,890	4,656	3,529,546	580,589	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,469	4,417,062	5,835	4,422,897	727,540	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,895	3,686,069	4,869	3,690,938	607,137	58
59 CARDIAC CATHETERIZATION	9,943	12,659,862	16,724	12,676,586	2,085,222	59
60 LABORATORY	16,874	21,484,719	28,381	21,513,100	3,538,776	60
60.01 LABORATORY-SURGICAL PATHOLOGY	2,598	3,307,980	4,370	3,312,350	544,862	60.01
60.02 LABORATORY-NEUROSURGICAL		38		38	6	60.02
60.03 LABORATORY-HLA	30	38,764	51	38,815	6,385	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,448	8,210,119	10,846	8,220,965	1,352,299	63
65 RESPIRATORY THERAPY	5,791	7,374,056	9,741	7,383,797	1,214,590	65
66 PHYSICAL THERAPY	3,575	4,552,253	6,014	4,558,267	749,808	66
67 OCCUPATIONAL THERAPY	1,398	1,780,143	2,352	1,782,495	293,210	67
68 SPEECH PATHOLOGY	474	603,098	797	603,895	99,337	68
69 ELECTROCARDIOLOGY	12,887	16,408,549	21,676	16,430,225	2,702,673	69
70 ELECTROENCEPHALOGRAPHY	1,352	1,721,835	2,275	1,724,110	283,606	70



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	EMPLOYEE	SUBTOTAL	PASTORAL	SUBTOTAL	HOSPITAL	
	HEALTH SERVICES 5.09		CARE 5.10		ADMINSTRN 5.11	
		(COLS.0-4)		(COLS.0-4)		
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,203	1,532,341	2,024	1,534,365	252,394	71
73 DRUGS CHARGED TO PATIENTS	16,101	20,501,390	27,082	20,528,472	3,376,810	73
74 RENAL DIALYSIS	4,569	5,817,856	7,685	5,825,541	958,267	74
76 PULMONARY LABS	397	505,966	668	506,634	83,338	76
76.01 OCCUPATIONAL HEALTH	449	571,207	755	571,962	94,084	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	683	869,587	1,149	870,736	143,231	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	3,282	4,179,135	5,521	4,184,656	688,351	76.07
76.09 BONE MARROW PROCUREMENT	1,043	1,327,682	1,754	1,329,436	218,684	76.09
76.10 BARIATRICS	99	126,259	167	126,426	20,796	76.10
76.11 HEPATOLOGY	283	359,739	475	360,214	59,253	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	219	278,323	368	278,691	45,843	90
90.01 CARDIAC REHABILITATION	265	337,123	445	337,568	55,528	90.01
90.02 CANCER CENTER	19,874	25,305,179	33,428	25,338,607	4,168,049	90.02
90.03 PSYCH SOCIAL REHAB	364	463,481	612	464,093	76,341	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	22,270	28,355,749	37,458	28,393,207	4,670,512	90.07
90.08 OB OUTPATIENT CENTER	4,827	6,146,666	8,120	6,154,786	1,012,425	90.08
90.09 ELMHURST IMMEDIATE CARE	986	1,255,728	1,659	1,257,387	206,833	90.09
90.10 LAGRANGE FAMILY PCC	1,948	2,479,704	3,276	2,482,980	408,435	90.10
90.12 NORTH RIVERSIDE PCC	1,740	2,215,148	2,926	2,218,074	364,860	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	1,715	2,183,244	2,884	2,186,128	359,605	90.14
90.15 OB II PCC	1,572	2,001,460	2,644	2,004,104	329,663	90.15
90.16 HICKORY HILLS PCC	2,455	3,125,435	4,129	3,129,564	514,795	90.16
90.18 DARIEN PCC	932	1,186,363	1,567	1,187,930	195,407	90.18
90.20 ORLANAD PARK - FP	1,955	2,489,653	3,289	2,492,942	410,074	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	819	1,042,920	1,378	1,044,298	171,781	90.21
90.22 HOMER GLEN PCC	4,166	5,304,197	7,007	5,311,204	873,661	90.22
90.23 OAK PARK PCC	614	782,127	1,033	783,160	128,825	90.23
90.24 PARK RIDGE PCC	704	896,646	1,184	897,830	147,688	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	157	199,838	264	200,102	32,916	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	28	35,086	46	35,132	5,779	90.27
90.28 MARJORIE WEINBERG CANCER CENTER	4,263	5,428,341	7,171	5,435,512	894,109	90.28
90.29 BURR RIDGE PCC	8,936	11,377,832	15,030	11,392,862	1,874,057	90.29
91 EMERGENCY	6,663	8,483,650	11,207	8,494,857	1,397,353	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	333	423,897	560	424,457	69,821	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	238	302,681	400	303,081	49,855	95
97 DURABLE MEDICAL EQUIP-SOLD	1,587	2,021,281	2,670	2,023,951	332,928	97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,404	4,333,813	5,725	4,339,538	713,828	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,962	2,498,068	3,300	2,501,368	411,460	105
106 HEART ACQUISITION	773	983,897	1,300	985,197	162,059	106
107 LIVER ACQUISITION	610	777,318	1,027	778,345	128,033	107
108 LUNG ACQUISITION	1,313	1,671,956	2,209	1,674,165	275,390	108
109 PANCREAS ACQUISITION	142	180,692	239	180,931	29,762	109
110 INTESTINAL ACQUISITION	177	225,830	298	226,128	37,197	110
112 OTHER ORGAN ACQUISITION (SPECIFY)	1,152	1,466,961	1,938	1,468,899	241,625	112
116 HOSPICE	731	931,135	1,230	932,365	153,368	116
118 SUBTOTALS (SUM OF LINES 1-117)	518,793	660,558,073	871,178	660,352,776	89,670,204	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	171	217,467	287	217,754	35,819	190
190.01 HINES RADIATION THERAPY	648	825,633	1,091	826,724	135,991	190.01
190.02 HOME INFUSION THERAPY	2,417	3,077,548	4,065	3,081,613	506,907	190.02
190.03 OP HOSPITAL PHARMACY	2,712	3,453,720	4,562	3,458,282	568,867	190.03
190.04 HOSPITALIST	43	54,770	72	54,842	9,021	190.04
190.05 STUDENT HEALTH	13	16,899	22	16,921	2,783	190.05
192 PHYSICIANS' PRIVATE OFFICES	177	225,416	298	225,714	37,129	192
192.01 FACULTY CLINICAL OPERATIONS	115,938	147,278,262	194,900	147,473,162	24,258,543	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	640,912	815,707,788	1,076,475	815,707,788	115,225,264	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4)	AMBULATORY ADMIN 5.12	SUBTOTAL (COLS.0-4)	PRIMARY CARE ADMIN 5.14	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE						5.10
5.11 HOSPITAL ADMINISTRATION						5.11
5.12 AMBULATORY ADMINISTRATION	27,116,434	27,116,434				5.12
5.14 PRIMARY CARE ADMINISTRATION	4,432,667	152,422	4,585,089	4,585,089		5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	25,084,624	862,560	25,947,184	146,679	26,093,863	7
7.01 SAFETY AND SECURITY	2,948,818	101,398	3,050,216	17,243	128,778	7.01
8 LAUNDRY & LINEN SERVICE	2,862,764	98,439	2,961,203	16,740	163,177	8
9 HOUSEKEEPING	10,457,975	359,608	10,817,583	61,152	225,006	9
10 DIETARY	5,678,747	195,269	5,874,016	33,206	517,769	10
11 CAFETERIA	195,581	6,725	202,306	1,144	235,227	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	1,250,981	43,016	1,293,997	7,315	18,364	12.01
13 NURSING ADMINISTRATION	4,088,112	140,574	4,228,686	23,905	176,747	13
14 CENTRAL SERVICES & SUPPLY	2,840,917	97,688	2,938,605	16,612	278,326	14
14.01 CENTRAL PROCESSING	192,533	6,620	199,153	1,126	73,147	14.01
15 PHARMACY	9,138,191	314,226	9,452,417	53,435	345,083	15
16 MEDICAL RECORDS & LIBRARY	11,909,418	409,517	12,318,935	69,639	478,847	16
17 SOCIAL SERVICE	4,379,795	150,604	4,530,399	25,610	75,149	17
17.01 HOSPITAL MEDICAL ADMIN	14,866,994	511,216	15,378,210	86,933		17.01
19 NONPHYSICIAN ANESTHETISTS	20,778	714	21,492	121		19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	25,854,261	889,025	26,743,286	151,180	147,354	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	564,088	19,397	583,485	3,298	93,821	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	44,760,039	1,539,119	46,299,158	261,729	3,515,603	30
31 INTENSIVE CARE UNIT	17,397,151	598,218	17,995,369	101,728	873,881	31
33 BURN INTENSIVE CARE UNIT	5,785,320	198,934	5,984,254	33,829	208,855	33
35 NEONATAL INTENSIVE CARE	8,634,218	296,896	8,931,114	50,488	473,611	35
35.01 PEDIATRIC INTENSIVE CARE	2,686,677	92,384	2,779,061	15,710	88,200	35.01
35.03 HEART TRANSPLANT ICU	2,868,151	98,624	2,966,775	16,771	213,764	35.03
35.04 BONE INTENSIVE CARE	3,759,992	129,291	3,889,283	21,986	184,351	35.04
41 SUBPROVIDER - IRF	4,704,558	161,771	4,866,329	27,509	557,576	41
43 NURSERY	751,341	25,836	777,177	4,393		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	58,850,711	2,023,641	60,874,352	344,123	2,989,114	50
50.01 AMBULATORY SURGERY CENTER	9,446,015	324,811	9,770,826	55,234	632,129	50.01
51 RECOVERY ROOM	4,275,829	147,029	4,422,858	25,002	668,895	51
52 DELIVERY ROOM & LABOR ROOM	2,960,293	101,793	3,062,086	17,310	166,565	52
53 ANESTHESIOLOGY	3,806,662	130,896	3,937,558	22,259	49,355	53
54 RADIOLOGY-DIAGNOSTIC	14,172,949	487,351	14,660,300	82,875	1,180,581	54
54.01 RADIOLOGY-ULTRASOUND	1,337,110	45,978	1,383,088	7,819	73,975	54.01
56 RADIOISOTOPE	4,110,135	141,331	4,251,466	24,034	269,702	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,150,437	177,103	5,327,540	30,117	132,974	57
58 MAGNETIC RESONANCE IMAGING (MRI)	4,298,075	147,794	4,445,869	25,132	288,201	58
59 CARDIAC CATHETERIZATION	14,761,808	507,600	15,269,408	86,318	708,145	59
60 LABORATORY	25,051,876	861,434	25,913,310	146,488	580,117	60
60.01 LABORATORY-SURGICAL PATHOLOGY	3,857,212	132,634	3,989,846	22,555	473,033	60.01
60.02 LABORATORY-NEUROSURGICAL	44	2	46			60.02
60.03 LABORATORY-HLA	45,200	1,554	46,754	264	56,478	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	9,573,264	329,186	9,902,450	55,979	132,166	63
65 RESPIRATORY THERAPY	8,598,387	295,664	8,894,051	50,278	202,272	65
66 PHYSICAL THERAPY	5,308,075	182,523	5,490,598	31,038	267,797	66
67 OCCUPATIONAL THERAPY	2,075,705	71,375	2,147,080	12,137	115,766	67
68 SPEECH PATHOLOGY	703,232	24,181	727,413	4,112	21,617	68
69 ELECTROCARDIOLOGY	19,132,898	657,904	19,790,802	111,877	653,419	69
70 ELECTROENCEPHALOGRAPHY	2,007,716	69,037	2,076,753	11,740	163,177	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4)	AMBULATORY	SUBTOTAL (COLS.0-4)	PRIMARY	OPERATION	
		ADMIN		CARE ADMIN	OF PLANT	
		5.12		5.14	7	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,786,759	61,439	1,848,198	10,448		71
73 DRUGS CHARGED TO PATIENTS	23,905,282	822,007	24,727,289	139,783		73
74 RENAL DIALYSIS	6,783,808	233,268	7,017,076	39,668	225,852	74
76 PULMONARY LABS	589,972	20,287	610,259	3,450	64,312	76
76.01 OCCUPATIONAL HEALTH	666,046	22,903	688,949	3,895	70,472	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	1,013,967	34,866	1,048,833	5,929	25,255	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	4,873,007	167,563	5,040,570	28,494	175,573	76.07
76.09 BONE MARROW PROCUREMENT	1,548,120	53,234	1,601,354	9,052		76.09
76.10 BARIATRICS	147,222	5,062	152,284	861		76.10
76.11 HEPATOLOGY	419,467	14,424	433,891	2,453		76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	324,534	11,159	335,693	1,898	70,472	90
90.01 CARDIAC REHABILITATION	393,096	13,517	406,613	2,299		90.01
90.02 CANCER CENTER	29,506,656	1,014,616	30,521,272	172,537	1,010,686	90.02
90.03 PSYCH SOCIAL REHAB	540,434	18,583	559,017	3,160	191,435	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	33,063,719	1,136,929	34,200,648	193,336	2,610,961	90.07
90.08 OBT OUTPATIENT CENTER	7,167,211	246,452	7,413,663	41,909	1,867	90.08
90.09 ELMHURST IMMEDIATE CARE	1,464,220	50,349	1,514,569	8,562		90.09
90.10 LAGRANGE FAMILY PCC	2,891,415	99,424	2,990,839	16,907		90.10
90.12 NORTH RIVERSIDE PCC	2,582,934	88,817	2,671,751	15,103		90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	2,545,733	87,538	2,633,271	14,886		90.14
90.15 OBT II PCC	2,333,767	80,249	2,414,016	13,646		90.15
90.16 HICKORY HILLS PCC	3,644,359	125,315	3,769,674	21,310		90.16
90.18 DARIEN PCC	1,383,337	47,567	1,430,904	8,089		90.18
90.20 ORLANAD PARK - FP	2,903,016	99,823	3,002,839	16,975		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	1,216,079	41,816	1,257,895	7,111	61,810	90.21
90.22 HOMER GLEN PCC	6,184,865	212,673	6,397,538	36,165		90.22
90.23 OAK PARK PCC	911,985	31,360	943,345	5,333		90.23
90.24 PARK RIDGE PCC	1,045,518	35,951	1,081,469	6,114		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	233,018	8,013	241,031	1,363		90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	40,911	1,407	42,318	239		90.27
90.28 MARJORIE WEINBERG CANCER CENTER	6,329,621	217,650	6,547,271	37,012		90.28
90.29 BURR RIDGE PCC	13,266,919	456,196	13,723,115	77,577	1,924,934	90.29
91 EMERGENCY	9,892,210	340,154	10,232,364	57,844	478,616	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	494,278	16,996	511,274	2,890	30,780	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	352,936	12,136	365,072	2,064	14,033	95
97 DURABLE MEDICAL EQUIP-SOLD	2,356,879	81,044	2,437,923	13,782		97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,053,366	173,765	5,227,131	29,549	110,279	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,912,828	100,161	3,012,989	17,032	13,532	105
106 HEART ACQUISITION	1,147,256	39,450	1,186,706	6,708	51,145	106
107 LIVER ACQUISITION	906,378	31,167	937,545	5,300	6,102	107
108 LUNG ACQUISITION	1,949,555	67,037	2,016,592	11,400	45,987	108
109 PANCREAS ACQUISITION	210,693	7,245	217,938	1,232		109
110 INTESTINAL ACQUISITION	263,325	9,055	272,380	1,540		110
112 OTHER ORGAN ACQUISITION (SPECIFY)	1,710,524	58,818	1,769,342	10,002	3,080	112
116 HOSPICE	1,085,733	37,334	1,123,067	6,349	8,566	116
118 SUBTOTALS (SUM OF LINES 1-117)	634,797,716	20,895,731	628,577,013	3,527,428	26,093,863	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	253,573	8,719	262,292	1,483		190
190.01 HINES RADIATION THERAPY	962,715	33,104	995,819	5,629		190.01
190.02 HOME INFUSION THERAPY	3,588,520	123,395	3,711,915	20,983		190.02
190.03 OP HOSPITAL PHARMACY	4,027,149	138,478	4,165,627	23,548		190.03
190.04 HOSPITALIST	63,863	2,196	66,059	373		190.04
190.05 STUDENT HEALTH	19,704	678	20,382	115		190.05
192 PHYSICIANS' PRIVATE OFFICES	262,843	9,038	271,881	1,537		192
192.01 FACULTY CLINICAL OPERATIONS	171,731,705	5,905,095	177,636,800	1,003,993		192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	815,707,788	27,116,434	815,707,788	4,585,089	26,093,863	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
	7.01	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE						5.10
5.11 HOSPITAL ADMINISTRATION						5.11
5.12 AMBULATORY ADMINISTRATION						5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 SAFETY AND SECURITY	3,196,237					7.01
8 LAUNDRY & LINEN SERVICE	20,087	3,161,207				8
9 HOUSEKEEPING	27,698	496	11,131,935			9
10 DIETARY	63,736		464,252	6,952,979		10
11 CAFETERIA	28,956		40,354		507,987	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	2,261	92	16,568		6,419	12.01
13 NURSING ADMINISTRATION	21,757		49,813		6,263	13
14 CENTRAL SERVICES & SUPPLY	34,261		212,917		4,529	14
14.01 CENTRAL PROCESSING	9,004		100,982		537	14.01
15 PHARMACY	42,479	1,608	142,360		14,468	15
16 MEDICAL RECORDS & LIBRARY	58,945		63,864		9,969	16
17 SOCIAL SERVICE	9,251		13,774		3,566	17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	18,139	20,634	41,626		48,461	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	11,549		23,316		1,059	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	432,760	1,247,573	2,498,085	4,819,549	75,901	30
31 INTENSIVE CARE UNIT	107,573	261,015	345,264	600,654	24,389	31
33 BURN INTENSIVE CARE UNIT	25,710	88,579	126,207	241,969	4,757	33
35 NEONATAL INTENSIVE CARE	58,300	51,025	185,729		14,228	35
35.01 PEDIATRIC INTENSIVE CARE	10,857	19,455	79,547		3,397	35.01
35.03 HEART TRANSPLANT ICU	26,314	51,492	84,498	194,194	4,032	35.03
35.04 BONE INTENSIVE CARE	22,693	23,336	166,257	205,634	4,620	35.04
41 SUBPROVIDER - IRF	68,636	83,104	487,569	661,499	7,031	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	367,952	249,829	1,254,906		26,001	50
50.01 AMBULATORY SURGERY CENTER	77,813	98,345	214,328		6,065	50.01
51 RECOVERY ROOM	82,339	56,839	273,490		4,894	51
52 DELIVERY ROOM & LABOR ROOM	20,504	55,430	65,856		4,282	52
53 ANESTHESIOLOGY	6,076	15,252	20,053		3,738	53
54 RADIOLOGY-DIAGNOSTIC	145,327	45,129	495,507		15,248	54
54.01 RADIOLOGY-ULTRASOUND	9,106	25,571	28,101		1,219	54.01
56 RADIOISOTOPE	33,200	17,596	99,074		2,327	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16,369	40,514	49,094		3,115	57
58 MAGNETIC RESONANCE IMAGING (MRI)	35,477	35,589	112,129		2,250	58
59 CARDIAC CATHETERIZATION	87,171	55,200	303,749		4,488	59
60 LABORATORY	71,411		261,237		17,423	60
60.01 LABORATORY-SURGICAL PATHOLOGY	58,229		229,761		4,072	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA	6,952		22,321		594	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	16,269	3,329	91,468		2,682	63
65 RESPIRATORY THERAPY	24,899	8,311	79,325		11,927	65
66 PHYSICAL THERAPY	32,965	17,320	130,522		5,546	66
67 OCCUPATIONAL THERAPY	14,250		89,780		1,663	67
68 SPEECH PATHOLOGY	2,661		18,448		763	68
69 ELECTROCARDIOLOGY	80,434	17,663	260,324		6,367	69
70 ELECTROENCEPHALOGRAPHY	20,087	5,128	147,172		2,944	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
	7.01	8	9	10	11	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	27,802	34,144	12,363		6,899	74
76 PULMONARY LABS	7,917	1,795			644	76
76.01 OCCUPATIONAL HEALTH	8,675		58,000		269	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	3,109	9,065	22,791		1,170	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	21,613	28,315	69,424		3,716	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,675	1,162	59,743	196,958	488	90
90.01 CARDIAC REHABILITATION					451	90.01
90.02 CANCER CENTER	124,413	60,143	234,795	32,522	11,734	90.02
90.03 PSYCH SOCIAL REHAB	23,565		17,840		924	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	321,403	79,010	1,226,777		41,634	90.07
90.08 OB OUTPATIENT CENTER	230	30,295	636		8,543	90.08
90.09 ELMHURST IMMEDIATE CARE		800			2,353	90.09
90.10 LAGRANGE FAMILY PCC		7,964			3,490	90.10
90.12 NORTH RIVERSIDE PCC		6,718			4,518	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		1,572			1,904	90.14
90.15 OB II PCC		8,949			4,461	90.15
90.16 HICKORY HILLS PCC		13,828			5,150	90.16
90.18 DARIEN PCC		2,061			3,164	90.18
90.20 ORLANAD PARK - FP		5,797			3,546	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	7,609	20,542			1,683	90.21
90.22 HOMER GLEN PCC		17,646			5,271	90.22
90.23 OAK PARK PCC					1,802	90.23
90.24 PARK RIDGE PCC		3,732			850	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		772			204	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER						90.28
90.29 BURR RIDGE PCC	236,955					90.29
91 EMERGENCY	58,916	221,708			14,020	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	3,789	9,735	12,170		421	92.01
95 OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,727					95
97 DURABLE MEDICAL EQUIP-SOLD			1,632			97
99 CMHC					135	99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	13,575		10,455		7,628	101
105 SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	1,666		1,245		789	105
106 HEART ACQUISITION	6,296		6,555		620	106
107 LIVER ACQUISITION	751		1,521		769	107
108 LUNG ACQUISITION	5,661		5,338		730	108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)	379		387		62	112
116 HOSPICE	1,054		636		1,154	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,196,237	3,161,207	11,131,935	6,952,979	502,430	118
190 NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					218	190
190.01 HINES RADIATION THERAPY					1,309	190.01
190.02 HOME INFUSION THERAPY					1,593	190.02
190.03 OP HOSPITAL PHARMACY					258	190.03
190.04 HOSPITALIST						190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES					1,928	192
192.01 FACULTY CLINICAL OPERATIONS					251	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,196,237	3,161,207	11,131,935	6,952,979	507,987	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PATIENT TRNSPRN 12.01	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	CENTRAL PROCESSING 14.01	PHARMACY 15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE						5.10
5.11 HOSPITAL ADMINISTRATION						5.11
5.12 AMBULATORY ADMINISTRATION						5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 SAFETY AND SECURITY						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	1,345,016					12.01
13 NURSING ADMINISTRATION		4,507,171				13
14 CENTRAL SERVICES & SUPPLY			3,485,250			14
14.01 CENTRAL PROCESSING			3,747	387,696		14.01
15 PHARMACY		704	4,247		10,056,801	15
16 MEDICAL RECORDS & LIBRARY			2			16
17 SOCIAL SERVICE			94			17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			102			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			146		116	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	418,278	1,251,132	408,157	169,508	1,177	30
31 INTENSIVE CARE UNIT	81,254	525,863	186,612	39,613	527	31
33 BURN INTENSIVE CARE UNIT	2,753	137,096	80,401	9,183	25	33
35 NEONATAL INTENSIVE CARE	1,560	311,606	20,655	23,086	385	35
35.01 PEDIATRIC INTENSIVE CARE	4,927	79,124	22,197	6,996	35	35.01
35.03 HEART TRANSPLANT ICU	10,514	87,792	45,986	8,602	142	35.03
35.04 BONE INTENSIVE CARE	5,063	92,237	25,359	7,395	122	35.04
41 SUBPROVIDER - IRF	9,479	81,754	17,682	10,212	5	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	198	306,716	45,943	1,900	30,356	50
50.01 AMBULATORY SURGERY CENTER	123	76,494	4,878	741	118,427	50.01
51 RECOVERY ROOM	109	89,940	14,267	5,451	3	51
52 DELIVERY ROOM & LABOR ROOM	1,063	76,012	30,560	49,900	182	52
53 ANESTHESIOLOGY		14,928	1,597	6,325	84	53
54 RADIOLOGY-DIAGNOSTIC	231,775	59,899	9,935	716	1,416	54
54.01 RADIOLOGY-ULTRASOUND	14,801		485	12	139	54.01
56 RADIOISOTOPE	6,603		927	203		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	133,765		552	299	134	57
58 MAGNETIC RESONANCE IMAGING (MRI)	44,307		489	499	46	58
59 CARDIAC CATHETERIZATION	9,840	71,863	16,328	5,742	2,774	59
60 LABORATORY	13,227		18,326		1,645	60
60.01 LABORATORY-SURGICAL PATHOLOGY	4,613		4,050		2,164	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA			366		4	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,376	15,373	3,101	362	203	63
65 RESPIRATORY THERAPY	18,487		1,582		129,355	65
66 PHYSICAL THERAPY	23,543		1,241	37	166	66
67 OCCUPATIONAL THERAPY	24,450		37	121	251	67
68 SPEECH PATHOLOGY			2,110			68
69 ELECTROCARDIOLOGY	39,291	58,861	16,670	2,737	915	69
70 ELECTROENCEPHALOGRAPHY		37	182		3,838	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRNSPRN	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING		
	12.01	13	14	14.01	15	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			2,047,937			71
73 DRUGS CHARGED TO PATIENTS					3,910,273	73
74 RENAL DIALYSIS	55,339	67,678	115,069	483	289,555	74
76 PULMONARY LABS		3,556	221	135	28	76
76.01 OCCUPATIONAL HEALTH		111	1,165		1,463	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	42,112	3,778	201	29		76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	42,065	65,825	26,552	540	904	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	177	6,371			951	90
90.01 CARDIAC REHABILITATION			497			90.01
90.02 CANCER CENTER	16,068	90,274	114,118	14,567	3,271,056	90.02
90.03 PSYCH SOCIAL REHAB		3,704	33		184	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	27	309,531	19,004	158	593,865	90.07
90.08 OB OUTPATIENT CENTER		49,786	6,936		18,951	90.08
90.09 ELMHURST IMMEDIATE CARE		13,002	1,606		26,207	90.09
90.10 LAGRANGE FAMILY PCC		32,598	3,834		19,724	90.10
90.12 NORTH RIVERSIDE PCC		24,967	2,966		93,739	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		10,631	896	1,411	10,828	90.14
90.15 OB II PCC		22,633	2,813		55,703	90.15
90.16 HICKORY HILLS PCC		26,819	4,356	1,254	55,428	90.16
90.18 DARIEN PCC		15,039	1,606		35,973	90.18
90.20 ORLANAD PARK - FP		17,855	3,563		91,843	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		9,557	1,657		13,432	90.21
90.22 HOMER GLEN PCC		42,229	7,488	1,438	417,140	90.22
90.23 OAK PARK PCC		8,149	1,448		24,093	90.23
90.24 PARK RIDGE PCC		8,890	1,130		1,638	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		3,852	335		1,022	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER						90.28
90.29 BURR RIDGE PCC					410	90.29
91 EMERGENCY	85,267	202,144	127,346	17,883		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	2,433	13,002	457	158	259	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					19	95
97 DURABLE MEDICAL EQUIP-SOLD						97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		93,422	1,016		825	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		445	16			105
106 HEART ACQUISITION	129	852	11			106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION		1,074	25			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)		74	1			112
116 HOSPICE		14,817	755		11,559	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,345,016	4,500,096	3,484,071	387,696	9,241,708	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 HINES RADIATION THERAPY						190.01
190.02 HOME INFUSION THERAPY		4,408	860		339,507	190.02
190.03 OP HOSPITAL PHARMACY					475,476	190.03
190.04 HOSPITALIST			209			190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES		2,667	96		110	192
192.01 FACULTY CLINICAL OPERATIONS			14			192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,345,016	4,507,171	3,485,250	387,696	10,056,801	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	HOSPITAL MEDICAL ADMIN 17.01	NONPHYSIC. ANESTHET. 19	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE						5.10
5.11 HOSPITAL ADMINISTRATION						5.11
5.12 AMBULATORY ADMINISTRATION						5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 SAFETY AND SECURITY						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION						12.01
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
14.01 CENTRAL PROCESSING						14.01
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	13,000,201					16
17 SOCIAL SERVICE		4,657,843				17
17.01 HOSPITAL MEDICAL ADMIN			15,465,143			17.01
19 NONPHYSICIAN ANESTHETISTS				21,613		19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			345,156		27,515,938	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU						23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,008,794	1,372,362	336,728		6,177,483	30
31 INTENSIVE CARE UNIT	368,915	89,882	296,957		1,721,189	31
33 BURN INTENSIVE CARE UNIT	86,823	101,723			569,608	33
35 NEONATAL INTENSIVE CARE	161,683	183,485	408,928		269,554	35
35.01 PEDIATRIC INTENSIVE CARE	53,974	98,453	140,500		262,959	35.01
35.03 HEART TRANSPLANT ICU	62,990	121,121	217,137		262,959	35.03
35.04 BONE INTENSIVE CARE	103,573	141,082	59,300		771,567	35.04
41 SUBPROVIDER - IRF	65,010	42,178	136,661		262,959	41
43 NURSERY	7,034					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	995,852	120,670	434,274	21,613	3,312,959	50
50.01 AMBULATORY SURGERY CENTER	292,852	902	720,444		652,865	50.01
51 RECOVERY ROOM	241,938		30,655			51
52 DELIVERY ROOM & LABOR ROOM	59,385				271,203	52
53 ANESTHESIOLOGY	448,061		3,035,847		2,649,378	53
54 RADIOLOGY-DIAGNOSTIC	400,473		623,728		898,513	54
54.01 RADIOLOGY-ULTRASOUND	86,087		86,583		239,054	54.01
56 RADIOISOTOPE	153,705		255,810		332,203	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	566,006		593,359		239,054	57
58 MAGNETIC RESONANCE IMAGING (MRI)	275,422		304,507		386,608	58
59 CARDIAC CATHETERIZATION	386,278					59
60 LABORATORY	1,428,982	71,048	2,347,843			60
60.01 LABORATORY-SURGICAL PATHOLOGY	120,567		205,893		1,142,513	60.01
60.02 LABORATORY-NEUROSURGICAL	26					60.02
60.03 LABORATORY-HLA			23,687			60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	180,520		336,764			63
65 RESPIRATORY THERAPY	285,940		41,869			65
66 PHYSICAL THERAPY	124,835		31,932			66
67 OCCUPATIONAL THERAPY	59,725					67
68 SPEECH PATHOLOGY	18,263	44,095				68
69 ELECTROCARDIOLOGY	605,081	222,618				69
70 ELECTROENCEPHALOGRAPHY	48,654		54,847			70



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	HOSPITAL MEDICAL ADMIN 17.01	NONPHYSIC. ANESTHET. 19	I&R SALARY & FRINGES 21	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	24,041					71
73 DRUGS CHARGED TO PATIENTS	758,299					73
74 RENAL DIALYSIS	180,143	185,290	315,539			74
76 PULMONARY LABS	13,621		247,281		192,892	76
76.01 OCCUPATIONAL HEALTH	2,426					76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	51,405		8,767			76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	140,945	5,300	140,500			76.07
76.09 BONE MARROW PROCUREMENT	13,666					76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,112	1,579				90
90.01 CARDIAC REHABILITATION	3,265	226				90.01
90.02 CANCER CENTER	636,352	3,270	329,334		28,851	90.02
90.03 PSYCH SOCIAL REHAB	3,945				383,311	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	627,119	1,576,147	2,146,788		4,406,837	90.07
90.08 OB OUTPATIENT CENTER	132,080		33,720		512,730	90.08
90.09 ELMHURST IMMEDIATE CARE	18,693					90.09
90.10 LAGRANGE FAMILY PCC	44,343		21,289			90.10
90.12 NORTH RIVERSIDE PCC	33,838					90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	41,082				93,973	90.14
90.15 OB II PCC	35,691					90.15
90.16 HICKORY HILLS PCC	46,702					90.16
90.18 DARIEN PCC	14,561					90.18
90.20 ORLANAD PARK - FP	30,330					90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	18,923		33,528			90.21
90.22 HOMER GLEN PCC	117,795					90.22
90.23 OAK PARK PCC	11,987					90.23
90.24 PARK RIDGE PCC	17,481					90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	1,755					90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	384					90.27
90.28 MARJORIE WEINBERG CANCER CENTER	146,585					90.28
90.29 BURR RIDGE PCC	232,729	139,277	94,289			90.29
91 EMERGENCY	577,812				1,474,716	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	76,591					92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	18,106					97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	35,696		137,289			101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	38,120	88,303	323,494			105
106 HEART ACQUISITION	16,044		8,346			106
107 LIVER ACQUISITION	11,626		195,186			107
108 LUNG ACQUISITION	23,507	48,832	307,782			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)						112
116 HOSPICE	14,753		1,511			116
118 SUBTOTALS (SUM OF LINES 1-117)	12,914,001	4,657,843	15,465,143	21,613	27,515,938	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 HINES RADIATION THERAPY						190.01
190.02 HOME INFUSION THERAPY	83,415					190.02
190.03 OP HOSPITAL PHARMACY						190.03
190.04 HOSPITALIST						190.04
190.05 STUDENT HEALTH	528					190.05
192 PHYSICIANS' PRIVATE OFFICES	2,257					192
192.01 FACULTY CLINICAL OPERATIONS						192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,000,201	4,657,843	15,465,143	21,613	27,515,938	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23.01	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAPITAL-BLDG INTEREST					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS					5.02
5.03 PURCHASING					5.03
5.04 OPC STORES					5.04
5.05 PATIENT AFFAIRS					5.05
5.06 PATIENT ADMITTING					5.06
5.07 PATIENT ACCOUNTS					5.07
5.08 ACCOUNTING					5.08
5.09 EMPLOYEE HEALTH SERVICES					5.09
5.10 PASTORAL CARE					5.10
5.11 HOSPITAL ADMINISTRATION					5.11
5.12 AMBULATORY ADMINISTRATION					5.12
5.14 PRIMARY CARE ADMINISTRATION					5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 SAFETY AND SECURITY					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION					12.01
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
14.01 CENTRAL PROCESSING					14.01
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
17.01 HOSPITAL MEDICAL ADMIN					17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU	716,790				23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		70,293,977	-6,177,483	64,116,494	30
31 INTENSIVE CARE UNIT		23,620,685	-1,721,189	21,899,496	31
33 BURN INTENSIVE CARE UNIT		7,701,772	-569,608	7,132,164	33
35 NEONATAL INTENSIVE CARE		11,145,437	-269,554	10,875,883	35
35.01 PEDIATRIC INTENSIVE CARE		3,665,392	-262,959	3,402,433	35.01
35.03 HEART TRANSPLANT ICU		4,375,083	-262,959	4,112,124	35.03
35.04 BONE INTENSIVE CARE		5,723,858	-771,567	4,952,291	35.04
41 SUBPROVIDER - IRF		7,385,193	-262,959	7,122,234	41
43 NURSERY		788,604		788,604	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		71,376,758	-3,312,959	68,063,799	50
50.01 AMBULATORY SURGERY CENTER		12,722,466	-652,865	12,069,601	50.01
51 RECOVERY ROOM		5,916,680		5,916,680	51
52 DELIVERY ROOM & LABOR ROOM		3,880,338	-271,203	3,609,135	52
53 ANESTHESIOLOGY		10,210,511	-2,649,378	7,561,133	53
54 RADIOLOGY-DIAGNOSTIC		18,851,422	-898,513	17,952,909	54
54.01 RADIOLOGY-ULTRASOUND		1,956,040	-239,054	1,716,986	54.01
56 RADIOISOTOPE		5,446,850	-332,203	5,114,647	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		7,132,892	-239,054	6,893,838	57
58 MAGNETIC RESONANCE IMAGING (MRI)		5,956,525	-386,608	5,569,917	58
59 CARDIAC CATHETERIZATION		17,007,304		17,007,304	59
60 LABORATORY		30,871,057		30,871,057	60
60.01 LABORATORY-SURGICAL PATHOLOGY		6,257,296	-1,142,513	5,114,783	60.01
60.02 LABORATORY-NEUROSURGICAL		72		72	60.02
60.03 LABORATORY-HLA		157,420		157,420	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		10,742,042		10,742,042	63
65 RESPIRATORY THERAPY		9,748,296		9,748,296	65
66 PHYSICAL THERAPY		6,157,540		6,157,540	66
67 OCCUPATIONAL THERAPY		2,465,260		2,465,260	67
68 SPEECH PATHOLOGY		839,482		839,482	68
69 ELECTROCARDIOLOGY		21,867,059		21,867,059	69
70 ELECTROENCEPHALOGRAPHY		2,534,559		2,534,559	70

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	ED-MICU		POST STEP-		
	23.01	24	DOWN ADJS	26	
			25		
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		3,930,624		3,930,624	71
73 DRUGS CHARGED TO PATIENTS		29,535,644		29,535,644	73
74 RENAL DIALYSIS		8,572,900	-636,277	7,936,623	74
76 PULMONARY LABS		1,146,111	-192,892	953,219	76
76.01 OCCUPATIONAL HEALTH		835,425		835,425	76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR		1,222,444		1,222,444	76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE		5,790,336		5,790,336	76.07
76.09 BONE MARROW PROCUREMENT		1,624,072		1,624,072	76.09
76.10 BARIATRICS		153,145		153,145	76.10
76.11 HEPATOLOGY		436,344		436,344	76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		688,279		688,279	90
90.01 CARDIAC REHABILITATION		413,351		413,351	90.01
90.02 CANCER CENTER		36,671,992	-28,851	36,643,141	90.02
90.03 PSYCH SOCIAL REHAB		1,187,118	-383,311	803,807	90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER		48,353,245	-4,406,837	43,946,408	90.07
90.08 OBT OUTPATIENT CENTER		8,251,346	-512,730	7,738,616	90.08
90.09 ELMHURST IMMEDIATE CARE		1,585,792		1,585,792	90.09
90.10 LAGRANGE FAMILY PCC		3,140,988		3,140,988	90.10
90.12 NORTH RIVERSIDE PCC		2,853,600		2,853,600	90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC		2,810,454	-93,973	2,716,481	90.14
90.15 OBT II PCC		2,557,912		2,557,912	90.15
90.16 HICKORY HILLS PCC		3,944,521		3,944,521	90.16
90.18 DARIEN PCC		1,511,397		1,511,397	90.18
90.20 ORLANAD PARK - FP		3,172,748		3,172,748	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		1,433,747		1,433,747	90.21
90.22 HOMER GLEN PCC		7,042,710		7,042,710	90.22
90.23 OAK PARK PCC		996,157		996,157	90.23
90.24 PARK RIDGE PCC		1,121,304		1,121,304	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		250,334		250,334	90.25
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES		42,941		42,941	90.27
90.28 MARJORIE WEINBERG CANCER CENTER		6,730,868		6,730,868	90.28
90.29 BURR RIDGE PCC		16,429,286		16,429,286	90.29
91 EMERGENCY	716,790	14,265,426	-1,474,716	12,790,710	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT		663,959		663,959	92.01
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		382,915		382,915	95
97 DURABLE MEDICAL EQUIP-SOLD		2,471,443		2,471,443	97
99 CMHC		135		135	99
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		5,666,865		5,666,865	101
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		3,497,631		3,497,631	105
106 HEART ACQUISITION		1,283,412		1,283,412	106
107 LIVER ACQUISITION		1,158,800		1,158,800	107
108 LUNG ACQUISITION		2,466,928		2,466,928	108
109 PANCREAS ACQUISITION		219,170		219,170	109
110 INTESTINAL ACQUISITION		273,920		273,920	110
112 OTHER ORGAN ACQUISITION (SPECIFY)		1,784,838		1,784,838	112
116 HOSPICE		1,233,801		1,233,801	116
118 SUBTOTALS (SUM OF LINES 1-117)	716,790	626,604,248	-28,152,215	598,452,033	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		263,993		263,993	190
190.01 HINES RADIATION THERAPY		1,002,757		1,002,757	190.01
190.02 HOME INFUSION THERAPY		4,162,681		4,162,681	190.02
190.03 OP HOSPITAL PHARMACY		4,664,909		4,664,909	190.03
190.04 HOSPITALIST		66,641		66,641	190.04
190.05 STUDENT HEALTH		21,025		21,025	190.05
192 PHYSICIANS' PRIVATE OFFICES		280,476		280,476	192
192.01 FACULTY CLINICAL OPERATIONS		178,641,058		178,641,058	192.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	716,790	815,707,788	-28,152,215	787,555,573	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	NEW CPTL BLG INTRST 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	86,634		24,149	11,929	122,712	4
5.01 COMMUNICATION	28,680		7,995	176,423	213,098	5.01
5.02 SYSTEM & COMPUTERS	222,869		62,124	1,743,829	2,028,822	5.02
5.03 PURCHASING	230,332		64,205	10,592	305,129	5.03
5.04 OPC STORES	66,807		18,622	5,984	91,413	5.04
5.05 PATIENT AFFAIRS	38,913		10,847	9,085	58,845	5.05
5.06 PATIENT ADMITTING	35,033		9,765	24,096	68,894	5.06
5.07 PATIENT ACCOUNTS	140,263		39,098	86,265	265,626	5.07
5.08 ACCOUNTING	75,606		21,075	183,469	280,150	5.08
5.09 EMPLOYEE HEALTH SERVICES	31,249		8,711	246	40,206	5.09
5.10 PASTORAL CARE	143,400		39,973	6,900	190,273	5.10
5.11 HOSPITAL ADMINISTRATION	820,694		228,767	841,090	1,890,551	5.11
5.12 AMBULATORY ADMINISTRATION	32,202		8,976	7,011	48,189	5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	199,485		55,606	322,344	577,435	7
7.01 SAFETY AND SECURITY	58,461		16,296	213,206	287,963	7.01
8 LAUNDRY & LINEN SERVICE	74,077		20,649	1,769	96,495	8
9 HOUSEKEEPING	102,145		28,473	16,927	147,545	9
10 DIETARY	235,051		65,520	42,586	343,157	10
11 CAFETERIA	106,786		29,766	8,553	145,105	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	8,337		2,324	19,871	30,532	12.01
13 NURSING ADMINISTRATION	80,238		22,366	44,318	146,922	13
14 CENTRAL SERVICES & SUPPLY	126,351		35,220	164,920	326,491	14
14.01 CENTRAL PROCESSING	33,207		9,256		42,463	14.01
15 PHARMACY	156,657		43,668	164,479	364,804	15
16 MEDICAL RECORDS & LIBRARY	217,381		60,595	2,255,733	2,533,709	16
17 SOCIAL SERVICE	34,115		9,510		43,625	17
17.01 HOSPITAL MEDICAL ADMIN				4,143	4,143	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	66,894		18,647	1,153	86,694	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	42,592		11,872	35,286	89,750	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,595,977		444,872	913,563	2,954,412	30
31 INTENSIVE CARE UNIT	396,715		110,583	235,712	743,010	31
33 BURN INTENSIVE CARE UNIT	94,814		26,429	56,927	178,170	33
35 NEONATAL INTENSIVE CARE	215,004		59,932	144,049	418,985	35
35.01 PEDIATRIC INTENSIVE CARE	40,040		11,161	27,822	79,023	35.01
35.03 HEART TRANSPLANT ICU	97,042		27,050	32,764	156,856	35.03
35.04 BONE INTENSIVE CARE	83,690		23,328	26,446	133,464	35.04
41 SUBPROVIDER - IRF	253,122		70,557	46,467	370,146	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,356,964		378,251	3,462,549	5,197,764	50
50.01 AMBULATORY SURGERY CENTER	286,967		79,991	686,082	1,053,040	50.01
51 RECOVERY ROOM	303,658		84,644	96,757	485,059	51
52 DELIVERY ROOM & LABOR ROOM	75,615		21,078	71,492	168,185	52
53 ANESTHESIOLOGY	22,406		6,246	172,852	201,504	53
54 RADIOLOGY-DIAGNOSTIC	535,947		149,394	1,614,789	2,300,130	54
54.01 RADIOLOGY-ULTRASOUND	33,582		9,361	111,996	154,939	54.01
56 RADIOISOTOPE	122,436		34,129	203,519	360,084	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	60,366		16,827	553,128	630,321	57
58 MAGNETIC RESONANCE IMAGING (MRI)	130,834		36,470	552,354	719,658	58
59 CARDIAC CATHETERIZATION	321,476		89,611	1,292,257	1,703,344	59
60 LABORATORY	263,355		73,410	252,594	589,359	60
60.01 LABORATORY-SURGICAL PATHOLOGY	214,742		59,859	119,530	394,131	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA	25,639		7,147	2,779	35,565	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	59,999		16,725	2,665	79,389	63
65 RESPIRATORY THERAPY	91,825		25,596	205,895	323,316	65
66 PHYSICAL THERAPY	121,571		33,888	12,880	168,339	66
67 OCCUPATIONAL THERAPY	52,554		14,649	1,007	68,210	67
68 SPEECH PATHOLOGY	9,813		2,735	17,463	30,011	68
69 ELECTROCARDIOLOGY	296,632		82,686	1,556,476	1,935,794	69
70 ELECTROENCEPHALOGRAPHY	74,077		20,649	112,563	207,289	70

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	NEW CPTL	CAP	SUBTOTAL	
	CAP-REL COSTS	BLDGS & FIXTURES	BLG INTRST	MOVABLE EQUIPMENT		
	0	1	1.01	2	2A	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		102,530	28,580	158,896	290,006	74
76 PULMONARY LABS		29,196	8,138	63,466	100,800	76
76.01 OCCUPATIONAL HEALTH		31,992	8,918	14,173	55,083	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR		11,465	3,196	90,836	105,497	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE		79,705	22,218	236,595	338,518	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		31,992	8,918	3,317	44,227	90
90.01 CARDIAC REHABILITATION				30	30	90.01
90.02 CANCER CENTER		458,820	127,895	200,917	787,632	90.02
90.03 PSYCH SOCIAL REHAB		86,905	24,225	2,130	113,260	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	1,185,295		330,399	2,275,936	3,791,630	90.07
90.08 OB T OUTPATIENT CENTER	848		236	394,042	395,126	90.08
90.09 ELMHURST IMMEDIATE CARE				56,557	56,557	90.09
90.10 LAGRANGE FAMILY PCC				106,239	106,239	90.10
90.12 NORTH RIVERSIDE PCC				56,263	56,263	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC				34,238	34,238	90.14
90.15 OB T II PCC				73,660	73,660	90.15
90.16 HICKORY HILLS PCC				141,974	141,974	90.16
90.18 DARIEN PCC				81,334	81,334	90.18
90.20 ORLANAD PARK - FP				68,828	68,828	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		28,060	7,822	35,236	71,118	90.21
90.22 HOMER GLEN PCC				225,862	225,862	90.22
90.23 OAK PARK PCC				35,199	35,199	90.23
90.24 PARK RIDGE PCC				229,105	229,105	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB				16,853	16,853	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER						90.28
90.29 BURR RIDGE PCC		873,860	243,587		1,117,447	90.29
91 EMERGENCY		217,276	60,565	241,503	519,344	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		13,973	3,895	17,403	35,271	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		6,370	1,776		8,146	95
97 DURABLE MEDICAL EQUIP-SOLD				2,323	2,323	97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		50,063	13,955	2,754	66,772	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		6,143	1,712	445	8,300	105
106 HEART ACQUISITION		23,218	6,472	1,548	31,238	106
107 LIVER ACQUISITION		2,770	772	590	4,132	107
108 LUNG ACQUISITION		20,877	5,819		26,696	108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)		1,398	390	93	1,881	112
116 HOSPICE		3,889	1,084	2,897	7,870	116
118 SUBTOTALS (SUM OF LINES 1-117)		13,997,966	3,901,905	23,858,826	41,758,697	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				4,071	4,071	190
190.01 HINES RADIATION THERAPY				7,132	7,132	190.01
190.02 HOME INFUSION THERAPY				1,130	1,130	190.02
190.03 OP HOSPITAL PHARMACY				2,857	2,857	190.03
190.04 HOSPITALIST						190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES				4,226	4,226	192
192.01 FACUALTY CLINICAL OPERATIONS				166,253	166,253	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		13,997,966	3,901,905	24,044,495	41,944,366	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	EMPLOYEE	COMMUNICTN	SYSTEM +	PURCHASING	OPC	
	BENEFITS		COMPUTERS		STORES	
	4	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	122,712					4
5.01 COMMUNICATION	273	213,371				5.01
5.02 SYSTEM & COMPUTERS	1,664	4,289	2,034,775			5.02
5.03 PURCHASING	448	2,277		307,854		5.03
5.04 OPC STORES		22		85	91,520	5.04
5.05 PATIENT AFFAIRS	354	1,061		10		5.05
5.06 PATIENT ADMITTING	505	1,465		63		5.06
5.07 PATIENT ACCOUNTS	1,237	7,763		20		5.07
5.08 ACCOUNTING	505	2,428		35		5.08
5.09 EMPLOYEE HEALTH SERVICES	116	234		196		5.09
5.10 PASTORAL CARE	244	1,371		14		5.10
5.11 HOSPITAL ADMINISTRATION	11,761	12,814		858	166	5.11
5.12 AMBULATORY ADMINISTRATION	1,309	451		34		5.12
5.14 PRIMARY CARE ADMINISTRATION	4			1		5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,498	3,612		2,662	142	7
7.01 SAFETY AND SECURITY	617	1,111		57	166	7.01
8 LAUNDRY & LINEN SERVICE	69			534		8
9 HOUSEKEEPING		1,422		29	285	9
10 DIETARY	565	2,217		3,083		10
11 CAFETERIA	314			2,724		11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	285	910		8	95	12.01
13 NURSING ADMINISTRATION	648	1,776		129		13
14 CENTRAL SERVICES & SUPPLY	389	96		331		14
14.01 CENTRAL PROCESSING	25	19		438		14.01
15 PHARMACY	2,012	1,823		5,577		15
16 MEDICAL RECORDS & LIBRARY	938	4,107		86		16
17 SOCIAL SERVICE	1,022	3,102		21		17
17.01 HOSPITAL MEDICAL ADMIN		464				17.01
19 NONPHYSICIAN ANESTHETISTS	747					19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	6,668			1		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	143			9		23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,427	31,409	157,817	92,388	24	30
31 INTENSIVE CARE UNIT	3,238	5,554	57,714	40,428		31
33 BURN INTENSIVE CARE UNIT	1,027	713	13,583	7,699		33
35 NEONATAL INTENSIVE CARE	1,820	3,882	25,294	4,497		35
35.01 PEDIATRIC INTENSIVE CARE	528	1,411	8,444	5,572		35.01
35.03 HEART TRANSPLANT ICU	544	1,052	9,854	5,970		35.03
35.04 BONE INTENSIVE CARE	768	1,221	16,203	5,642		35.04
41 SUBPROVIDER - IRF	977	2,860	10,170	4,014		41
43 NURSERY	115		1,100			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,089	5,093	155,793	18,442		50
50.01 AMBULATORY SURGERY CENTER	713		45,814	9,838	64,962	50.01
51 RECOVERY ROOM	606	1,085	37,849	6,140		51
52 DELIVERY ROOM & LABOR ROOM	521	1,533	9,290	6,359		52
53 ANESTHESIOLOGY	158		70,095	515		53
54 RADIOLOGY-DIAGNOSTIC	1,727	9,451	62,651	3,996	498	54
54.01 RADIOLOGY-ULTRASOUND	230		13,468	379	24	54.01
56 RADIOISOTOPE	419	1,396	24,046	612		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	589		88,547	1,746		57
58 MAGNETIC RESONANCE IMAGING (MRI)	446	1,048	43,087	578	593	58
59 CARDIAC CATHETERIZATION	931	907	60,430	1,868		59
60 LABORATORY	1,977	4,305	224,554	6,609		60
60.01 LABORATORY-SURGICAL PATHOLOGY	397	2,478	18,862	1,187		60.01
60.02 LABORATORY-NEUROSURGICAL			4			60.02
60.03 LABORATORY-HLA		143		191		60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	366	597	28,241	690	380	63
65 RESPIRATORY THERAPY	1,552	364	44,733	3,073		65
66 PHYSICAL THERAPY	970	2,273	19,529	766		66
67 OCCUPATIONAL THERAPY	372		9,343	549		67
68 SPEECH PATHOLOGY	137	382	2,857	232	47	68
69 ELECTROCARDIOLOGY	923	2,536	94,660	2,421		69
70 ELECTROENCEPHALOGRAPHY	339	1,482	7,611	264		70

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	EMPLOYEE	COMMUNICTN	SYSTEM +	PURCHASING	OPC	
	BENEFITS		COMPUTERS		STORES	
	4	5.01	5.02	5.03	5.04	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			3,761			71
73 DRUGS CHARGED TO PATIENTS			118,630			73
74 RENAL DIALYSIS	702	947	28,182	2,398		74
76 PULMONARY LABS	65	902	2,131	1,139		76
76.01 OCCUPATIONAL HEALTH	181		379	43	24	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	188	339	8,042	52		76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	504		22,050	1,849		76.07
76.09 BONE MARROW PROCUREMENT			2,138			76.09
76.10 BARIATRICS	8					76.10
76.11 HEPATOLOGY	100					76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	50		643	713		90
90.01 CARDIAC REHABILITATION	80	43	511	10,440	783	90.01
90.02 CANCER CENTER	1,506	7,994	99,552	66		90.02
90.03 PSYCH SOCIAL REHAB	72	1,430	617			90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	4,645	28,830	98,108	9,031	21,907	90.07
90.08 OB OUTPATIENT CENTER	959	3,274	20,663	2,101	973	90.08
90.09 ELMHURST IMMEDIATE CARE	253		2,924	362		90.09
90.10 LAGRANGE FAMILY PCC	465	2,509	6,937	845		90.10
90.12 NORTH RIVERSIDE PCC	648	3,211	5,294	600		90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	411	1,173	6,427	300		90.14
90.15 OB II PCC	668	2,420	5,584	607	71	90.15
90.16 HICKORY HILLS PCC	667	3,071	7,306	924	24	90.16
90.18 DARIEN PCC	448	1,630	2,278	766		90.18
90.20 ORLANAD PARK - FP	719	3,670	4,745	539	237	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	175		2,960	332		90.21
90.22 HOMER GLEN PCC	882	42	18,428	2,379		90.22
90.23 OAK PARK PCC	550		1,875	384	95	90.23
90.24 PARK RIDGE PCC	93	17	2,735	276		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	36		275	94		90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	4		60			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	221		22,932			90.28
90.29 BURR RIDGE PCC	1,399		36,408			90.29
91 EMERGENCY	3,797	9,139	90,394	12,036		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	70		11,982	375		92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		48				95
97 DURABLE MEDICAL EQUIP-SOLD	10		2,833	1		97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	964	2,801	5,584	75		101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	194	1,014	5,963	6		105
106 HEART ACQUISITION	67	399	2,510	7		106
107 LIVER ACQUISITION	85		1,819	10		107
108 LUNG ACQUISITION	68		3,678	2		108
109 PANCREAS ACQUISITION	51					109
110 INTESTINAL ACQUISITION	50					110
112 OTHER ORGAN ACQUISITION (SPECIFY)	302	24				112
116 HOSPICE	179	243	2,308	4		116
118 SUBTOTALS (SUM OF LINES 1-117)	91,802	213,179	2,021,289	298,426	91,520	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22	192		17		190
190.01 HINES RADIATION THERAPY	238			4		190.01
190.02 HOME INFUSION THERAPY	231		13,050	1,739		190.02
190.03 OP HOSPITAL PHARMACY	41			7,608		190.03
190.04 HOSPITALIST	881			11		190.04
190.05 STUDENT HEALTH	5		83			190.05
192 PHYSICIANS' PRIVATE OFFICES	27		353	38		192
192.01 FACULTY CLINICAL OPERATIONS	29,465			11		192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	122,712	213,371	2,034,775	307,854	91,520	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	ACCOUNTING	EMPLOYEE HEALTH SERVICES	
	5.05	5.06	5.07	5.08	5.09	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS	60,270					5.05
5.06 PATIENT ADMITTING		70,927				5.06
5.07 PATIENT ACCOUNTS			274,646			5.07
5.08 ACCOUNTING				283,118		5.08
5.09 EMPLOYEE HEALTH SERVICES				222	40,974	5.09
5.10 PASTORAL CARE				373	54	5.10
5.11 HOSPITAL ADMINISTRATION				39,901	5,749	5.11
5.12 AMBULATORY ADMINISTRATION				8,064	1,162	5.12
5.14 PRIMARY CARE ADMINISTRATION				1,318	190	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT				7,459	1,075	7
7.01 SAFETY AND SECURITY				877	126	7.01
8 LAUNDRY & LINEN SERVICE				851	123	8
9 HOUSEKEEPING				3,110	448	9
10 DIETARY				1,689	243	10
11 CAFETERIA				58	8	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION				372	54	12.01
13 NURSING ADMINISTRATION				1,216	175	13
14 CENTRAL SERVICES & SUPPLY				845	122	14
14.01 CENTRAL PROCESSING				57	8	14.01
15 PHARMACY				2,717	392	15
16 MEDICAL RECORDS & LIBRARY				3,541	510	16
17 SOCIAL SERVICE				1,302	188	17
17.01 HOSPITAL MEDICAL ADMIN				4,421	637	17.01
19 NONPHYSICIAN ANESTHETISTS				6	1	19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				7,688	1,108	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU				168	24	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		10,805	21,367	13,310	1,918	30
31 INTENSIVE CARE UNIT		3,826	7,814	5,173	745	31
33 BURN INTENSIVE CARE UNIT		900	1,839	1,720	248	33
35 NEONATAL INTENSIVE CARE		1,677	3,424	2,568	370	35
35.01 PEDIATRIC INTENSIVE CARE		560	1,143	799	115	35.01
35.03 HEART TRANSPLANT ICU		653	1,334	853	123	35.03
35.04 BONE INTENSIVE CARE		1,074	2,194	1,118	161	35.04
41 SUBPROVIDER - IRF		674	1,377	1,399	202	41
43 NURSERY		73	149	223	32	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		8,705	21,092	17,500	2,522	50
50.01 AMBULATORY SURGERY CENTER		17	6,203	2,809	405	50.01
51 RECOVERY ROOM		1,690	5,124	1,271	183	51
52 DELIVERY ROOM & LABOR ROOM		521	1,258	880	127	52
53 ANESTHESIOLOGY		3,795	9,490	1,132	163	53
54 RADIOLOGY-DIAGNOSTIC		1,960	8,482	4,215	607	54
54.01 RADIOLOGY-ULTRASOUND		219	1,823	398	57	54.01
56 RADIOISOTOPE		179	3,256	1,222	176	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,103	11,988	1,532	221	57
58 MAGNETIC RESONANCE IMAGING (MRI)		880	5,833	1,278	184	58
59 CARDIAC CATHETERIZATION		1,990	8,181	4,390	632	59
60 LABORATORY		6,432	29,570	7,450	1,073	60
60.01 LABORATORY-SURGICAL PATHOLOGY		435	2,554	1,147	165	60.01
60.02 LABORATORY-NEUROSURGICAL			1			60.02
60.03 LABORATORY-HLA				13	2	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,351	3,823	2,847	410	63
65 RESPIRATORY THERAPY		2,903	6,056	2,557	368	65
66 PHYSICAL THERAPY	4,412	569	2,644	1,578	227	66
67 OCCUPATIONAL THERAPY	765	495	1,265	617	89	67
68 SPEECH PATHOLOGY		186	387	209	30	68
69 ELECTROCARDIOLOGY		3,977	12,816	5,690	820	69
70 ELECTROENCEPHALOGRAPHY		243	1,030	597	86	70



ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PATIENT	PATIENT	PATIENT	ACCOUNTING	EMPLOYEE	
	AFFAIRS	ADMITTING	ACCOUNTS		HEALTH	SERVICES
	5.05	5.06	5.07	5.08	5.09	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		241	509	531	77	71
73 DRUGS CHARGED TO PATIENTS		7,191	16,061	7,109	1,024	73
74 RENAL DIALYSIS		279	3,815	2,017	291	74
76 PULMONARY LABS		47	288	175	25	76
76.01 OCCUPATIONAL HEALTH	409		51	198	29	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR		226	1,089	302	43	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	660	242	2,985	1,449	209	76.07
76.09 BONE MARROW PROCUREMENT		100	289	460	66	76.09
76.10 BARIATRICS				44	6	76.10
76.11 HEPATOLOGY				125	18	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	262		87	97	14	90
90.01 CARDIAC REHABILITATION		33	69	117	17	90.01
90.02 CANCER CENTER		50	13,478	8,774	1,264	90.02
90.03 PSYCH SOCIAL REHAB	996		84	161	23	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	25,372	155	13,283	9,832	1,417	90.07
90.08 OBT OUTPATIENT CENTER	1,824	4	2,797	2,131	307	90.08
90.09 ELMHURST IMMEDIATE CARE	1,666		396	435	63	90.09
90.10 LAGRANGE FAMILY PCC	796	1	939	860	124	90.10
90.12 NORTH RIVERSIDE PCC	3,395	1	717	768	111	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	880	1	870	757	109	90.14
90.15 OBT II PCC	3,291	1	756	694	100	90.15
90.16 HICKORY HILLS PCC	2,997		989	1,084	156	90.16
90.18 DARIEN PCC	1,383		308	411	59	90.18
90.20 ORLANAD PARK - FP	2,735		642	863	124	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	2,096		401	362	52	90.21
90.22 HOMER GLEN PCC	2,735	2	2,495	1,839	265	90.22
90.23 OAK PARK PCC	1,258		254	271	39	90.23
90.24 PARK RIDGE PCC	231	1	370	311	45	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	105		37	69	10	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES			8	12	2	90.27
90.28 MARJORIE WEINBERG CANCER CENTER		2	3,105	1,882	271	90.28
90.29 BURR RIDGE PCC	2,002	7	4,929	3,945	568	90.29
91 EMERGENCY		2,526	12,238	2,942	424	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		4	1,622	147	21	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES				105	15	95
97 DURABLE MEDICAL EQUIP-SOLD			383	701	101	97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			756	1,503	217	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		395	807	866	125	105
106 HEART ACQUISITION		161	340	341	49	106
107 LIVER ACQUISITION		121	246	270	39	107
108 LUNG ACQUISITION		244	498	580	84	108
109 PANCREAS ACQUISITION				63	9	109
110 INTESTINAL ACQUISITION				78	11	110
112 OTHER ORGAN ACQUISITION (SPECIFY)				509	73	112
116 HOSPICE			312	323	47	116
118 SUBTOTALS (SUM OF LINES 1-117)	60,270	70,927	272,820	229,263	33,001	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				75	11	190
190.01 HINES RADIATION THERAPY				286	41	190.01
190.02 HOME INFUSION THERAPY			1,767	1,067	154	190.02
190.03 OP HOSPITAL PHARMACY				1,198	173	190.03
190.04 HOSPITALIST				19	3	190.04
190.05 STUDENT HEALTH			11	6	1	190.05
192 PHYSICIANS' PRIVATE OFFICES			48	78	11	192
192.01 FACUALTY CLINICAL OPERATIONS				51,126	7,579	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	60,270	70,927	274,646	283,118	40,974	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PASTORAL CARE	HOSPITAL ADMINSTRTN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	
	5.10	5.11	5.12	5.14	7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE	192,329					5.10
5.11 HOSPITAL ADMINISTRATION	27,157	1,988,957				5.11
5.12 AMBULATORY ADMINISTRATION	5,488	66,109	130,806			5.12
5.14 PRIMARY CARE ADMINISTRATION	897	10,807	736	13,953		5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,077	61,156	4,164	441	665,721	7
7.01 SAFETY AND SECURITY	597	7,189	490	52	3,285	7.01
8 LAUNDRY & LINEN SERVICE	579	6,979	475	50	4,163	8
9 HOUSEKEEPING	2,117	25,496	1,736	184	5,740	9
10 DIETARY	1,149	13,845	943	100	13,210	10
11 CAFETERIA	40	477	32	3	6,001	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	253	3,050	208	22	469	12.01
13 NURSING ADMINISTRATION	827	9,967	679	72	4,509	13
14 CENTRAL SERVICES & SUPPLY	575	6,926	472	50	7,101	14
14.01 CENTRAL PROCESSING	39	469	32	3	1,866	14.01
15 PHARMACY	1,850	22,279	1,517	161	8,804	15
16 MEDICAL RECORDS & LIBRARY	2,410	29,035	1,977	209	12,217	16
17 SOCIAL SERVICE	886	10,678	727	77	1,917	17
17.01 HOSPITAL MEDICAL ADMIN	3,009	36,245	2,468	261		17.01
19 NONPHYSICIAN ANESTHETISTS	4	51	3			19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	5,233	63,032	4,292	455	3,759	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	114	1,375	94	10	2,394	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9,059	109,124	7,430	787	89,693	30
31 INTENSIVE CARE UNIT	3,521	42,414	2,888	306	22,295	31
33 BURN INTENSIVE CARE UNIT	1,171	14,104	960	102	5,328	33
35 NEONATAL INTENSIVE CARE	1,748	21,050	1,433	152	12,083	35
35.01 PEDIATRIC INTENSIVE CARE	544	6,550	446	47	2,250	35.01
35.03 HEART TRANSPLANT ICU	581	6,992	476	50	5,454	35.03
35.04 BONE INTENSIVE CARE	761	9,167	624	66	4,703	35.04
41 SUBPROVIDER - IRF	952	11,470	781	83	14,225	41
43 NURSERY	152	1,832	125	13		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,911	143,476	9,769	1,035	76,260	50
50.01 AMBULATORY SURGERY CENTER	1,912	23,029	1,568	166	16,127	50.01
51 RECOVERY ROOM	865	10,424	710	75	17,065	51
52 DELIVERY ROOM & LABOR ROOM	599	7,217	491	52	4,249	52
53 ANESTHESIOLOGY	770	9,281	632	67	1,259	53
54 RADIOLOGY-DIAGNOSTIC	2,869	34,553	2,353	249	30,120	54
54.01 RADIOLOGY-ULTRASOUND	271	3,260	222	24	1,887	54.01
56 RADIOISOTOPE	832	10,020	682	72	6,881	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,042	12,557	855	91	3,393	57
58 MAGNETIC RESONANCE IMAGING (MRI)	870	10,479	713	76	7,353	58
59 CARDIAC CATHETERIZATION	2,988	35,989	2,450	260	18,067	59
60 LABORATORY	5,070	61,076	4,159	441	14,800	60
60.01 LABORATORY-SURGICAL PATHOLOGY	781	9,404	640	68	12,068	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA	9	110	8	1	1,441	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,938	23,339	1,589	168	3,372	63
65 RESPIRATORY THERAPY	1,740	20,963	1,427	151	5,160	65
66 PHYSICAL THERAPY	1,074	12,941	881	93	6,832	66
67 OCCUPATIONAL THERAPY	420	5,061	345	37	2,953	67
68 SPEECH PATHOLOGY	142	1,714	117	12	552	68
69 ELECTROCARDIOLOGY	3,872	46,645	3,176	336	16,670	69
70 ELECTROENCEPHALOGRAPHY	406	4,895	333	35	4,163	70

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PASTORAL CARE	HOSPITAL ADMINSTRTN	AMBULATORY ADMIN	PRIMARY CARE ADMIN	OPERATION OF PLANT	
	5.10	5.11	5.12	5.14	7	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	362	4,356	297	31		71
73 DRUGS CHARGED TO PATIENTS	4,838	58,280	3,968	420		73
74 RENAL DIALYSIS	1,373	16,539	1,126	119	5,762	74
76 PULMONARY LABS	119	1,438	98	10	1,641	76
76.01 OCCUPATIONAL HEALTH	135	1,624	111	12	1,798	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	205	2,472	168	18	644	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	986	11,880	809	86	4,479	76.07
76.09 BONE MARROW PROCUREMENT	313	3,774	257	27		76.09
76.10 BARIATRICS	30	359	24	3		76.10
76.11 HEPATOLOGY	85	1,023	70	7		76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	66	791	54	6	1,798	90
90.01 CARDIAC REHABILITATION	80	958	65	7		90.01
90.02 CANCER CENTER	5,972	71,936	4,898	519	25,785	90.02
90.03 PSYCH SOCIAL REHAB	109	1,318	90	10	4,884	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	6,692	80,608	5,489	581	66,612	90.07
90.08 OBT OUTPATIENT CENTER	1,451	17,473	1,190	126	48	90.08
90.09 ELMHURST IMMEDIATE CARE	296	3,570	243	26		90.09
90.10 LAGRANGE FAMILY PCC	585	7,049	480	51		90.10
90.12 NORTH RIVERSIDE PCC	523	6,297	429	45		90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	515	6,206	423	45		90.14
90.15 OBT II PCC	472	5,690	387	41		90.15
90.16 HICKORY HILLS PCC	738	8,885	605	64		90.16
90.18 DARIEN PCC	280	3,373	230	24		90.18
90.20 ORLANAD PARK - FP	588	7,077	482	51		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	246	2,965	202	21	1,577	90.21
90.22 HOMER GLEN PCC	1,252	15,079	1,027	109		90.22
90.23 OAK PARK PCC	185	2,223	151	16		90.23
90.24 PARK RIDGE PCC	212	2,549	174	18		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	47	568	39	4		90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	8	100	7	1		90.27
90.28 MARJORIE WEINBERG CANCER CENTER	1,281	15,431	1,051	111		90.28
90.29 BURR RIDGE PCC	2,685	32,344	2,202	233	49,110	90.29
91 EMERGENCY	2,002	24,117	1,642	174	12,211	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	100	1,205	82	9	785	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	71	860	59	6	358	95
97 DURABLE MEDICAL EQUIP-SOLD	477	5,746	391	41		97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,023	12,320	839	89	2,814	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	590	7,101	484	51	345	105
106 HEART ACQUISITION	232	2,797	190	20	1,305	106
107 LIVER ACQUISITION	183	2,210	150	16	156	107
108 LUNG ACQUISITION	395	4,753	324	34	1,173	108
109 PANCREAS ACQUISITION	43	514	35	4		109
110 INTESTINAL ACQUISITION	53	642	44	5		110
112 OTHER ORGAN ACQUISITION (SPECIFY)	346	4,170	284	30	79	112
116 HOSPICE	220	2,647	180	19	219	116
118 SUBTOTALS (SUM OF LINES 1-117)	155,635	1,547,618	100,878	10,605	665,721	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51	618	42	4		190
190.01 HINES RADIATION THERAPY	195	2,347	160	17		190.01
190.02 HOME INFUSION THERAPY	726	8,749	596	63		190.02
190.03 OP HOSPITAL PHARMACY	815	9,818	669	71		190.03
190.04 HOSPITALIST	13	156	11	1		190.04
190.05 STUDENT HEALTH	4	48	3			190.05
192 PHYSICIANS' PRIVATE OFFICES	53	641	44	5		192
192.01 FACULTY CLINICAL OPERATIONS	34,837	418,962	28,403	3,187		192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	192,329	1,988,957	130,806	13,953	665,721	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
	7.01	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE						5.10
5.11 HOSPITAL ADMINISTRATION						5.11
5.12 AMBULATORY ADMINISTRATION						5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 SAFETY AND SECURITY	302,530					7.01
8 LAUNDRY & LINEN SERVICE	1,901	112,219				8
9 HOUSEKEEPING	2,622	18	190,752			9
10 DIETARY	6,033		7,955	394,189		10
11 CAFETERIA	2,741		691		158,194	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	214	3	284		1,999	12.01
13 NURSING ADMINISTRATION	2,059		854		1,950	13
14 CENTRAL SERVICES & SUPPLY	3,243		3,648		1,410	14
14.01 CENTRAL PROCESSING	852		1,730		167	14.01
15 PHARMACY	4,021	57	2,439		4,505	15
16 MEDICAL RECORDS & LIBRARY	5,579		1,094		3,105	16
17 SOCIAL SERVICE	876		236		1,111	17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,717	732	713		15,091	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	1,093		400		330	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,960	44,289	42,806	273,237	23,639	30
31 INTENSIVE CARE UNIT	10,182	9,266	5,916	34,053	7,595	31
33 BURN INTENSIVE CARE UNIT	2,433	3,144	2,163	13,718	1,482	33
35 NEONATAL INTENSIVE CARE	5,518	1,811	3,183		4,431	35
35.01 PEDIATRIC INTENSIVE CARE	1,028	691	1,363		1,058	35.01
35.03 HEART TRANSPLANT ICU	2,491	1,828	1,448	11,010	1,255	35.03
35.04 BONE INTENSIVE CARE	2,148	828	2,849	11,658	1,439	35.04
41 SUBPROVIDER - IRF	6,497	2,950	8,355	37,503	2,190	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,827	8,869	21,504		8,097	50
50.01 AMBULATORY SURGERY CENTER	7,365	3,491	3,673		1,889	50.01
51 RECOVERY ROOM	7,794	2,018	4,686		1,524	51
52 DELIVERY ROOM & LABOR ROOM	1,941	1,968	1,128		1,333	52
53 ANESTHESIOLOGY	575	541	344		1,164	53
54 RADIOLOGY-DIAGNOSTIC	13,755	1,602	8,491		4,748	54
54.01 RADIOLOGY-ULTRASOUND	862	908	482		380	54.01
56 RADIOISOTOPE	3,142	625	1,698		725	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,549	1,438	841		970	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,358	1,263	1,921		701	58
59 CARDIAC CATHETERIZATION	8,251	1,960	5,205		1,397	59
60 LABORATORY	6,759		4,476		5,426	60
60.01 LABORATORY-SURGICAL PATHOLOGY	5,512		3,937		1,268	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA	658		382		185	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,540	118	1,567		835	63
65 RESPIRATORY THERAPY	2,357	295	1,359		3,714	65
66 PHYSICAL THERAPY	3,120	615	2,237		1,727	66
67 OCCUPATIONAL THERAPY	1,349		1,538		518	67
68 SPEECH PATHOLOGY	252		316		238	68
69 ELECTROCARDIOLOGY	7,613	627	4,461		1,983	69
70 ELECTROENCEPHALOGRAPHY	1,901	182	2,522		917	70

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
	7.01	8	9	10	11	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	2,632	1,212	212		2,148	74
76 PULMONARY LABS	749	64			201	76
76.01 OCCUPATIONAL HEALTH	821		994		84	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	294	322	391		364	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	2,046	1,005	1,190		1,157	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	821	41	1,024	11,166	152	90
90.01 CARDIAC REHABILITATION					140	90.01
90.02 CANCER CENTER	11,776	2,135	4,023	1,844	3,654	90.02
90.03 PSYCH SOCIAL REHAB	2,230		306		288	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	30,421	2,805	21,022		12,965	90.07
90.08 OB OUTPATIENT CENTER	22	1,075	11		2,660	90.08
90.09 ELMHURST IMMEDIATE CARE		28			733	90.09
90.10 LAGRANGE FAMILY PCC		283			1,087	90.10
90.12 NORTH RIVERSIDE PCC		238			1,407	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		56			593	90.14
90.15 OB II PCC		318			1,389	90.15
90.16 HICKORY HILLS PCC		491			1,604	90.16
90.18 DARIEN PCC		73			985	90.18
90.20 ORLANAD PARK - FP		206			1,104	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	720	729			524	90.21
90.22 HOMER GLEN PCC		626			1,641	90.22
90.23 OAK PARK PCC					561	90.23
90.24 PARK RIDGE PCC		132			265	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		27			64	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER						90.28
90.29 BURR RIDGE PCC	22,428					90.29
91 EMERGENCY	5,577	7,870			4,366	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	359	346	209		131	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	164					95
97 DURABLE MEDICAL EQUIP-SOLD			28			97
99 CMHC					42	99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,285		179		2,375	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	158		21		246	105
106 HEART ACQUISITION	596		112		193	106
107 LIVER ACQUISITION	71		26		240	107
108 LUNG ACQUISITION	536		91		227	108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)	36		7		19	112
116 HOSPICE	100		11		359	116
118 SUBTOTALS (SUM OF LINES 1-117)	302,530	112,219	190,752	394,189	156,464	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					68	190
190.01 HINES RADIATION THERAPY					408	190.01
190.02 HOME INFUSION THERAPY					496	190.02
190.03 OP HOSPITAL PHARMACY					80	190.03
190.04 HOSPITALIST						190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES					600	192
192.01 FACULTY CLINICAL OPERATIONS					78	192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	302,530	112,219	190,752	394,189	158,194	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRNSPRN	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING		
	12.01	13	14	14.01	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE						5.10
5.11 HOSPITAL ADMINISTRATION						5.11
5.12 AMBULATORY ADMINISTRATION						5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 SAFETY AND SECURITY						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	38,758					12.01
13 NURSING ADMINISTRATION		171,783				13
14 CENTRAL SERVICES & SUPPLY			351,699			14
14.01 CENTRAL PROCESSING			378	48,546		14.01
15 PHARMACY		27	429		423,414	15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE			9			17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			10			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			15		5	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,051	47,685	41,188	21,224	50	30
31 INTENSIVE CARE UNIT	2,341	20,042	18,831	4,960	22	31
33 BURN INTENSIVE CARE UNIT	79	5,225	8,113	1,150	1	33
35 NEONATAL INTENSIVE CARE	45	11,876	2,084	2,891	16	35
35.01 PEDIATRIC INTENSIVE CARE	142	3,016	2,240	876	1	35.01
35.03 HEART TRANSPLANT ICU	303	3,346	4,641	1,077	6	35.03
35.04 BONE INTENSIVE CARE	146	3,515	2,559	926	5	35.04
41 SUBPROVIDER - IRF	273	3,116	1,784	1,279		41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6	11,690	4,636	238	1,278	50
50.01 AMBULATORY SURGERY CENTER	4	2,915	492	93	4,986	50.01
51 RECOVERY ROOM	3	3,428	1,440	683		51
52 DELIVERY ROOM & LABOR ROOM	31	2,897	3,084	6,248	8	52
53 ANESTHESIOLOGY		569	161	792	4	53
54 RADIOLOGY-DIAGNOSTIC	6,679	2,283	1,003	90	60	54
54.01 RADIOLOGY-ULTRASOUND	426		49	2	6	54.01
56 RADIOISOTOPE	190		94	25		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,855		56	37	6	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,277		49	62	2	58
59 CARDIAC CATHETERIZATION	284	2,739	1,648	719	117	59
60 LABORATORY	381		1,849		69	60
60.01 LABORATORY-SURGICAL PATHOLOGY	133		409		91	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA			37			60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	40	586	313	45	9	63
65 RESPIRATORY THERAPY	533		160		5,446	65
66 PHYSICAL THERAPY	678		125	5	7	66
67 OCCUPATIONAL THERAPY	705		4	15	11	67
68 SPEECH PATHOLOGY			213			68
69 ELECTROCARDIOLOGY	1,132	2,243	1,682	343	39	69
70 ELECTROENCEPHALOGRAPHY		1	18		162	70

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRNSPRTN	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING		
	12.01	13	14	14.01	15	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			206,658			71
73 DRUGS CHARGED TO PATIENTS					164,634	73
74 RENAL DIALYSIS	1,595	2,579	11,612	60	12,191	74
76 PULMONARY LABS		136	22	17	1	76
76.01 OCCUPATIONAL HEALTH		4	118		62	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	1,214	144	20	4		76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	1,212	2,509	2,679	68	38	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5	243			40	90
90.01 CARDIAC REHABILITATION			50			90.01
90.02 CANCER CENTER	463	3,441	11,516	1,824	137,715	90.02
90.03 PSYCH SOCIAL REHAB		141	3		8	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	1	11,797	1,918	20	25,002	90.07
90.08 OB OUTPATIENT CENTER		1,897	700		798	90.08
90.09 ELMHURST IMMEDIATE CARE		496	162		1,103	90.09
90.10 LAGRANGE FAMILY PCC		1,242	387		830	90.10
90.12 NORTH RIVERSIDE PCC		952	299		3,947	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		405	90	177	456	90.14
90.15 OB II PCC		863	284		2,345	90.15
90.16 HICKORY HILLS PCC		1,022	440	157	2,334	90.16
90.18 DARIEN PCC		573	162		1,514	90.18
90.20 ORLANAD PARK - FP		681	360		3,867	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		364	167		566	90.21
90.22 HOMER GLEN PCC		1,609	756	180	17,562	90.22
90.23 OAK PARK PCC		311	146		1,014	90.23
90.24 PARK RIDGE PCC		339	114		69	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		147	34		43	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER						90.28
90.29 BURR RIDGE PCC					17	90.29
91 EMERGENCY	2,457	7,704	12,851	2,239		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	70	496	46	20	11	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					1	95
97 DURABLE MEDICAL EQUIP-SOLD						97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		3,561	102		35	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		17	2			105
106 HEART ACQUISITION	4	32	1			106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION		41	2			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)		3				112
116 HOSPICE		565	76		487	116
118 SUBTOTALS (SUM OF LINES 1-117)	38,758	171,513	351,580	48,546	389,097	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 HINES RADIATION THERAPY						190.01
190.02 HOME INFUSION THERAPY		168	87		14,294	190.02
190.03 OP HOSPITAL PHARMACY					20,018	190.03
190.04 HOSPITALIST			21			190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES		102	10		5	192
192.01 FACULTY CLINICAL OPERATIONS			1			192.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	38,758	171,783	351,699	48,546	423,414	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	HOSPITAL MEDICAL ADMIN 17.01	NONPHYSIC. ANESTHET. 19	I&R SALARY & FRINGES 21
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAPITAL-BLDG INTEREST					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS					5.02
5.03 PURCHASING					5.03
5.04 OPC STORES					5.04
5.05 PATIENT AFFAIRS					5.05
5.06 PATIENT ADMITTING					5.06
5.07 PATIENT ACCOUNTS					5.07
5.08 ACCOUNTING					5.08
5.09 EMPLOYEE HEALTH SERVICES					5.09
5.10 PASTORAL CARE					5.10
5.11 HOSPITAL ADMINISTRATION					5.11
5.12 AMBULATORY ADMINISTRATION					5.12
5.14 PRIMARY CARE ADMINISTRATION					5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 SAFETY AND SECURITY					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION					12.01
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
14.01 CENTRAL PROCESSING					14.01
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	2,598,517				16
17 SOCIAL SERVICE		65,777			17
17.01 HOSPITAL MEDICAL ADMIN			51,648		17.01
19 NONPHYSICIAN ANESTHETISTS				812	19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD			1,153		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU					23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	201,582	19,380	1,125		30
31 INTENSIVE CARE UNIT	73,718	1,269	992		31
33 BURN INTENSIVE CARE UNIT	17,349	1,437			33
35 NEONATAL INTENSIVE CARE	32,308	2,591	1,366		35
35.01 PEDIATRIC INTENSIVE CARE	10,785	1,390	469		35.01
35.03 HEART TRANSPLANT ICU	12,587	1,710	725		35.03
35.04 BONE INTENSIVE CARE	20,696	1,992	198		35.04
41 SUBPROVIDER - IRF	12,991	596	456		41
43 NURSERY	1,406				43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	198,996	1,704	1,450		50
50.01 AMBULATORY SURGERY CENTER	58,519	13	2,406		50.01
51 RECOVERY ROOM	48,345		102		51
52 DELIVERY ROOM & LABOR ROOM	11,867				52
53 ANESTHESIOLOGY	89,534		10,138		53
54 RADIOLOGY-DIAGNOSTIC	80,024		2,083		54
54.01 RADIOLOGY-ULTRASOUND	17,202		289		54.01
56 RADIOISOTOPE	30,714		854		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	113,102		1,982		57
58 MAGNETIC RESONANCE IMAGING (MRI)	55,036		1,017		58
59 CARDIAC CATHETERIZATION	77,188				59
60 LABORATORY	286,305	1,003	7,841		60
60.01 LABORATORY-SURGICAL PATHOLOGY	24,092		688		60.01
60.02 LABORATORY-NEUROSURGICAL	5				60.02
60.03 LABORATORY-HLA			79		60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	36,072		1,125		63
65 RESPIRATORY THERAPY	57,138		140		65
66 PHYSICAL THERAPY	24,945		107		66
67 OCCUPATIONAL THERAPY	11,934				67
68 SPEECH PATHOLOGY	3,649	623			68
69 ELECTROCARDIOLOGY	120,910	3,144			69
70 ELECTROENCEPHALOGRAPHY	9,722		183		70



ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	HOSPITAL MEDICAL ADMIN 17.01	NONPHYSIC. ANESTHET. 19	I&R SALARY & FRINGES 21	
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,804					71
73 DRUGS CHARGED TO PATIENTS	151,527					73
74 RENAL DIALYSIS	35,997	2,617	1,054			74
76 PULMONARY LABS	2,722		826			76
76.01 OCCUPATIONAL HEALTH	485					76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	10,272		29			76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	28,164	75	469			76.07
76.09 BONE MARROW PROCUREMENT	2,731					76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	822	22				90
90.01 CARDIAC REHABILITATION	652	3				90.01
90.02 CANCER CENTER	127,159	46	1,100			90.02
90.03 PSYCH SOCIAL REHAB	788					90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	125,314	22,258	7,169			90.07
90.08 OB OUTPATIENT CENTER	26,393		113			90.08
90.09 ELMHURST IMMEDIATE CARE	3,735					90.09
90.10 LAGRANGE FAMILY PCC	8,861		71			90.10
90.12 NORTH RIVERSIDE PCC	6,762					90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	8,209					90.14
90.15 OB II PCC	7,132					90.15
90.16 HICKORY HILLS PCC	9,332					90.16
90.18 DARIEN PCC	2,910					90.18
90.20 ORLANAD PARK - FP	6,061					90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	3,781		112			90.21
90.22 HOMER GLEN PCC	23,538					90.22
90.23 OAK PARK PCC	2,395					90.23
90.24 PARK RIDGE PCC	3,493					90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	351					90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	77					90.27
90.28 MARJORIE WEINBERG CANCER CENTER	29,291					90.28
90.29 BURR RIDGE PCC	46,505	1,967	315			90.29
91 EMERGENCY	115,461					91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	15,305					92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	3,618					97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	7,133		458			101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	7,617	1,247	1,080			105
106 HEART ACQUISITION	3,206		28			106
107 LIVER ACQUISITION	2,323		652			107
108 LUNG ACQUISITION	4,697	690	1,028			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)			5			112
116 HOSPICE	2,948		171			116
118 SUBTOTALS (SUM OF LINES 1-117)	2,581,292	65,777	51,648			118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 HINES RADIATION THERAPY						190.01
190.02 HOME INFUSION THERAPY	16,668					190.02
190.03 OP HOSPITAL PHARMACY						190.03
190.04 HOSPITALIST						190.04
190.05 STUDENT HEALTH	106					190.05
192 PHYSICIANS' PRIVATE OFFICES	451					192
192.01 FACULTY CLINICAL OPERATIONS						192.01
200 CROSS FOOT ADJUSTMENTS				812	198,346	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,598,517	65,777	51,648	812	198,346	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED ED-MICU	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23.01	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAPITAL-BLDG INTEREST					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS					5.02
5.03 PURCHASING					5.03
5.04 OPC STORES					5.04
5.05 PATIENT AFFAIRS					5.05
5.06 PATIENT ADMITTING					5.06
5.07 PATIENT ACCOUNTS					5.07
5.08 ACCOUNTING					5.08
5.09 EMPLOYEE HEALTH SERVICES					5.09
5.10 PASTORAL CARE					5.10
5.11 HOSPITAL ADMINISTRATION					5.11
5.12 AMBULATORY ADMINISTRATION					5.12
5.14 PRIMARY CARE ADMINISTRATION					5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 SAFETY AND SECURITY					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION					12.01
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
14.01 CENTRAL PROCESSING					14.01
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
17.01 HOSPITAL MEDICAL ADMIN					17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU	95,924				23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		4,277,186		4,277,186	30
31 INTENSIVE CARE UNIT		1,128,113		1,128,113	31
33 BURN INTENSIVE CARE UNIT		283,858		283,858	33
35 NEONATAL INTENSIVE CARE		567,103		567,103	35
35.01 PEDIATRIC INTENSIVE CARE		130,491		130,491	35.01
35.03 HEART TRANSPLANT ICU		233,219		233,219	35.03
35.04 BONE INTENSIVE CARE		226,125		226,125	35.04
41 SUBPROVIDER - IRF		497,320		497,320	41
43 NURSERY		5,220		5,220	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		5,965,746		5,965,746	50
50.01 AMBULATORY SURGERY CENTER		1,312,449		1,312,449	50.01
51 RECOVERY ROOM		638,169		638,169	51
52 DELIVERY ROOM & LABOR ROOM		231,787		231,787	52
53 ANESTHESIOLOGY		402,683		402,683	53
54 RADIOLOGY-DIAGNOSTIC		2,584,679		2,584,679	54
54.01 RADIOLOGY-ULTRASOUND		197,807		197,807	54.01
56 RADIOISOTOPE		447,944		447,944	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		878,821		878,821	57
58 MAGNETIC RESONANCE IMAGING (MRI)		857,762		857,762	58
59 CARDIAC CATHETERIZATION		1,941,935		1,941,935	59
60 LABORATORY		1,270,984		1,270,984	60
60.01 LABORATORY-SURGICAL PATHOLOGY		480,447		480,447	60.01
60.02 LABORATORY-NEUROSURGICAL		10		10	60.02
60.03 LABORATORY-HLA		38,824		38,824	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		190,750		190,750	63
65 RESPIRATORY THERAPY		485,505		485,505	65
66 PHYSICAL THERAPY		256,694		256,694	66
67 OCCUPATIONAL THERAPY		106,595		106,595	67
68 SPEECH PATHOLOGY		42,306		42,306	68
69 ELECTROCARDIOLOGY		2,274,513		2,274,513	69
70 ELECTROENCEPHALOGRAPHY		244,381		244,381	70

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	ED-MICU		POST STEP-		
	23.01	24	DOWN ADJS	26	
			25		
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		221,627		221,627	71
73 DRUGS CHARGED TO PATIENTS		533,682		533,682	73
74 RENAL DIALYSIS		427,465		427,465	74
76 PULMONARY LABS		113,616		113,616	76
76.01 OCCUPATIONAL HEALTH		62,645		62,645	76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR		132,339		132,339	76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE		427,318		427,318	76.07
76.09 BONE MARROW PROCUREMENT		10,155		10,155	76.09
76.10 BARIATRICS		474		474	76.10
76.11 HEPATOLOGY		1,428		1,428	76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		63,168		63,168	90
90.01 CARDIAC REHABILITATION		14,078		14,078	90.01
90.02 CANCER CENTER		1,336,122		1,336,122	90.02
90.03 PSYCH SOCIAL REHAB		126,818		126,818	90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER		4,424,884		4,424,884	90.07
90.08 OB OUTPATIENT CENTER		484,116		484,116	90.08
90.09 ELMHURST IMMEDIATE CARE		73,048		73,048	90.09
90.10 LAGRANGE FAMILY PCC		140,641		140,641	90.10
90.12 NORTH RIVERSIDE PCC		91,907		91,907	90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC		62,341		62,341	90.14
90.15 OB II PCC		106,773		106,773	90.15
90.16 HICKORY HILLS PCC		184,864		184,864	90.16
90.18 DARIEN PCC		98,741		98,741	90.18
90.20 ORLANAD PARK - FP		103,579		103,579	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		89,470		89,470	90.21
90.22 HOMER GLEN PCC		318,308		318,308	90.22
90.23 OAK PARK PCC		46,927		46,927	90.23
90.24 PARK RIDGE PCC		240,549		240,549	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		18,803		18,803	90.25
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES		279		279	90.27
90.28 MARJORIE WEINBERG CANCER CENTER		75,578		75,578	90.28
90.29 BURR RIDGE PCC		1,324,511		1,324,511	90.29
91 EMERGENCY		851,511		851,511	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT		68,666		68,666	92.01
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		9,833		9,833	95
97 DURABLE MEDICAL EQUIP-SOLD		16,653		16,653	97
99 CMHC		42		42	99
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		110,885		110,885	101
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		36,629		36,629	105
106 HEART ACQUISITION		43,828		43,828	106
107 LIVER ACQUISITION		12,749		12,749	107
108 LUNG ACQUISITION		45,841		45,841	108
109 PANCREAS ACQUISITION		719		719	109
110 INTESTINAL ACQUISITION		883		883	110
112 OTHER ORGAN ACQUISITION (SPECIFY)		7,768		7,768	112
116 HOSPICE		19,288		19,288	116
118 SUBTOTALS (SUM OF LINES 1-117)		40,780,975		40,780,975	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,171		5,171	190
190.01 HINES RADIATION THERAPY		10,828		10,828	190.01
190.02 HOME INFUSION THERAPY		60,985		60,985	190.02
190.03 OP HOSPITAL PHARMACY		43,348		43,348	190.03
190.04 HOSPITALIST		1,116		1,116	190.04
190.05 STUDENT HEALTH		267		267	190.05
192 PHYSICIANS' PRIVATE OFFICES		6,692		6,692	192
192.01 FACULTY CLINICAL OPERATIONS		739,902		739,902	192.01
200 CROSS FOOT ADJUSTMENTS	95,924	295,082		295,082	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	95,924	41,944,366		41,944,366	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CPTL BLG INTRST SQUARE FEET 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUNICTN PHONE COST 5.01
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	1,601,855				1
1.01 NEW CAPITAL-BLDG INTEREST		1,601,855			1.01
2 CAP REL COSTS-MVBLE EQUIP			23,732,724		2
4 EMPLOYEE BENEFITS	9,914	9,914	11,774	432,546,445	4
5.01 COMMUNICATION	3,282	3,282	174,135	961,928	5.01
5.02 SYSTEM & COMPUTERS	25,504	25,504	1,721,217	5,860,307	5.02
5.03 PURCHASING	26,358	26,358	10,455	1,577,110	5.03
5.04 OPC STORES	7,645	7,645	5,906		5.04
5.05 PATIENT AFFAIRS	4,453	4,453	8,967	1,245,692	5.05
5.06 PATIENT ADMITTING	4,009	4,009	23,784	1,779,386	5.06
5.07 PATIENT ACCOUNTS	16,051	16,051	85,146	4,355,105	5.07
5.08 ACCOUNTING	8,652	8,652	181,090	1,777,687	5.08
5.09 EMPLOYEE HEALTH SERVICES	3,576	3,576	243	408,984	5.09
5.10 PASTORAL CARE	16,410	16,410	6,811	859,793	5.10
5.11 HOSPITAL ADMINISTRATION	93,916	93,916	830,184	41,412,798	5.11
5.12 AMBULATORY ADMINISTRATION	3,685	3,685	6,920	4,610,369	5.12
5.14 PRIMARY CARE ADMINISTRATION				14,642	5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	22,828	22,828	318,164	8,795,457	7
7.01 SAFETY AND SECURITY	6,690	6,690	210,441	2,171,494	7.01
8 LAUNDRY & LINEN SERVICE	8,477	8,477	1,746	244,603	8
9 HOUSEKEEPING	11,689	11,689	16,708		9
10 DIETARY	26,898	26,898	42,034	1,989,647	10
11 CAFETERIA	12,220	12,220	8,442	1,105,352	11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION	954	954	19,613	1,003,293	12.01
13 NURSING ADMINISTRATION	9,182	9,182	43,743	2,282,873	13
14 CENTRAL SERVICES & SUPPLY	14,459	14,459	162,782	1,369,378	14
14.01 CENTRAL PROCESSING	3,800	3,800		89,202	14.01
15 PHARMACY	17,927	17,927	162,346	7,083,289	15
16 MEDICAL RECORDS & LIBRARY	24,876	24,876	2,226,484	3,302,116	16
17 SOCIAL SERVICE	3,904	3,904		3,600,272	17
17.01 HOSPITAL MEDICAL ADMIN			4,089		17.01
19 NONPHYSICIAN ANESTHETISTS				2,628,712	19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,655	7,655	1,138	23,478,965	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU	4,874	4,874	34,828	504,366	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	182,635	182,635	901,717	29,672,546	30
31 INTENSIVE CARE UNIT	45,398	45,398	232,656	11,400,966	31
33 BURN INTENSIVE CARE UNIT	10,850	10,850	56,189	3,616,930	33
35 NEONATAL INTENSIVE CARE	24,604	24,604	142,181	6,409,468	35
35.01 PEDIATRIC INTENSIVE CARE	4,582	4,582	27,461	1,860,002	35.01
35.03 HEART TRANSPLANT ICU	11,105	11,105	32,339	1,915,931	35.03
35.04 BONE INTENSIVE CARE	9,577	9,577	26,103	2,703,983	35.04
41 SUBPROVIDER - IRF	28,966	28,966	45,864	3,440,935	41
43 NURSERY				406,216	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	155,284	155,284	3,417,660	10,875,050	50
50.01 AMBULATORY SURGERY CENTER	32,839	32,839	677,186	2,511,493	50.01
51 RECOVERY ROOM	34,749	34,749	95,502	2,132,196	51
52 DELIVERY ROOM & LABOR ROOM	8,653	8,653	70,565	1,835,455	52
53 ANESTHESIOLOGY	2,564	2,564	170,611	554,891	53
54 RADIOLOGY-DIAGNOSTIC	61,331	61,331	1,593,851	6,080,448	54
54.01 RADIOLOGY-ULTRASOUND	3,843	3,843	110,544	808,472	54.01
56 RADIOISOTOPE	14,011	14,011	200,880	1,476,466	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	6,908	6,908	545,956	2,075,368	57
58 MAGNETIC RESONANCE IMAGING (MRI)	14,972	14,972	545,192	1,571,027	58
59 CARDIAC CATHETERIZATION	36,788	36,788	1,275,501	3,276,834	59
60 LABORATORY	30,137	30,137	249,319	6,961,024	60
60.01 LABORATORY-SURGICAL PATHOLOGY	24,574	24,574	117,980	1,398,332	60.01
60.02 LABORATORY-NEUROSURGICAL					60.02
60.03 LABORATORY-HLA	2,934	2,934	2,743		60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,866	6,866	2,630	1,288,901	63
65 RESPIRATORY THERAPY	10,508	10,508	203,225	5,464,212	65
66 PHYSICAL THERAPY	13,912	13,912	12,713	3,416,576	66
67 OCCUPATIONAL THERAPY	6,014	6,014	994	1,308,181	67
68 SPEECH PATHOLOGY	1,123	1,123	17,237	480,953	68
69 ELECTROCARDIOLOGY	33,945	33,945	1,536,294	3,249,692	69

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	NEW CPTL	CAP	EMPLOYEE	COMMUNICTN	
	BLDGS &	BLG INTRST	MOVABLE	BENEFITS		
	FIXTURES	SQUARE	EQUIPMENT	GROSS	PHONE	
	SQUARE	FEEET	DOLLAR	SALARIES	COST	
	FEET	FEET	VALUE		5.01	
	1	1.01	2	4		
70 ELECTROENCEPHALOGRAPHY	8,477	8,477	111,103	1,192,785	1,444	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	11,733	11,733	156,836	2,470,085	923	74
76 PULMONARY LABS	3,341	3,341	62,643	228,564	879	76
76.01 OCCUPATIONAL HEALTH	3,661	3,661	13,989	638,413		76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	1,312	1,312	89,658	661,634	330	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	9,121	9,121	233,527	1,774,957		76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS				27,382		76.10
76.11 HEPATOLOGY				353,685		76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,661	3,661	3,274	177,467		90
90.01 CARDIAC REHABILITATION			30	280,025	42	90.01
90.02 CANCER CENTER	52,505	52,505	198,312	5,302,662	7,790	90.02
90.03 PSYCH SOCIAL REHAB	9,945	9,945	2,102	252,385	1,393	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	135,639	135,639	2,246,425	16,354,408	28,093	90.07
90.08 OBT OUTPATIENT CENTER	97	97	388,933	3,376,989	3,190	90.08
90.09 ELMHURST IMMEDIATE CARE			55,824	890,553		90.09
90.10 LAGRANGE FAMILY PCC			104,861	1,636,980	2,445	90.10
90.12 NORTH RIVERSIDE PCC			55,533	2,281,285	3,129	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC			33,794	1,447,616	1,143	90.14
90.15 OBT II PCC			72,705	2,351,946	2,358	90.15
90.16 HICKORY HILLS PCC			140,133	2,347,320	2,993	90.16
90.18 DARIEN PCC			80,279	1,576,491	1,588	90.18
90.20 ORLANAD PARK - FP			67,936	2,530,240	3,576	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	3,211	3,211	34,779	615,511		90.21
90.22 HOMER GLEN PCC			222,933	3,106,374	41	90.22
90.23 OAK PARK PCC			34,743	1,935,488		90.23
90.24 PARK RIDGE PCC			226,134	327,191	17	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB			16,634	128,007		90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES				13,640		90.27
90.28 MARJORIE WEINBERG CANCER CENTER				777,154		90.28
90.29 BURR RIDGE PCC	100,000	100,000		4,925,743		90.29
91 EMERGENCY	24,864	24,864	238,372	13,368,210	8,906	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,599	1,599	17,177	246,532		92.01
95 OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	729	729			47	95
97 DURABLE MEDICAL EQUIP-SOLD			2,293	36,850		97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,729	5,729	2,718	3,395,993	2,729	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	703	703	439	683,079	988	105
106 HEART ACQUISITION	2,657	2,657	1,528	235,749	389	106
107 LIVER ACQUISITION	317	317	582	300,109		107
108 LUNG ACQUISITION	2,389	2,389		238,252		108
109 PANCREAS ACQUISITION				181,185		109
110 INTESTINAL ACQUISITION				176,668		110
112 OTHER ORGAN ACQUISITION (SPECIFY)	160	160	92	1,063,125	23	112
116 HOSPICE	445	445	2,859	628,925	237	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,601,855	1,601,855	23,549,463	323,243,025	207,733	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			4,018	76,725	187	190
190.01 HINES RADIATION THERAPY			7,040	837,738		190.01
190.02 HOME INFUSION THERAPY			1,115	812,546		190.02
190.03 OP HOSPITAL PHARMACY			2,820	145,731		190.03
190.04 HOSPITALIST				3,102,362		190.04
190.05 STUDENT HEALTH				17,739		190.05
192 PHYSICIANS' PRIVATE OFFICES			4,171	95,912		192
192.01 FACULTY CLINICAL OPERATIONS			164,097	104,214,667		192.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CPTL BLG INTRST SQUARE FEET 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUNICTN PHONE COST 5.01	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	13,997,966	3,901,905	24,044,495	2,921,406	3,048,408	202
203	UNIT COST MULT-WS B PT I	8.738597	2.435867	1.013137	0.006754	14.661447	203
204	COST TO BE ALLOC PER B PT II				122,712	213,371	204
205	UNIT COST MULT-WS B PT II				0.000284	1.026217	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SYSTEM +	PURCHASING	OPC	PATIENT	PATIENT
	COMPUTERS		STORES	AFFAIRS	ADMITTING
	GROSS	NUMBER	NUMBER	NUMBER	INPATIENT
	REVENUE	OF ISSUES	OF ISSUES	OF VISITS	REVENUE
	5.02	5.03	5.04	5.05	5.06
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAPITAL-BLDG INTEREST					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS	1,899,041,779				5.02
5.03 PURCHASING		991,165			5.03
5.04 OPC STORES		275	3,856		5.04
5.05 PATIENT AFFAIRS		32		5,751	5.05
5.06 PATIENT ADMITTING		203			5.06
5.07 PATIENT ACCOUNTS		64			994,133,212
5.08 ACCOUNTING		112			5.08
5.09 EMPLOYEE HEALTH SERVICES		630			5.09
5.10 PASTORAL CARE		46			5.10
5.11 HOSPITAL ADMINISTRATION		2,764	7		5.11
5.12 AMBULATORY ADMINISTRATION		108			5.12
5.14 PRIMARY CARE ADMINISTRATION		2			5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT		8,572	6		7
7.01 SAFETY AND SECURITY		184	7		7.01
8 LAUNDRY & LINEN SERVICE		1,720			8
9 HOUSEKEEPING		92	12		9
10 DIETARY		9,927			10
11 CAFETERIA		8,770			11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION		26	4		12.01
13 NURSING ADMINISTRATION		416			13
14 CENTRAL SERVICES & SUPPLY		1,067			14
14.01 CENTRAL PROCESSING		1,411			14.01
15 PHARMACY		17,957			15
16 MEDICAL RECORDS & LIBRARY		277			16
17 SOCIAL SERVICE		68			17
17.01 HOSPITAL MEDICAL ADMIN					17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		2			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU		30			23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	147,355,220	297,435	1		147,355,220
31 INTENSIVE CARE UNIT	53,887,678	130,162			53,887,678
33 BURN INTENSIVE CARE UNIT	12,682,367	24,788			12,682,367
35 NEONATAL INTENSIVE CARE	23,617,186	14,479			23,617,186
35.01 PEDIATRIC INTENSIVE CARE	7,883,993	17,941			7,883,993
35.03 HEART TRANSPLANT ICU	9,200,926	19,220			9,200,926
35.04 BONE INTENSIVE CARE	15,128,939	18,166			15,128,939
41 SUBPROVIDER - IRF	9,496,070	12,925			9,496,070
43 NURSERY	1,027,510				1,027,510
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	145,464,730	59,377			122,602,538
50.01 AMBULATORY SURGERY CENTER	42,777,081	31,673	2,737		232,936
51 RECOVERY ROOM	35,340,037	19,767			23,807,706
52 DELIVERY ROOM & LABOR ROOM	8,674,395	20,473			7,344,024
53 ANESTHESIOLOGY	65,448,569	1,658			53,455,963
54 RADIOLOGY-DIAGNOSTIC	58,497,331	12,865	21		27,602,341
54.01 RADIOLOGY-ULTRASOUND	12,574,759	1,221	1		3,082,607
56 RADIOISOTOPE	22,451,777	1,969			2,515,992
57 COMPUTED TOMOGRAPHY (CT) SCAN	82,676,906	5,623			29,616,288
58 MAGNETIC RESONANCE IMAGING (MRI)	40,231,014	1,862	25		12,395,912
59 CARDIAC CATHETERIZATION	56,423,959	6,015			28,028,943
60 LABORATORY	208,825,722	21,277			90,593,639
60.01 LABORATORY-SURGICAL PATHOLOGY	17,611,267	3,822			6,128,684
60.02 LABORATORY-NEUROSURGICAL	3,737				
60.03 LABORATORY-HLA		615			
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.	26,368,734	2,223	16		19,026,204
65 RESPIRATORY THERAPY	41,767,521	9,895			40,888,489
66 PHYSICAL THERAPY	18,234,781	2,467			8,013,533
67 OCCUPATIONAL THERAPY	8,724,032	1,768		421	6,965,568
68 SPEECH PATHOLOGY	2,667,656	748	2	73	2,626,486
69 ELECTROCARDIOLOGY	88,384,663	7,796			56,019,604

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SYSTEM +	PURCHASING	OPC	PATIENT	PATIENT	
	COMPUTERS		STORES	AFFAIRS	ADMITTING	
	GROSS	NUMBER	NUMBER	NUMBER	INPATIENT	
	REVENUE	OF ISSUES	OF ISSUES	OF VISITS	REVENUE	
	5.02	5.03	5.04	5.05	5.06	
70 ELECTROENCEPHALOGRAPHY	7,106,851	851			3,420,721	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,511,652				3,395,445	71
73 DRUGS CHARGED TO PATIENTS	110,765,287				101,278,237	73
74 RENAL DIALYSIS	26,313,638	7,721			3,926,553	74
76 PULMONARY LABS	1,989,585	3,666			666,369	76
76.01 OCCUPATIONAL HEALTH	354,325	139	1	39		76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	7,508,809	166			3,185,253	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	20,587,903	5,954		63	3,402,680	76.07
76.09 BONE MARROW PROCUREMENT	1,996,223				1,413,406	76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	600,684	2,297		25	2,022	90
90.01 CARDIAC REHABILITATION	476,940	33,612	33		465,414	90.01
90.02 CANCER CENTER	92,952,331	211			697,309	90.02
90.03 PSYCH SOCIAL REHAB	576,276			95		90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	91,603,774	29,076	923	2,421	2,176,676	90.07
90.08 OB OUTPATIENT CENTER	19,293,090	6,765	41	174	56,412	90.08
90.09 ELMHURST IMMEDIATE CARE	2,730,484	1,165		159	2,829	90.09
90.10 LAGRANGE FAMILY PCC	6,477,254	2,721		76	8,755	90.10
90.12 NORTH RIVERSIDE PCC	4,942,728	1,933		324	8,008	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	6,000,858	966		84	7,994	90.14
90.15 OB II PCC	5,213,389	1,955	3	314	11,001	90.15
90.16 HICKORY HILLS PCC	6,821,862	2,974	1	286	3,936	90.16
90.18 DARIEN PCC	2,126,937	2,465		132	5,409	90.18
90.20 ORLANAD PARK - FP	4,430,342	1,735	10	261	5,325	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	2,764,090	1,068		200	4,690	90.21
90.22 HOMER GLEN PCC	17,206,427	7,659		261	33,603	90.22
90.23 OAK PARK PCC	1,750,928	1,235	4	120	3,166	90.23
90.24 PARK RIDGE PCC	2,553,504	889		22	13,937	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	256,381	302		10	259	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	56,097					90.27
90.28 MARJORIE WEINBERG CANCER CENTER	21,411,783				21,493	90.28
90.29 BURR RIDGE PCC	33,994,851			191	92,574	90.29
91 EMERGENCY	84,401,423	38,750			35,571,817	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	11,187,728	1,207			55,643	92.01
95 OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768	4				97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,214,100	242				101
105 SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	5,568,152	18			5,568,152	105
106 HEART ACQUISITION	2,343,588	22			2,270,124	106
107 LIVER ACQUISITION	1,698,219	33			1,698,219	107
108 LUNG ACQUISITION	3,433,709	7			3,432,435	108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)		1				112
116 HOSPICE	2,154,929	14				116
118 SUBTOTALS (SUM OF LINES 1-117)	1,886,450,459	960,808	3,856	5,751	994,133,212	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		56				190
190.01 HINES RADIATION THERAPY		14				190.01
190.02 HOME INFUSION THERAPY	12,184,525	5,599				190.02
190.03 OP HOSPITAL PHARMACY		24,494				190.03
190.04 HOSPITALIST		36				190.04
190.05 STUDENT HEALTH	77,128					190.05
192 PHYSICIANS' PRIVATE OFFICES	329,667	122				192
192.01 FACULTY CLINICAL OPERATIONS		36				192.01



PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		SYSTEM + COMPUTERS	PURCHASING	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	
		GROSS REVENUE 5.02	NUMBER OF ISSUES 5.03	NUMBER OF ISSUES 5.04	NUMBER OF VISITS 5.05	INPATIENT REVENUE 5.06	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	10,339,420	1,644,864	100,908	1,501,031	2,190,297	202
203	UNIT COST MULT-WS B PT I	0.005445	1.659526	26.169087	261.003478	0.002203	203
204	COST TO BE ALLOC PER B PT II	2,034,775	307,854	91,520	60,270	70,927	204
205	UNIT COST MULT-WS B PT II	0.001071	0.310598	23.734440	10.479917	0.000071	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT ACCOUNTS	RECON-CILIATION	ACCOUNTING	RECON-CILIATION	EMPLOYEE HEALTH SERVICES	
	GROSS REVENUE 5.07	5A.08	ACCUM COST 5.08		ACCUM COST 5.09	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS	1,899,041,779					5.07
5.08 ACCOUNTING		-2,314,076	813,393,712			5.08
5.09 EMPLOYEE HEALTH SERVICES			639,094	-640,912	815,066,876	5.09
5.10 PASTORAL CARE			1,072,579		1,075,630	5.10
5.11 HOSPITAL ADMINISTRATION			114,656,677		114,982,875	5.11
5.12 AMBULATORY ADMINISTRATION			23,171,117		23,237,039	5.12
5.14 PRIMARY CARE ADMINISTRATION			3,787,734		3,798,510	5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			21,434,926		21,495,908	7
7.01 SAFETY AND SECURITY			2,519,778		2,526,947	7.01
8 LAUNDRY & LINEN SERVICE			2,446,245		2,453,205	8
9 HOUSEKEEPING			8,936,387		8,961,811	9
10 DIETARY			4,852,516		4,866,321	10
11 CAFETERIA			167,125		167,600	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION			1,068,969		1,072,010	12.01
13 NURSING ADMINISTRATION			3,493,311		3,503,249	13
14 CENTRAL SERVICES & SUPPLY			2,427,577		2,434,483	14
14.01 CENTRAL PROCESSING			164,520		164,988	14.01
15 PHARMACY			7,808,625		7,830,841	15
16 MEDICAL RECORDS & LIBRARY			10,176,651		10,205,604	16
17 SOCIAL SERVICE			3,742,554		3,753,202	17
17.01 HOSPITAL MEDICAL ADMIN			12,703,913		12,740,056	17.01
19 NONPHYSICIAN ANESTHETISTS			17,754		17,805	19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			22,092,585		22,155,438	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU			482,016		483,387	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	147,355,220		38,247,657		38,356,472	30
31 INTENSIVE CARE UNIT	53,887,678		14,865,945		14,908,239	31
33 BURN INTENSIVE CARE UNIT	12,682,367		4,943,583		4,957,647	33
35 NEONATAL INTENSIVE CARE	23,617,186		7,377,978		7,398,968	35
35.01 PEDIATRIC INTENSIVE CARE	7,883,993		2,295,778		2,302,309	35.01
35.03 HEART TRANSPLANT ICU	9,200,926		2,450,848		2,457,821	35.03
35.04 BONE INTENSIVE CARE	15,128,939		3,212,929		3,222,070	35.04
41 SUBPROVIDER - IRF	9,496,070		4,020,066		4,031,503	41
43 NURSERY	1,027,510		642,024		643,851	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	145,464,730		50,288,201		50,431,271	50
50.01 AMBULATORY SURGERY CENTER	42,777,081		8,071,664		8,094,628	50.01
51 RECOVERY ROOM	35,340,037		3,653,715		3,664,110	51
52 DELIVERY ROOM & LABOR ROOM	8,674,395		2,529,583		2,536,780	52
53 ANESTHESIOLOGY	65,448,569		3,252,810		3,262,064	53
54 RADIOLOGY-DIAGNOSTIC	58,497,331		12,110,850		12,145,305	54
54.01 RADIOLOGY-ULTRASOUND	12,574,759		1,142,566		1,145,817	54.01
56 RADIOISOTOPE	22,451,777		3,512,130		3,522,122	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	82,676,906		4,401,072		4,413,593	57
58 MAGNETIC RESONANCE IMAGING (MRI)	40,231,014		3,672,725		3,683,174	58
59 CARDIAC CATHETERIZATION	56,423,959		12,614,032		12,649,919	59
60 LABORATORY	208,825,722		21,406,942		21,467,845	60
60.01 LABORATORY-SURGICAL PATHOLOGY	17,611,267		3,296,005		3,305,382	60.01
60.02 LABORATORY-NEUROSURGICAL	3,737		38		38	60.02
60.03 LABORATORY-HLA			38,624		38,734	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	26,368,734		8,180,398		8,203,671	63
65 RESPIRATORY THERAPY	41,767,521		7,347,362		7,368,265	65
66 PHYSICAL THERAPY	18,234,781		4,535,774		4,548,678	66
67 OCCUPATIONAL THERAPY	8,724,032		1,773,699		1,778,745	67
68 SPEECH PATHOLOGY	2,667,656		600,914		602,624	68
69 ELECTROCARDIOLOGY	88,384,663		16,349,149		16,395,662	69

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT ACCOUNTS	RECON-CILIATION	ACCOUNTING	RECON-CILIATION	EMPLOYEE HEALTH SERVICES
	GROSS REVENUE 5.07	5A.08	ACCUM COST 5.08		ACCUM COST 5.09
70 ELECTROENCEPHALOGRAPHY	7,106,851		1,715,602		1,720,483
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,511,652		1,526,794		1,531,138
73 DRUGS CHARGED TO PATIENTS	110,765,287		20,427,174		20,485,289
74 RENAL DIALYSIS	26,313,638		5,796,795		5,813,287
76 PULMONARY LABS	1,989,585		504,135		505,569
76.01 OCCUPATIONAL HEALTH	354,325		569,139		570,758
76.03 HYPERALIMENTATION					76.01
76.04 PERIPHERAL VASCULAR	7,508,809		866,439		868,904
76.05 PEDIATRIC ENDO NUTRITION					76.04
76.07 GASTROINTESTINAL SERVICE	20,587,903		4,164,006		4,175,853
76.09 BONE MARROW PROCUREMENT	1,996,223		1,322,875		1,326,639
76.10 BARIATRICS			125,802		126,160
76.11 HEPATOLOGY			358,436		359,456
76.97 CARDIAC REHABILITATION					76.11
76.98 HYPERBARIC OXYGEN THERAPY					76.97
76.99 LITHOTRIPSY					76.98
OUTPATIENT SERVICE COST CENTERS					76.99
90 CLINIC	600,684		277,315		278,104
90.01 CARDIAC REHABILITATION	476,940		335,902		336,858
90.02 CANCER CENTER	92,952,331		25,213,572		25,285,305
90.03 PSYCH SOCIAL REHAB	576,276		461,803		463,117
90.04 WELLNESS ASSESSMENT					90.03
90.06 HEART FAILURE CLINIC					90.04
90.07 LOC OUTPATIENT CENTER	91,603,774		28,253,099		28,333,479
90.08 OB OUTPATIENT CENTER	19,293,090		6,124,415		6,141,839
90.09 ELMHURST IMMEDIATE CARE	2,730,484		1,251,182		1,254,742
90.10 LAGRANGE FAMILY PCC	6,477,254		2,470,727		2,477,756
90.12 NORTH RIVERSIDE PCC	4,942,728		2,207,129		2,213,408
90.13 GLENDALE HEIGHTS PCC					90.12
90.14 WHEATON PCC	6,000,858		2,175,340		2,181,529
90.15 OB II PCC	5,213,389		1,994,214		1,999,888
90.16 HICKORY HILLS PCC	6,821,862		3,114,120		3,122,980
90.18 DARIEN PCC	2,126,937		1,182,068		1,185,431
90.20 ORLANAD PARK - FP	4,430,342		2,480,641		2,487,698
90.21 FAMILY PRACTICE MAYWOOD PCC	2,764,090		1,039,145		1,042,101
90.22 HOMER GLEN PCC	17,206,427		5,284,995		5,300,031
90.23 OAK PARK PCC	1,750,928		779,296		781,513
90.24 PARK RIDGE PCC	2,553,504		893,400		895,942
90.25 LOYOLA CLINIC AT GOTTLIEB	256,381		199,115		199,681
90.26 WOODRIDGE PCC					90.25
90.27 NEUROLOGY - NILES	56,097		34,959		35,058
90.28 MARJORIE WEINBERG CANCER CENTER	21,411,783		5,408,690		5,424,078
90.29 BURR RIDGE PCC	33,994,851		11,336,643		11,368,896
91 EMERGENCY	84,401,423		8,452,938		8,476,987
92 OBSERVATION BEDS					91
92.01 OBSERVATION BEDS-DISTINCT	11,187,728		422,362		423,564
OTHER REIMBURSABLE COST CENTERS					92.01
95 AMBULANCE SERVICES			301,585		302,443
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768		2,013,964		2,019,694
99 CMHC					97
99.10 CORF					99
99.20 OUTPATIENT PHYSICAL THERAPY					99.10
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.20
99.40 OUTPATIENT SPEECH PATHOLOGY					99.30
101 HOME HEALTH AGENCY	5,214,100		4,318,124		4,330,409
SPECIAL PURPOSE COST CENTERS					101
105 KIDNEY ACQUISITION	5,568,152		2,489,025		2,496,106
106 HEART ACQUISITION	2,343,588		980,335		983,124
107 LIVER ACQUISITION	1,698,219		774,505		776,708
108 LUNG ACQUISITION	3,433,709		1,665,904		1,670,643
109 PANCREAS ACQUISITION			180,038		180,550
110 INTESTINAL ACQUISITION			225,013		225,653
112 OTHER ORGAN ACQUISITION (SPECIFY)			1,461,651		1,465,809
116 HOSPICE	2,154,929		927,765		930,404
118 SUBTOTALS (SUM OF LINES 1-117)	1,886,450,459	-2,314,076	658,805,890	-640,912	660,039,280
NONREIMBURSABLE COST CENTERS					118
GIFT, FLOWER, COFFEE SHOP & CANTEEN			216,680		217,296
190 HINES RADIATION THERAPY			822,645		824,985
190.01 HINES RADIATION THERAPY			822,645		824,985
190.02 HOME INFUSION THERAPY	12,184,525		3,066,407		3,075,131
190.03 OP HOSPITAL PHARMACY			3,441,218		3,451,008
190.04 HOSPITALIST			54,572		54,727
190.05 STUDENT HEALTH	77,128		16,838		16,886
192 PHYSICIANS' PRIVATE OFFICES	329,667		224,600		225,239
192.01 FACULTY CLINICAL OPERATIONS			146,744,862		147,162,324

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		PATIENT ACCOUNTS	RECON- CILIATION	ACCOUNTING ACCUM COST	RECON- CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	
		5.07	5A.08	5.08		5.09	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	9,194,365		2,314,076		640,912	202
203	UNIT COST MULT-WS B PT I	0.004842		0.002845		0.000786	203
204	COST TO BE ALLOC PER B PT II	274,646		283,118		40,974	204
205	UNIT COST MULT-WS B PT II	0.000145		0.000348		0.000050	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	PASTORAL CARE ACCUM COST 5.10	RECON- CILIATION	HOSPITAL ADMINSTRN ACCUM COST 5.11	RECON- CILIATION
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAPITAL-BLDG INTEREST					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS					5.02
5.03 PURCHASING					5.03
5.04 OPC STORES					5.04
5.05 PATIENT AFFAIRS					5.05
5.06 PATIENT ADMITTING					5.06
5.07 PATIENT ACCOUNTS					5.07
5.08 ACCOUNTING					5.08
5.09 EMPLOYEE HEALTH SERVICES					5.09
5.10 PASTORAL CARE	-1,076,475	814,631,313			5.10
5.11 HOSPITAL ADMINISTRATION		115,073,252	-115,225,264	700,482,524	5.11
5.12 AMBULATORY ADMINISTRATION		23,255,303		23,286,023	5.12
5.14 PRIMARY CARE ADMINISTRATION		3,801,496		3,806,518	5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT		21,512,804		21,541,222	7
7.01 SAFETY AND SECURITY		2,528,933		2,532,274	7.01
8 LAUNDRY & LINEN SERVICE		2,455,133		2,458,376	8
9 HOUSEKEEPING		8,968,855		8,980,703	9
10 DIETARY		4,870,146		4,876,579	10
11 CAFETERIA		167,732		167,954	11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION		1,072,853		1,074,270	12.01
13 NURSING ADMINISTRATION		3,506,003		3,510,634	13
14 CENTRAL SERVICES & SUPPLY		2,436,397		2,439,615	14
14.01 CENTRAL PROCESSING		165,118		165,336	14.01
15 PHARMACY		7,836,996		7,847,349	15
16 MEDICAL RECORDS & LIBRARY		10,213,626		10,227,118	16
17 SOCIAL SERVICE		3,756,152		3,761,114	17
17.01 HOSPITAL MEDICAL ADMIN		12,750,070		12,766,913	17.01
19 NONPHYSICIAN ANESTHETISTS		17,819		17,843	19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		22,172,852		22,202,142	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU		483,767		484,406	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		38,386,620		38,437,329	30
31 INTENSIVE CARE UNIT		14,919,957		14,939,666	31
33 BURN INTENSIVE CARE UNIT		4,961,544		4,968,098	33
35 NEONATAL INTENSIVE CARE		7,404,784		7,414,566	35
35.01 PEDIATRIC INTENSIVE CARE		2,304,119		2,307,163	35.01
35.03 HEART TRANSPLANT ICU		2,459,753		2,463,002	35.03
35.04 BONE INTENSIVE CARE		3,224,603		3,228,863	35.04
41 SUBPROVIDER - IRF		4,034,672		4,040,002	41
43 NURSERY		644,357		645,208	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		50,470,910		50,537,582	50
50.01 AMBULATORY SURGERY CENTER		8,100,990		8,111,691	50.01
51 RECOVERY ROOM		3,666,990		3,671,834	51
52 DELIVERY ROOM & LABOR ROOM		2,538,774		2,542,128	52
53 ANESTHESIOLOGY		3,264,628		3,268,941	53
54 RADIOLOGY-DIAGNOSTIC		12,154,851		12,170,908	54
54.01 RADIOLOGY-ULTRASOUND		1,146,718		1,148,233	54.01
56 RADIOISOTOPE		3,524,890		3,529,546	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,417,062		4,422,897	57
58 MAGNETIC RESONANCE IMAGING (MRI)		3,686,069		3,690,938	58
59 CARDIAC CATHETERIZATION		12,659,862		12,676,586	59
60 LABORATORY		21,484,719		21,513,100	60
60.01 LABORATORY-SURGICAL PATHOLOGY		3,307,980		3,312,350	60.01
60.02 LABORATORY-NEUROSURGICAL		38		38	60.02
60.03 LABORATORY-HLA		38,764		38,815	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		8,210,119		8,220,965	63
65 RESPIRATORY THERAPY		7,374,056		7,383,797	65
66 PHYSICAL THERAPY		4,552,253		4,558,267	66
67 OCCUPATIONAL THERAPY		1,780,143		1,782,495	67
68 SPEECH PATHOLOGY		603,098		603,895	68
69 ELECTROCARDIOLOGY		16,408,549		16,430,225	69

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	PASTORAL	RECON- CILIATION	HOSPITAL	RECON- CILIATION
		CARE		ADMINSTRN	
		ACCUM COST		ACCUM COST	
		5.10		5.11	
70 ELECTROENCEPHALOGRAPHY		1,721,835		1,724,110	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,532,341		1,534,365	71
73 DRUGS CHARGED TO PATIENTS		20,501,390		20,528,472	73
74 RENAL DIALYSIS		5,817,856		5,825,541	74
76 PULMONARY LABS		505,966		506,634	76
76.01 OCCUPATIONAL HEALTH		571,207		571,962	76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR		869,587		870,736	76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE		4,179,135		4,184,656	76.07
76.09 BONE MARROW PROCUREMENT		1,327,682		1,329,436	76.09
76.10 BARIATRICS		126,259		126,426	76.10
76.11 HEPATOLOGY		359,739		360,214	76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
90 OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		278,323		278,691	90
90.01 CARDIAC REHABILITATION		337,123		337,568	90.01
90.02 CANCER CENTER		25,305,179		25,338,607	90.02
90.03 PSYCH SOCIAL REHAB		463,481		464,093	90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER		28,355,749		28,393,207	90.07
90.08 OB OUTPATIENT CENTER		6,146,666		6,154,786	90.08
90.09 ELMHURST IMMEDIATE CARE		1,255,728		1,257,387	90.09
90.10 LAGRANGE FAMILY PCC		2,479,704		2,482,980	90.10
90.12 NORTH RIVERSIDE PCC		2,215,148		2,218,074	90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC		2,183,244		2,186,128	90.14
90.15 OB II PCC		2,001,460		2,004,104	90.15
90.16 HICKORY HILLS PCC		3,125,435		3,129,564	90.16
90.18 DARIEN PCC		1,186,363		1,187,930	90.18
90.20 ORLANAD PARK - FP		2,489,653		2,492,942	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		1,042,920		1,044,298	90.21
90.22 HOMER GLEN PCC		5,304,197		5,311,204	90.22
90.23 OAK PARK PCC		782,127		783,160	90.23
90.24 PARK RIDGE PCC		896,646		897,830	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		199,838		200,102	90.25
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES		35,086		35,132	90.27
90.28 MARJORIE WEINBERG CANCER CENTER		5,428,341		5,435,512	90.28
90.29 BURR RIDGE PCC		11,377,832		11,392,862	90.29
91 EMERGENCY		8,483,650		8,494,857	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT		423,897		424,457	92.01
95 OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES		302,681		303,081	95
97 DURABLE MEDICAL EQUIP-SOLD		2,021,281		2,023,951	97
99 CMHC					99
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		4,333,813		4,339,538	101
SPECIAL PURPOSE COST CENTERS					
105 KIDNEY ACQUISITION		2,498,068		2,501,368	105
106 HEART ACQUISITION		983,897		985,197	106
107 LIVER ACQUISITION		777,318		778,345	107
108 LUNG ACQUISITION		1,671,956		1,674,165	108
109 PANCREAS ACQUISITION		180,692		180,931	109
110 INTESTINAL ACQUISITION		225,830		226,128	110
112 OTHER ORGAN ACQUISITION (SPECIFY)		1,466,961		1,468,899	112
116 HOSPICE		931,135		932,365	116
118 SUBTOTALS (SUM OF LINES 1-117)	-1,076,475	659,481,598	-115,225,264	545,127,512	-27,116,434
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		217,467		217,754	190
190.01 HINES RADIATION THERAPY		825,633		826,724	190.01
190.02 HOME INFUSION THERAPY		3,077,548		3,081,613	190.02
190.03 OP HOSPITAL PHARMACY		3,453,720		3,458,282	190.03
190.04 HOSPITALIST		54,770		54,842	190.04
190.05 STUDENT HEALTH		16,899		16,921	190.05
192 PHYSICIANS' PRIVATE OFFICES		225,416		225,714	192
192.01 FACULTY CLINICAL OPERATIONS		147,278,262		147,473,162	192.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		RECON- CILIATION	PASTORAL CARE  ACCUM COST	RECON- CILIATION	HOSPITAL ADMINSTRN  ACCUM COST	RECON- CILIATION
200	CROSS FOOT ADJUSTMENTS		5.10		5.11	200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I		1,076,475		115,225,264	202
203	UNIT COST MULT-WS B PT I		0.001321		0.164494	203
204	COST TO BE ALLOC PER B PT II		192,329		1,988,957	204
205	UNIT COST MULT-WS B PT II		0.000236		0.002839	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	AMBULATORY	RECON- CILIATION	PRIMARY	MAIN-	OPERATION
	ADMIN		CARE	TENANCE &	OF PLANT
	ACCUM		ADMIN	REPAIRS	SQUARE
	COST		ACCUM	SQUARE	FEET
	5.12		COST	FEET	7
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAPITAL-BLDG INTEREST					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS					5.02
5.03 PURCHASING					5.03
5.04 OPC STORES					5.04
5.05 PATIENT AFFAIRS					5.05
5.06 PATIENT ADMITTING					5.06
5.07 PATIENT ACCOUNTS					5.07
5.08 ACCOUNTING					5.08
5.09 EMPLOYEE HEALTH SERVICES					5.09
5.10 PASTORAL CARE					5.10
5.11 HOSPITAL ADMINISTRATION					5.11
5.12 AMBULATORY ADMINISTRATION	788,591,354				5.12
5.14 PRIMARY CARE ADMINISTRATION	4,432,667	-4,585,089	811,122,699		5.14
6 MAINTENANCE & REPAIRS				1,378,400	6
7 OPERATION OF PLANT	25,084,624		25,947,184	22,828	1,355,572
7.01 SAFETY AND SECURITY	2,948,818		3,050,216	6,690	6,690
8 LAUNDRY & LINEN SERVICE	2,862,764		2,961,203	8,477	8,477
9 HOUSEKEEPING	10,457,975		10,817,583	11,689	11,689
10 DIETARY	5,678,747		5,874,016	26,898	26,898
11 CAFETERIA	195,581		202,306	12,220	12,220
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION	1,250,981		1,293,997	954	954
13 NURSING ADMINISTRATION	4,088,112		4,228,686	9,182	9,182
14 CENTRAL SERVICES & SUPPLY	2,840,917		2,938,605	14,459	14,459
14.01 CENTRAL PROCESSING	192,533		199,153	3,800	3,800
15 PHARMACY	9,138,191		9,452,417	17,927	17,927
16 MEDICAL RECORDS & LIBRARY	11,909,418		12,318,935	24,876	24,876
17 SOCIAL SERVICE	4,379,795		4,530,399	3,904	3,904
17.01 HOSPITAL MEDICAL ADMIN	14,866,994		15,378,210		17,01
19 NONPHYSICIAN ANESTHETISTS	20,778		21,492		19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	25,854,261		26,743,286	7,655	7,655
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU	564,088		583,485	4,874	4,874
23.02 PARAMEDICAL ED-SOCIAL WORK					23.01
INPATIENT ROUTINE SERV COST CENTERS					23.02
30 ADULTS & PEDIATRICS	44,760,039		46,299,158	182,635	182,635
31 INTENSIVE CARE UNIT	17,397,151		17,995,369	45,398	45,398
33 BURN INTENSIVE CARE UNIT	5,785,320		5,984,254	10,850	10,850
35 NEONATAL INTENSIVE CARE	8,634,218		8,931,114	24,604	24,604
35.01 PEDIATRIC INTENSIVE CARE	2,686,677		2,779,061	4,582	4,582
35.03 HEART TRANSPLANT ICU	2,868,151		2,966,775	11,105	11,105
35.04 BONE INTENSIVE CARE	3,759,992		3,889,283	9,577	9,577
41 SUBPROVIDER - IRF	4,704,558		4,866,329	28,966	28,966
43 NURSERY	751,341		777,177		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	58,850,711		60,874,352	155,284	155,284
50.01 AMBULATORY SURGERY CENTER	9,446,015		9,770,826	32,839	32,839
51 RECOVERY ROOM	4,275,829		4,422,858	34,749	34,749
52 DELIVERY ROOM & LABOR ROOM	2,960,293		3,062,086	8,653	8,653
53 ANESTHESIOLOGY	3,806,662		3,937,558	2,564	2,564
54 RADIOLOGY-DIAGNOSTIC	14,172,949		14,660,300	61,331	61,331
54.01 RADIOLOGY-ULTRASOUND	1,337,110		1,383,088	3,843	3,843
56 RADIOISOTOPE	4,110,135		4,251,466	14,011	14,011
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,150,437		5,327,540	6,908	6,908
58 MAGNETIC RESONANCE IMAGING (MRI)	4,298,075		4,445,869	14,972	14,972
59 CARDIAC CATHETERIZATION	14,761,808		15,269,408	36,788	36,788
60 LABORATORY	25,051,876		25,913,310	30,137	30,137
60.01 LABORATORY-SURGICAL PATHOLOGY	3,857,212		3,989,846	24,574	24,574
60.02 LABORATORY-NEUROSURGICAL	44		46		60.02
60.03 LABORATORY-HLA	45,200		46,754	2,934	2,934
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	9,573,264		9,902,450	6,866	6,866
65 RESPIRATORY THERAPY	8,598,387		8,894,051	10,508	10,508
66 PHYSICAL THERAPY	5,308,075		5,490,598	13,912	13,912
67 OCCUPATIONAL THERAPY	2,075,705		2,147,080	6,014	6,014
68 SPEECH PATHOLOGY	703,232		727,413	1,123	1,123
69 ELECTROCARDIOLOGY	19,132,898		19,790,802	33,945	33,945



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	AMBULATORY	RECON- CILIATION	PRIMARY	MAIN-	OPERATION	
	ADMIN		CARE	TENANCE &	OF PLANT	
	ACCUM		ADMIN	REPAIRS	SQUARE	
	COST		ACCUM	SQUARE	FEET	
	5.12		COST	FEET	FEET	7
70 ELECTROENCEPHALOGRAPHY	2,007,716		2,076,753	8,477	8,477	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,786,759		1,848,198			71
73 DRUGS CHARGED TO PATIENTS	23,905,282		24,727,289			73
74 RENAL DIALYSIS	6,783,808		7,017,076	11,733	11,733	74
76 PULMONARY LABS	589,972		610,259	3,341	3,341	76
76.01 OCCUPATIONAL HEALTH	666,046		688,949	3,661	3,661	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	1,013,967		1,048,833	1,312	1,312	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	4,873,007		5,040,570	9,121	9,121	76.07
76.09 BONE MARROW PROCUREMENT	1,548,120		1,601,354			76.09
76.10 BARIATRICS	147,222		152,284			76.10
76.11 HEPATOLOGY	419,467		433,891			76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	324,534		335,693	3,661	3,661	90
90.01 CARDIAC REHABILITATION	393,096		406,613			90.01
90.02 CANCER CENTER	29,506,656		30,521,272	52,505	52,505	90.02
90.03 PSYCH SOCIAL REHAB	540,434		559,017	9,945	9,945	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	33,063,719		34,200,648	135,639	135,639	90.07
90.08 OB OUTPATIENT CENTER	7,167,211		7,413,663	97	97	90.08
90.09 ELMHURST IMMEDIATE CARE	1,464,220		1,514,569			90.09
90.10 LAGRANGE FAMILY PCC	2,891,415		2,990,839			90.10
90.12 NORTH RIVERSIDE PCC	2,582,934		2,671,751			90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	2,545,733		2,633,271			90.14
90.15 OB II PCC	2,333,767		2,414,016			90.15
90.16 HICKORY HILLS PCC	3,644,359		3,769,674			90.16
90.18 DARIEN PCC	1,383,337		1,430,904			90.18
90.20 ORLANAD PARK - FP	2,903,016		3,002,839			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	1,216,079		1,257,895	3,211	3,211	90.21
90.22 HOMER GLEN PCC	6,184,865		6,397,538			90.22
90.23 OAK PARK PCC	911,985		943,345			90.23
90.24 PARK RIDGE PCC	1,045,518		1,081,469			90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	233,018		241,031			90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	40,911		42,318			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	6,329,621		6,547,271			90.28
90.29 BURR RIDGE PCC	13,266,919		13,723,115	100,000	100,000	90.29
91 EMERGENCY	9,892,210		10,232,364	24,864	24,864	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	494,278		511,274	1,599	1,599	92.01
95 OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	352,936		365,072	729	729	95
97 DURABLE MEDICAL EQUIP-SOLD	2,356,879		2,437,923			97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,053,366		5,227,131	5,729	5,729	101
105 SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	2,912,828		3,012,989	703	703	105
106 HEART ACQUISITION	1,147,256		1,186,706	2,657	2,657	106
107 LIVER ACQUISITION	906,378		937,545	317	317	107
108 LUNG ACQUISITION	1,949,555		2,016,592	2,389	2,389	108
109 PANCREAS ACQUISITION	210,693		217,938			109
110 INTESTINAL ACQUISITION	263,325		272,380			110
112 OTHER ORGAN ACQUISITION (SPECIFY)	1,710,524		1,769,342	160	160	112
116 HOSPICE	1,085,733		1,123,067	445	445	116
118 SUBTOTALS (SUM OF LINES 1-117)	607,681,282	-4,585,089	623,991,924	1,378,400	1,355,572	118
190 NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	253,573		262,292			190
190.01 HINES RADIATION THERAPY	962,715		995,819			190.01
190.02 HOME INFUSION THERAPY	3,588,520		3,711,915			190.02
190.03 OP HOSPITAL PHARMACY	4,027,149		4,165,627			190.03
190.04 HOSPITALIST	63,863		66,059			190.04
190.05 STUDENT HEALTH	19,704		20,382			190.05
192 PHYSICIANS' PRIVATE OFFICES	262,843		271,881			192
192.01 FACULTY CLINICAL OPERATIONS	171,731,705		177,636,800			192.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		AMBULATORY ADMIN  ACCUM COST 5.12	RECON- CILATION	PRIMARY CARE ADMIN ACCUM COST 5.14	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT  SQUARE FEET 7	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	27,116,434		4,585,089		26,093,863	202
203	UNIT COST MULT-WS B PT I	0.034386		0.005653		19.249338	203
204	COST TO BE ALLOC PER B PT II	130,806		13,953		665,721	204
205	UNIT COST MULT-WS B PT II	0.000166		0.000017		0.491100	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
	7.01	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE						5.10
5.11 HOSPITAL ADMINISTRATION						5.11
5.12 AMBULATORY ADMINISTRATION						5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 SAFETY AND SECURITY	1,348,882					7.01
8 LAUNDRY & LINEN SERVICE	8,477	892,704				8
9 HOUSEKEEPING	11,689	140	402,474			9
10 DIETARY	26,898		16,785	251,632		10
11 CAFETERIA	12,220		1,459		7,904,376	11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION	954	26	599		99,882	12.01
13 NURSING ADMINISTRATION	9,182		1,801		97,448	13
14 CENTRAL SERVICES & SUPPLY	14,459		7,698		70,470	14
14.01 CENTRAL PROCESSING	3,800		3,651		8,362	14.01
15 PHARMACY	17,927	454	5,147		225,118	15
16 MEDICAL RECORDS & LIBRARY	24,876		2,309		155,126	16
17 SOCIAL SERVICE	3,904		498		55,494	17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,655	5,827	1,505		754,062	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU	4,874		843		16,474	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	182,635	352,307	90,318	174,422	1,181,107	30
31 INTENSIVE CARE UNIT	45,398	73,709	12,483	21,738	379,498	31
33 BURN INTENSIVE CARE UNIT	10,850	25,014	4,563	8,757	74,027	33
35 NEONATAL INTENSIVE CARE	24,604	14,409	6,715		221,395	35
35.01 PEDIATRIC INTENSIVE CARE	4,582	5,494	2,876		52,853	35.01
35.03 HEART TRANSPLANT ICU	11,105	14,541	3,055	7,028	62,733	35.03
35.04 BONE INTENSIVE CARE	9,577	6,590	6,011	7,442	71,885	35.04
41 SUBPROVIDER - IRF	28,966	23,468	17,628	23,940	109,408	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	155,284	70,550	45,371		404,581	50
50.01 AMBULATORY SURGERY CENTER	32,839	27,772	7,749		94,370	50.01
51 RECOVERY ROOM	34,749	16,051	9,888		76,149	51
52 DELIVERY ROOM & LABOR ROOM	8,653	15,653	2,381		66,622	52
53 ANESTHESIOLOGY	2,564	4,307	725		58,157	53
54 RADIOLOGY-DIAGNOSTIC	61,331	12,744	17,915		237,266	54
54.01 RADIOLOGY-ULTRASOUND	3,843	7,221	1,016		18,970	54.01
56 RADIOISOTOPE	14,011	4,969	3,582		36,213	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	6,908	11,441	1,775		48,464	57
58 MAGNETIC RESONANCE IMAGING (MRI)	14,972	10,050	4,054		35,006	58
59 CARDIAC CATHETERIZATION	36,788	15,588	10,982		69,826	59
60 LABORATORY	30,137		9,445		271,107	60
60.01 LABORATORY-SURGICAL PATHOLOGY	24,574		8,307		63,357	60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA	2,934		807		9,235	60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	6,866	940	3,307		41,725	63
65 RESPIRATORY THERAPY	10,508	2,347	2,868		185,578	65
66 PHYSICAL THERAPY	13,912	4,891	4,719		86,299	66
67 OCCUPATIONAL THERAPY	6,014		3,246		25,875	67
68 SPEECH PATHOLOGY	1,123		667		11,877	68
69 ELECTROCARDIOLOGY	33,945	4,988	9,412		99,070	69

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SAFETY & SECURITY	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	
	7.01 SQUARE FEET	8	9	10	11	
70 ELECTROENCEPHALOGRAPHY	8,477	1,448	5,321		45,802	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	11,733	9,642	447		107,349	74
76 PULMONARY LABS	3,341	507			10,026	76
76.01 OCCUPATIONAL HEALTH	3,661		2,097		4,181	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	1,312	2,560	824		18,200	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	9,121	7,996	2,510		57,824	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,661	328	2,160	7,128	7,592	90
90.01 CARDIAC REHABILITATION					7,010	90.01
90.02 CANCER CENTER	52,505	16,984	8,489	1,177	182,582	90.02
90.03 PSYCH SOCIAL REHAB	9,945		645		14,373	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	135,639	22,312	44,354		647,824	90.07
90.08 OB OUTPATIENT CENTER	97	8,555	23		132,933	90.08
90.09 ELMHURST IMMEDIATE CARE		226			36,608	90.09
90.10 LAGRANGE FAMILY PCC		2,249			54,309	90.10
90.12 NORTH RIVERSIDE PCC		1,897			70,304	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		444			29,619	90.14
90.15 OB II PCC		2,527			69,410	90.15
90.16 HICKORY HILLS PCC		3,905			80,142	90.16
90.18 DARIEN PCC		582			49,234	90.18
90.20 ORLANAD PARK - FP		1,637			55,182	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	3,211	5,801			26,187	90.21
90.22 HOMER GLEN PCC		4,983			82,014	90.22
90.23 OAK PARK PCC					28,038	90.23
90.24 PARK RIDGE PCC		1,054			13,229	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		218			3,182	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER						90.28
90.29 BURR RIDGE PCC	100,000					90.29
91 EMERGENCY	24,864	62,609			218,150	91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,599	2,749	440		6,552	92.01
95 OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	729					95
97 DURABLE MEDICAL EQUIP-SOLD			59			97
99 CMHC					2,101	99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,729		378		118,685	101
105 SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	703		45		12,284	105
106 HEART ACQUISITION	2,657		237		9,643	106
107 LIVER ACQUISITION	317		55		11,968	107
108 LUNG ACQUISITION	2,389		193		11,363	108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)	160		14		972	112
116 HOSPICE	445		23		17,950	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,348,882	892,704	402,474	251,632	7,817,911	118
190 NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					3,390	190
190.01 HINES RADIATION THERAPY					20,363	190.01
190.02 HOME INFUSION THERAPY					24,794	190.02
190.03 OP HOSPITAL PHARMACY					4,014	190.03
190.04 HOSPITALIST						190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES					29,994	192
192.01 FACULTY CLINICAL OPERATIONS					3,910	192.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		SAFETY & SECURITY	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET	LAUNDRY COST	HOURS OF SERVICE	MEALS SERVED	PAID HOURS	
		7.01	8	9	10	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,196,237	3,161,207	11,131,935	6,952,979	507,987	202
203	UNIT COST MULT-WS B PT I	2.369545	3.541159	27.658768	27.631537	0.064267	203
204	COST TO BE ALLOC PER B PT II	302,530	112,219	190,752	394,189	158,194	204
205	UNIT COST MULT-WS B PT II	0.224282	0.125707	0.473949	1.566530	0.020013	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY
	TRNSPRTN	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING	
	NUMBER OF TRIPS	RN FTES	COSTED REQUIS.	NUMBER OF INSTRUMENT	COSTED REQUIS.
	12.01	13	14	14.01	15
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAPITAL-BLDG INTEREST					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS					5.02
5.03 PURCHASING					5.03
5.04 OPC STORES					5.04
5.05 PATIENT AFFAIRS					5.05
5.06 PATIENT ADMITTING					5.06
5.07 PATIENT ACCOUNTS					5.07
5.08 ACCOUNTING					5.08
5.09 EMPLOYEE HEALTH SERVICES					5.09
5.10 PASTORAL CARE					5.10
5.11 HOSPITAL ADMINISTRATION					5.11
5.12 AMBULATORY ADMINISTRATION					5.12
5.14 PRIMARY CARE ADMINISTRATION					5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 SAFETY AND SECURITY					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION	197,381				12.01
13 NURSING ADMINISTRATION		121,674			13
14 CENTRAL SERVICES & SUPPLY			12,075,287		14
14.01 CENTRAL PROCESSING			12,982	189,528	14.01
15 PHARMACY		19	14,713		15
16 MEDICAL RECORDS & LIBRARY			7		16
17 SOCIAL SERVICE			326		17
17.01 HOSPITAL MEDICAL ADMIN					17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD			353		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU			507		715
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	61,382	33,775	1,414,134	82,867	7,246
31 INTENSIVE CARE UNIT	11,924	14,196	646,550	19,365	3,244
33 BURN INTENSIVE CARE UNIT	404	3,701	278,563	4,489	152
35 NEONATAL INTENSIVE CARE	229	8,412	71,562	11,286	2,367
35.01 PEDIATRIC INTENSIVE CARE	723	2,136	76,904	3,420	213
35.03 HEART TRANSPLANT ICU	1,543	2,370	159,328	4,205	874
35.04 BONE INTENSIVE CARE	743	2,490	87,861	3,615	753
41 SUBPROVIDER - IRF	1,391	2,207	61,261	4,992	32
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	29	8,280	159,179	929	186,844
50.01 AMBULATORY SURGERY CENTER	18	2,065	16,900	362	728,936
51 RECOVERY ROOM	16	2,428	49,432	2,665	20
52 DELIVERY ROOM & LABOR ROOM	156	2,052	105,880	24,394	1,119
53 ANESTHESIOLOGY		403	5,532	3,092	514
54 RADIOLOGY-DIAGNOSTIC	34,013	1,617	34,421	350	8,715
54.01 RADIOLOGY-ULTRASOUND	2,172		1,682	6	853
56 RADIOISOTOPE	969		3,213	99	
57 COMPUTED TOMOGRAPHY (CT) SCAN	19,630		1,913	146	823
58 MAGNETIC RESONANCE IMAGING (MRI)	6,502		1,694	244	283
59 CARDIAC CATHETERIZATION	1,444	1,940	56,573	2,807	17,076
60 LABORATORY	1,941		63,493		10,127
60.01 LABORATORY-SURGICAL PATHOLOGY	677		14,033		13,319
60.02 LABORATORY-NEUROSURGICAL					
60.03 LABORATORY-HLA			1,269		23
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					
63 BLOOD STORING, PROCESSING & TRANS.		415	10,744	177	1,250
65 RESPIRATORY THERAPY	2,713		5,480		796,198
66 PHYSICAL THERAPY	3,455		4,299	18	1,023
67 OCCUPATIONAL THERAPY	3,588		129	59	1,546
68 SPEECH PATHOLOGY			7,309		
69 ELECTROCARDIOLOGY	5,766	1,589	57,755	1,338	5,633

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT	NURSING	CENTRAL	CENTRAL	PHARMACY	
	TRNSPRTN	ADMINIS- TRATION	SERVICES & SUPPLY	PROCESSING		
	NUMBER OF TRIPS	RN FTES	COSTED REQUIS.	NUMBER OF INSTRUMENT	COSTED REQUIS.	
	12.01	13	14	14.01	15	
70 ELECTROENCEPHALOGRAPHY		1	631		23,625	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			7,095,461			71
73 DRUGS CHARGED TO PATIENTS					24,068,143	73
74 RENAL DIALYSIS	8,121	1,827	398,678	236	1,782,252	74
76 PULMONARY LABS		96	764	66	170	76
76.01 OCCUPATIONAL HEALTH		3	4,035		9,005	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	6,180	102	698	14		76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	6,173	1,777	91,993	264	5,562	76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	26	172			5,856	90
90.01 CARDIAC REHABILITATION			1,723			90.01
90.02 CANCER CENTER	2,358	2,437	395,383	7,121	20,133,790	90.02
90.03 PSYCH SOCIAL REHAB		100	116		1,133	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	4	8,356	65,842	77	3,655,317	90.07
90.08 OB OUTPATIENT CENTER		1,344	24,031		116,644	90.08
90.09 ELMHURST IMMEDIATE CARE		351	5,565		161,306	90.09
90.10 LAGRANGE FAMILY PCC		880	13,285		121,404	90.10
90.12 NORTH RIVERSIDE PCC		674	10,276		576,974	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC		287	3,105	690	66,648	90.14
90.15 OB II PCC		611	9,745		342,861	90.15
90.16 HICKORY HILLS PCC		724	15,092	613	341,169	90.16
90.18 DARIEN PCC		406	5,564		221,418	90.18
90.20 ORLANAD PARK - FP		482	12,344		565,309	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC		258	5,741		82,677	90.21
90.22 HOMER GLEN PCC		1,140	25,944	703	2,567,554	90.22
90.23 OAK PARK PCC		220	5,018		148,295	90.23
90.24 PARK RIDGE PCC		240	3,914		10,081	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB		104	1,161		6,293	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENTER						90.28
90.29 BURR RIDGE PCC					2,525	90.29
91 EMERGENCY	12,513	5,457	441,214	8,742		91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	357	351	1,584	77	1,595	92.01
95 OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					119	95
97 DURABLE MEDICAL EQUIP-SOLD						97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		2,522	3,519		5,078	101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION		12	56			105
106 HEART ACQUISITION	19	23	38			106
107 LIVER ACQUISITION						107
108 LUNG ACQUISITION		29	85			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)		2	2			112
116 HOSPICE		400	2,615		71,146	116
118 SUBTOTALS (SUM OF LINES 1-117)	197,381	121,483	12,071,203	189,528	56,883,847	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 HINES RADIATION THERAPY						190.01
190.02 HOME INFUSION THERAPY		119	2,979		2,089,711	190.02
190.03 OP HOSPITAL PHARMACY					2,926,617	190.03
190.04 HOSPITALIST			723			190.04
190.05 STUDENT HEALTH						190.05
192 PHYSICIANS' PRIVATE OFFICES		72	334		676	192
192.01 FACULTY CLINICAL OPERATIONS			48			192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PATIENT TRNSPRTN NUMBER OF TRIPS 12.01	NURSING ADMINIS- TRATION RN FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	CENTRAL PROCESSING NUMBER OF INSTRUMENT 14.01	PHARMACY COSTED REQUIS. 15	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,345,016	4,507,171	3,485,250	387,696	10,056,801	202
203 UNIT COST MULT-WS B PT I	6.814313	37.043008	0.288627	2.045587	0.162466	203
204 COST TO BE ALLOC PER B PT II	38,758	171,783	351,699	48,546	423,414	204
205 UNIT COST MULT-WS B PT II	0.196361	1.411830	0.029126	0.256142	0.006840	205



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS
	16	17	17.01	19	20
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 NEW CAPITAL-BLDG INTEREST					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATION					5.01
5.02 SYSTEM & COMPUTERS					5.02
5.03 PURCHASING					5.03
5.04 OPC STORES					5.04
5.05 PATIENT AFFAIRS					5.05
5.06 PATIENT ADMITTING					5.06
5.07 PATIENT ACCOUNTS					5.07
5.08 ACCOUNTING					5.08
5.09 EMPLOYEE HEALTH SERVICES					5.09
5.10 PASTORAL CARE					5.10
5.11 HOSPITAL ADMINISTRATION					5.11
5.12 AMBULATORY ADMINISTRATION					5.12
5.14 PRIMARY CARE ADMINISTRATION					5.14
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 SAFETY AND SECURITY					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 PATIENT TRANSPORTATION					12.01
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
14.01 CENTRAL PROCESSING					14.01
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	1,899,041,779				16
17 SOCIAL SERVICE		41,302			17
17.01 HOSPITAL MEDICAL ADMIN			7,749,062		17.01
19 NONPHYSICIAN ANESTHETISTS				10,000	19
20 NURSING SCHOOL					120,856
21 I&R SRVCES-SALARY & FRINGES APPRVD			172,946		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMEDICAL ED-MICU					23.01
23.02 PARAMEDICAL ED-SOCIAL WORK					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	147,355,220	12,169	168,723		76,604 30
31 INTENSIVE CARE UNIT	53,887,678	797	148,795		13,869 31
33 BURN INTENSIVE CARE UNIT	12,682,367	902			3,176 33
35 NEONATAL INTENSIVE CARE	23,617,186	1,627	204,900		8,385 35
35.01 PEDIATRIC INTENSIVE CARE	7,883,993	873	70,400		2,064 35.01
35.03 HEART TRANSPLANT ICU	9,200,926	1,074	108,800		2,769 35.03
35.04 BONE INTENSIVE CARE	15,128,939	1,251	29,713		3,866 35.04
41 SUBPROVIDER - IRF	9,496,070	374	68,476		8,501 41
43 NURSERY	1,027,510				1,622 43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	145,464,730	1,070	217,600	10,000	50
50.01 AMBULATORY SURGERY CENTER	42,777,081	8	360,990		50.01
51 RECOVERY ROOM	35,340,037		15,360		51
52 DELIVERY ROOM & LABOR ROOM	8,674,395				52
53 ANESTHESIOLOGY	65,448,569		1,521,162		53
54 RADIOLOGY-DIAGNOSTIC	58,497,331		312,529		54
54.01 RADIOLOGY-ULTRASOUND	12,574,759		43,384		54.01
56 RADIOISOTOPE	22,451,777		128,178		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	82,676,906		297,312		57
58 MAGNETIC RESONANCE IMAGING (MRI)	40,231,014		152,578		58
59 CARDIAC CATHETERIZATION	56,423,959				59
60 LABORATORY	208,825,722	630	1,176,425		60
60.01 LABORATORY-SURGICAL PATHOLOGY	17,611,267		103,166		60.01
60.02 LABORATORY-NEUROSURGICAL	3,737				60.02
60.03 LABORATORY-HLA			11,869		60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	26,368,734		168,741		63
65 RESPIRATORY THERAPY	41,767,521		20,979		65
66 PHYSICAL THERAPY	18,234,781		16,000		66
67 OCCUPATIONAL THERAPY	8,724,032				67
68 SPEECH PATHOLOGY	2,667,656	391			68
69 ELECTROCARDIOLOGY	88,384,663	1,974			69

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL PATIENT DAYS	
	16	17	17.01	19	20	
70 ELECTROENCEPHALOGRAPHY	7,106,851					70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	3,511,652			27,482		71
73 DRUGS CHARGED TO PATIENTS	110,765,287					73
74 RENAL DIALYSIS	26,313,638	1,643	158,106			74
76 PULMONARY LABS	1,989,585		123,904			76
76.01 OCCUPATIONAL HEALTH	354,325					76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	7,508,809		4,393			76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	20,587,903	47	70,400			76.07
76.09 BONE MARROW PROCUREMENT	1,996,223					76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
90 OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	600,684	14				90
90.01 CARDIAC REHABILITATION	476,940	2				90.01
90.02 CANCER CENTER	92,952,331	29	165,018			90.02
90.03 PSYCH SOCIAL REHAB	576,276					90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	91,603,774	13,976	1,075,683			90.07
90.08 OB OUTPATIENT CENTER	19,293,090		16,896			90.08
90.09 ELMHURST IMMEDIATE CARE	2,730,484					90.09
90.10 LAGRANGE FAMILY PCC	6,477,254		10,667			90.10
90.12 NORTH RIVERSIDE PCC	4,942,728					90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	6,000,858					90.14
90.15 OB II PCC	5,213,389					90.15
90.16 HICKORY HILLS PCC	6,821,862					90.16
90.18 DARIEN PCC	2,126,937					90.18
90.20 ORLANAD PARK - FP	4,430,342					90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	2,764,090		16,800			90.21
90.22 HOMER GLEN PCC	17,206,427					90.22
90.23 OAK PARK PCC	1,750,928					90.23
90.24 PARK RIDGE PCC	2,553,504					90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	256,381					90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	56,097					90.27
90.28 MARJORIE WEINBERG CANCER CENTER	21,411,783					90.28
90.29 BURR RIDGE PCC	33,994,851	1,235	47,245			90.29
91 EMERGENCY	84,401,423					91
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	11,187,728					92.01
95 OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768					97
99 CMHC						99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,214,100		68,791			101
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION	5,568,152	783	162,092			105
106 HEART ACQUISITION	2,343,588		4,182			106
107 LIVER ACQUISITION	1,698,219		97,801			107
108 LUNG ACQUISITION	3,433,709	433	154,219			108
109 PANCREAS ACQUISITION						109
110 INTESTINAL ACQUISITION						110
112 OTHER ORGAN ACQUISITION (SPECIFY)				757		112
116 HOSPICE	2,154,929		25,600			116
118 SUBTOTALS (SUM OF LINES 1-117)	1,886,450,459	41,302	7,749,062	10,000	120,856	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.01 HINES RADIATION THERAPY						190.01
190.02 HOME INFUSION THERAPY	12,184,525					190.02
190.03 OP HOSPITAL PHARMACY						190.03
190.04 HOSPITALIST						190.04
190.05 STUDENT HEALTH	77,128					190.05
192 PHYSICIANS' PRIVATE OFFICES	329,667					192
192.01 FACULTY CLINICAL OPERATIONS						192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 17.01	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL PATIENT DAYS 20	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	13,000,201	4,657,843	15,465,143	21,613		202
203	UNIT COST MULT-WS B PT I	0.006846	112.775241	1.995744	2.161300		203
204	COST TO BE ALLOC PER B PT II	2,598,517	65,777	51,648	812		204
205	UNIT COST MULT-WS B PT II	0.001368	1.592586	0.006665	0.081200		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	PARAMED ED-MICU  TIME SPENT	
	21	23.01	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 NEW CAPITAL-BLDG INTEREST			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATION			5.01
5.02 SYSTEM & COMPUTERS			5.02
5.03 PURCHASING			5.03
5.04 OPC STORES			5.04
5.05 PATIENT AFFAIRS			5.05
5.06 PATIENT ADMITTING			5.06
5.07 PATIENT ACCOUNTS			5.07
5.08 ACCOUNTING			5.08
5.09 EMPLOYEE HEALTH SERVICES			5.09
5.10 PASTORAL CARE			5.10
5.11 HOSPITAL ADMINISTRATION			5.11
5.12 AMBULATORY ADMINISTRATION			5.12
5.14 PRIMARY CARE ADMINISTRATION			5.14
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 SAFETY AND SECURITY			7.01
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
12.01 PATIENT TRANSPORTATION			12.01
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
14.01 CENTRAL PROCESSING			14.01
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
17.01 HOSPITAL MEDICAL ADMIN			17.01
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD	33,380		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 PARAMEDICAL ED-MICU		100	23.01
23.02 PARAMEDICAL ED-SOCIAL WORK			23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	7,494		30
31 INTENSIVE CARE UNIT	2,088		31
33 BURN INTENSIVE CARE UNIT	691		33
35 NEONATAL INTENSIVE CARE	327		35
35.01 PEDIATRIC INTENSIVE CARE	319		35.01
35.03 HEART TRANSPLANT ICU	319		35.03
35.04 BONE INTENSIVE CARE	936		35.04
41 SUBPROVIDER - IRF	319		41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	4,019		50
50.01 AMBULATORY SURGERY CENTER	792		50.01
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM	329		52
53 ANESTHESIOLOGY	3,214		53
54 RADIOLOGY-DIAGNOSTIC	1,090		54
54.01 RADIOLOGY-ULTRASOUND	290		54.01
56 RADIOISOTOPE	403		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	290		57
58 MAGNETIC RESONANCE IMAGING (MRI)	469		58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
60.01 LABORATORY-SURGICAL PATHOLOGY	1,386		60.01
60.02 LABORATORY-NEUROSURGICAL			60.02
60.03 LABORATORY-HLA			60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	PARAMED ED-MICU  TIME SPENT	
	21	23.01	
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			71
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76 PULMONARY LABS	234		76
76.01 OCCUPATIONAL HEALTH			76.01
76.03 HYPERALIMENTATION			76.03
76.04 PERIPHERAL VASCULAR			76.04
76.05 PEDIATRIC ENDO NUTRITION			76.05
76.07 GASTROINTESTINAL SERVICE			76.07
76.09 BONE MARROW PROCUREMENT			76.09
76.10 BARIATRICS			76.10
76.11 HEPATOLOGY			76.11
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
90 OUTPATIENT SERVICE COST CENTERS			90
90.01 CLINIC			90.01
90.02 CARDIAC REHABILITATION			90.02
90.03 CANCER CENTER	35		90.03
90.04 PSYCH SOCIAL REHAB	465		90.04
90.06 WELLNESS ASSESSMENT			90.06
90.07 HEART FAILURE CLINIC			90.07
90.08 LOC OUTPATIENT CENTER	5,346		90.08
90.09 OBST OUTPATIENT CENTER	622		90.09
90.10 ELMHURST IMMEDIATE CARE			90.10
90.12 LAGRANGE FAMILY PCC			90.12
90.13 NORTH RIVERSIDE PCC			90.13
90.14 GLENDALE HEIGHTS PCC			90.14
90.15 WHEATON PCC	114		90.15
90.16 OBST II PCC			90.16
90.18 HICKORY HILLS PCC			90.18
90.20 DARIEN PCC			90.20
90.21 ORLANAD PARK - FP			90.21
90.22 FAMILY PRACTICE MAYWOOD PCC			90.22
90.23 HOMER GLEN PCC			90.23
90.24 OAK PARK PCC			90.24
90.25 PARK RIDGE PCC			90.25
90.26 LOYOLA CLINIC AT GOTTLIEB			90.26
90.27 WOODRIDGE PCC			90.27
90.28 NEUROLOGY - NILES			90.28
90.29 MARJORIE WEINBERG CANCER CENTER			90.29
91 BURR RIDGE PCC			91
91 EMERGENCY	1,789	100	91
92 OBSERVATION BEDS			92
92.01 OBSERVATION BEDS-DISTINCT			92.01
95 OTHER REIMBURSABLE COST CENTERS			95
97 AMBULANCE SERVICES			97
99 DURABLE MEDICAL EQUIP-SOLD			99
99.10 CMHC			99.10
99.20 CORF			99.20
99.30 OUTPATIENT PHYSICAL THERAPY			99.30
99.40 OUTPATIENT OCCUPATIONAL THERAPY			99.40
101 OUTPATIENT SPEECH PATHOLOGY			101
105 HOME HEALTH AGENCY			105
106 SPECIAL PURPOSE COST CENTERS			106
107 KIDNEY ACQUISITION			107
108 HEART ACQUISITION			108
109 LIVER ACQUISITION			109
110 LUNG ACQUISITION			110
112 PANCREAS ACQUISITION			112
116 INTESTINAL ACQUISITION			116
118 OTHER ORGAN ACQUISITION (SPECIFY)			118
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	33,380	100	118
190 NONREIMBURSABLE COST CENTERS			190
190.01 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190.01
190.02 HINES RADIATION THERAPY			190.02
190.03 HOME INFUSION THERAPY			190.03
190.04 OP HOSPITAL PHARMACY			190.04
190.05 HOSPITALIST			190.05
192 STUDENT HEALTH			192
192.01 PHYSICIANS' PRIVATE OFFICES			192.01
192.01 FACULTY CLINICAL OPERATIONS			192.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	PARAMED ED-MICU TIME SPENT	
200 CROSS FOOT ADJUSTMENTS	21	23.01	200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	27,515,938	716,790	202
203 UNIT COST MULT-WS B PT I	824.324086	7,167.900000	203
204 COST TO BE ALLOC PER B PT II	198,346	95,924	204
205 UNIT COST MULT-WS B PT II	5.942061	959.240000	205

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
11/29/2012 15:35

POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

----- WORKSHEET B -----  
PART                      LINE NO.                      AMOUNT  
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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 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	64,116,494		64,116,494		64,116,494	30
31 INTENSIVE CARE UNIT	21,899,496		21,899,496		21,899,496	31
33 BURN INTENSIVE CARE UNIT	7,132,164		7,132,164		7,132,164	33
35 NEONATAL INTENSIVE CARE	10,875,883		10,875,883		10,875,883	35
35.01 PEDIATRIC INTENSIVE CARE	3,402,433		3,402,433		3,402,433	35.01
35.03 HEART TRANSPLANT ICU	4,112,124		4,112,124		4,112,124	35.03
35.04 BONE INTENSIVE CARE	4,952,291		4,952,291		4,952,291	35.04
41 SUBPROVIDER - IRF	7,122,234		7,122,234		7,122,234	41
43 NURSERY	788,604		788,604		788,604	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	68,063,799		68,063,799		68,063,799	50
50.01 AMBULATORY SURGERY CENTER	12,069,601		12,069,601		12,069,601	50.01
51 RECOVERY ROOM	5,916,680		5,916,680		5,916,680	51
52 DELIVERY ROOM & LABOR ROOM	3,609,135		3,609,135		3,609,135	52
53 ANESTHESIOLOGY	7,561,133		7,561,133		7,561,133	53
54 RADIOLOGY-DIAGNOSTIC	17,952,909		17,952,909		17,952,909	54
54.01 RADIOLOGY-ULTRASOUND	1,716,986		1,716,986		1,716,986	54.01
56 RADIOISOTOPE	5,114,647		5,114,647		5,114,647	56
57 COMPUTED TOMOGRAPHY (CT) SC	6,893,838		6,893,838		6,893,838	57
58 MAGNETIC RESONANCE IMAGING	5,569,917		5,569,917		5,569,917	58
59 CARDIAC CATHETERIZATION	17,007,304		17,007,304		17,007,304	59
60 LABORATORY	30,871,057		30,871,057		30,871,057	60
60.01 LABORATORY-SURGICAL PATHOLO	5,114,783		5,114,783		5,114,783	60.01
60.02 LABORATORY-NEUROSURGICAL	72		72		72	60.02
60.03 LABORATORY-HLA	157,420		157,420		157,420	60.03
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	10,742,042		10,742,042		10,742,042	63
65 RESPIRATORY THERAPY	9,748,296		9,748,296		9,748,296	65
66 PHYSICAL THERAPY	6,157,540		6,157,540		6,157,540	66
67 OCCUPATIONAL THERAPY	2,465,260		2,465,260		2,465,260	67
68 SPEECH PATHOLOGY	839,482		839,482		839,482	68
69 ELECTROCARDIOLOGY	21,867,059		21,867,059		21,867,059	69
70 ELECTROENCEPHALOGRAPHY	2,534,559		2,534,559		2,534,559	70
71 MEDICAL SUPPLIES CHRGD TO	3,930,624		3,930,624		3,930,624	71
73 DRUGS CHARGED TO PATIENTS	29,535,644		29,535,644		29,535,644	73
74 RENAL DIALYSIS	7,936,623		7,936,623		7,936,623	74
76 PULMONARY LABS	953,219		953,219		953,219	76
76.01 OCCUPATIONAL HEALTH	835,425		835,425		835,425	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	1,222,444		1,222,444		1,222,444	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	5,790,336		5,790,336		5,790,336	76.07
76.09 BONE MARROW PROCUREMENT	1,624,072		1,624,072		1,624,072	76.09
76.10 BARIATRICS	153,145		153,145		153,145	76.10
76.11 HEPATOLOGY	436,344		436,344		436,344	76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	688,279		688,279		688,279	90
90.01 CARDIAC REHABILITATION	413,351		413,351		413,351	90.01
90.02 CANCER CENTER	36,643,141		36,643,141		36,643,141	90.02
90.03 PSYCH SOCIAL REHAB	803,807		803,807		803,807	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	43,946,408		43,946,408		43,946,408	90.07
90.08 OBT OUTPATIENT CENTER	7,738,616		7,738,616		7,738,616	90.08
90.09 ELMHURST IMMEDIATE CARE	1,585,792		1,585,792		1,585,792	90.09
90.10 LAGRANGE FAMILY PCC	3,140,988		3,140,988		3,140,988	90.10
90.12 NORTH RIVERSIDE PCC	2,853,600		2,853,600		2,853,600	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	2,716,481		2,716,481		2,716,481	90.14
90.15 OBT II PCC	2,557,912		2,557,912		2,557,912	90.15
90.16 HICKORY HILLS PCC	3,944,521		3,944,521		3,944,521	90.16
90.18 DARIEN PCC	1,511,397		1,511,397		1,511,397	90.18
90.20 ORLANAD PARK - FP	3,172,748		3,172,748		3,172,748	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	1,433,747		1,433,747		1,433,747	90.21
90.22 HOMER GLEN PCC	7,042,710		7,042,710		7,042,710	90.22
90.23 OAK PARK PCC	996,157		996,157		996,157	90.23
90.24 PARK RIDGE PCC	1,121,304		1,121,304		1,121,304	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	250,334		250,334		250,334	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES	42,941		42,941		42,941	90.27
90.28 MARJORIE WEINBERG CANCER CE	6,730,868		6,730,868		6,730,868	90.28



COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT		DISALLOWANCE	COSTS	
	1	2	3	4	5	
90.29 BURR RIDGE PCC	16,429,286		16,429,286		16,429,286	90.29
91 EMERGENCY	12,790,710		12,790,710		12,790,710	91
92 OBSERVATION BEDS	6,139,486		6,139,486		6,139,486	92
92.01 OBSERVATION BEDS-DISTINCT	663,959		663,959		663,959	92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	382,915		382,915		382,915	95
97 DURABLE MEDICAL EQUIP-SOLD	2,471,443		2,471,443		2,471,443	97
99 CMHC	135		135		135	99
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,666,865		5,666,865		5,666,865	101
105 KIDNEY ACQUISITION	3,497,631		3,497,631		3,497,631	105
106 HEART ACQUISITION	1,283,412		1,283,412		1,283,412	106
107 LIVER ACQUISITION	1,158,800		1,158,800		1,158,800	107
108 LUNG ACQUISITION	2,466,928		2,466,928		2,466,928	108
109 PANCREAS ACQUISITION	219,170		219,170		219,170	109
110 INTESTINAL ACQUISITION	273,920		273,920		273,920	110
112 OTHER ORGAN ACQUISITION (SP	1,784,838		1,784,838		1,784,838	112
116 HOSPICE	1,233,801		1,233,801		1,233,801	116
200 SUBTOTAL (SEE INSTRUCTIONS)	604,591,519		604,591,519		604,591,519	200
201 LESS OBSERVATION BEDS	6,139,486		6,139,486		6,139,486	201
202 TOTAL (SEE INSTRUCTIONS)	598,452,033		598,452,033		598,452,033	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	147,355,220		147,355,220			30
31 INTENSIVE CARE UNIT	53,887,678		53,887,678			31
33 BURN INTENSIVE CARE UNIT	12,682,367		12,682,367			33
35 NEONATAL INTENSIVE CARE	23,617,186		23,617,186			35
35.01 PEDIATRIC INTENSIVE CARE	7,883,993		7,883,993			35.01
35.03 HEART TRANSPLANT ICU	9,200,926		9,200,926			35.03
35.04 BONE INTENSIVE CARE	15,128,939		15,128,939			35.04
41 SUBPROVIDER - IRF	9,496,070		9,496,070			41
43 NURSERY	1,027,510		1,027,510			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	122,602,538	22,862,192	145,464,730	0.467906	0.467906	50
50.01 AMBULATORY SURGERY CENTER	232,936	42,544,145	42,777,081	0.282151	0.282151	50.01
51 RECOVERY ROOM	23,807,706	11,532,332	35,340,038	0.167421	0.167421	51
52 DELIVERY ROOM & LABOR ROOM	7,344,024	1,330,371	8,674,395	0.416068	0.416068	52
53 ANESTHESIOLOGY	53,455,963	11,992,606	65,448,569	0.115528	0.115528	53
54 RADIOLOGY-DIAGNOSTIC	27,602,341	30,894,990	58,497,331	0.306901	0.306901	54
54.01 RADIOLOGY-ULTRASOUND	3,082,607	9,492,152	12,574,759	0.136542	0.136542	54.01
56 RADIOISOTOPE	2,515,992	19,935,785	22,451,777	0.227806	0.227806	56
57 COMPUTED TOMOGRAPHY (CT) SC	29,616,288	53,060,619	82,676,907	0.083383	0.083383	57
58 MAGNETIC RESONANCE IMAGING	12,395,912	27,835,102	40,231,014	0.138448	0.138448	58
59 CARDIAC CATHETERIZATION	28,028,943	28,395,016	56,423,959	0.301420	0.301420	59
60 LABORATORY	90,593,639	118,232,083	208,825,722	0.147832	0.147832	60
60.01 LABORATORY-SURGICAL PATHOLO	6,128,684	11,482,584	17,611,268	0.290427	0.290427	60.01
60.02 LABORATORY-NEUROSURGICAL		3,737	3,737	0.019267	0.019267	60.02
60.03 LABORATORY-HLA						60.03
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	19,026,204	7,342,530	26,368,734	0.407378	0.407378	63
65 RESPIRATORY THERAPY	40,888,489	879,032	41,767,521	0.233394	0.233394	65
66 PHYSICAL THERAPY	8,013,533	10,221,248	18,234,781	0.337681	0.337681	66
67 OCCUPATIONAL THERAPY	6,965,568	1,758,464	8,724,032	0.282583	0.282583	67
68 SPEECH PATHOLOGY	2,626,486	41,170	2,667,656	0.314689	0.314689	68
69 ELECTROCARDIOLOGY	56,019,604	32,365,059	88,384,663	0.247408	0.247408	69
70 ELECTROENCEPHALOGRAPHY	3,420,721	3,686,130	7,106,851	0.356636	0.356636	70
71 MEDICAL SUPPLIES CHRGED TO	3,395,445	116,207	3,511,652	1.119309	1.119309	71
73 DRUGS CHARGED TO PATIENTS	101,278,237	9,487,050	110,765,287	0.266651	0.266651	73
74 RENAL DIALYSIS	3,926,553	22,387,085	26,313,638	0.301616	0.301616	74
76 PULMONARY LABS	666,369	1,323,217	1,989,586	0.479104	0.479104	76
76.01 OCCUPATIONAL HEALTH		354,325	354,325	2.357793	2.357793	76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR	3,185,253	4,323,557	7,508,810	0.162801	0.162801	76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE	3,402,680	17,185,223	20,587,903	0.281249	0.281249	76.07
76.09 BONE MARROW PROCUREMENT	1,413,406	582,818	1,996,224	0.813572	0.813572	76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,022	598,662	600,684	1.145825	1.145825	90
90.01 CARDIAC REHABILITATION	465,414	11,526	476,940	0.866673	0.866673	90.01
90.02 CANCER CENTER	697,309	92,255,022	92,952,331	0.394214	0.394214	90.02
90.03 PSYCH SOCIAL REHAB		576,276	576,276	1.394830	1.394830	90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER	2,176,676	89,427,098	91,603,774	0.479745	0.479745	90.07
90.08 OBT OUTPATIENT CENTER	56,412	19,236,678	19,293,090	0.401108	0.401108	90.08
90.09 ELMHURST IMMEDIATE CARE	2,829	2,727,655	2,730,484	0.580773	0.580773	90.09
90.10 LAGRANGE FAMILY PCC	8,755	6,468,499	6,477,254	0.484926	0.484926	90.10
90.12 NORTH RIVERSIDE PCC	8,008	4,934,720	4,942,728	0.577333	0.577333	90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC	7,994	5,992,864	6,000,858	0.452682	0.452682	90.14
90.15 OBT II PCC	11,001	5,202,388	5,213,389	0.490643	0.490643	90.15
90.16 HICKORY HILLS PCC	3,936	6,817,926	6,821,862	0.578218	0.578218	90.16
90.18 DARIEN PCC	5,409	2,121,528	2,126,937	0.710598	0.710598	90.18
90.20 ORLANAD PARK - FP	5,325	4,425,017	4,430,342	0.716141	0.716141	90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	4,690	2,759,400	2,764,090	0.518705	0.518705	90.21
90.22 HOMER GLEN PCC	33,603	17,172,824	17,206,427	0.409307	0.409307	90.22
90.23 OAK PARK PCC	3,166	1,747,762	1,750,928	0.568931	0.568931	90.23
90.24 PARK RIDGE PCC	13,937	2,539,567	2,553,504	0.439124	0.439124	90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	259	256,122	256,381	0.976414	0.976414	90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES		56,097	56,097	0.765478	0.765478	90.27
90.28 MARJORIE WEINBERG CANCER CE	21,493	21,390,290	21,411,783	0.314353	0.314353	90.28

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 (COLS. 6 + 7) 8				
90.29 BURR RIDGE PCC	92,574	33,902,277	33,994,851	0.483287	0.483287	0.483287	90.29
91 EMERGENCY	35,571,817	48,829,606	84,401,423	0.151546	0.151546	0.151546	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT	55,643	11,132,085	11,187,728	0.059347	0.059347	0.059347	92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD		2,644,768	2,644,768	0.934465	0.934465	0.934465	97
99 CMHC							99
99.10 CORF							99.10
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THE							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
101 HOME HEALTH AGENCY		5,214,100	5,214,100				101
105 KIDNEY ACQUISITION	5,568,152		5,568,152				105
106 HEART ACQUISITION	2,270,124	73,464	2,343,588				106
107 LIVER ACQUISITION	1,698,219		1,698,219				107
108 LUNG ACQUISITION	3,432,435	1,274	3,433,709				108
109 PANCREAS ACQUISITION							109
110 INTESTINAL ACQUISITION							110
112 OTHER ORGAN ACQUISITION (SP							112
116 HOSPICE		2,154,929	2,154,929				116
200 SUBTOTAL (SEE INSTRUCTIONS)	994,133,212	892,317,253	1,886,450,465				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	994,133,212	892,317,253	1,886,450,465				202

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,277,186		4,277,186	50.49	28,960	1,462,190	30
31 INTENSIVE CARE UNIT	1,128,113		1,128,113	81.34	7,694	625,830	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	283,858		283,858	89.38	707	63,192	33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE	567,103		567,103	67.63			35
35.01 PEDIATRIC INTENSIVE CARE	130,491		130,491	63.22			35.01
35.03 HEART TRANSPLANT ICU	233,219		233,219	84.22	1,659	139,721	35.03
35.04 BONE INTENSIVE CARE	226,125		226,125	58.49	1,557	91,069	35.04
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	497,320		497,320	58.50	5,490	321,165	41
42 SUBPROVIDER I							42
43 NURSERY	5,220		5,220	3.22			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	7,348,635		7,348,635		46,067	2,703,167	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0276) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	5,965,746	145,464,730	0.041012	43,870,904	1,799,234		50
50.01	AMBULATORY SURGERY CENTER	1,312,449	42,777,081	0.030681	86,114	2,642		50.01
51	RECOVERY ROOM	638,169	35,340,038	0.018058	7,559,662	136,512		51
52	DELIVERY ROOM & LABOR ROOM	231,787	8,674,395	0.026721	47,394	1,266		52
53	ANESTHESIOLOGY	402,683	65,448,569	0.006153	18,869,033	116,101		53
54	RADIOLOGY-DIAGNOSTIC	2,584,679	58,497,331	0.044185	11,736,556	518,580		54
54.01	RADIOLOGY-ULTRASOUND	197,807	12,574,759	0.015730	1,156,974	18,199		54.01
56	RADIOISOTOPE	447,944	22,451,777	0.019951	1,332,958	26,594		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	878,821	82,676,907	0.010630	11,738,795	124,783		57
58	MAGNETIC RESONANCE IMAGING (M	857,762	40,231,014	0.021321	4,930,620	105,126		58
59	CARDIAC CATHETERIZATION	1,941,935	56,423,959	0.034417	14,325,973	493,057		59
60	LABORATORY	1,270,984	208,825,722	0.006086	39,532,234	240,593		60
60.01	LABORATORY-SURGICAL PATHOLOGY	480,447	17,611,268	0.027281	2,234,640	60,963		60.01
60.02	LABORATORY-NEUROSURGICAL	10	3,737	0.002676				60.02
60.03	LABORATORY-HLA	38,824						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	190,750	26,368,734	0.007234	7,424,708	53,710		63
65	RESPIRATORY THERAPY	485,505	41,767,521	0.011624	15,644,466	181,851		65
66	PHYSICAL THERAPY	256,694	18,234,781	0.014077	2,428,749	34,189		66
67	OCCUPATIONAL THERAPY	106,595	8,724,032	0.012219	1,895,911	23,166		67
68	SPEECH PATHOLOGY	42,306	2,667,656	0.015859	910,408	14,438		68
69	ELECTROCARDIOLOGY	2,274,513	88,384,663	0.025734	25,265,719	650,188		69
70	ELECTROENCEPHALOGRAPHY	244,381	7,106,851	0.034387	972,541	33,443		70
71	MEDICAL SUPPLIES CHRGD TO PA	221,627	3,511,652	0.063112	1,077,723	68,017		71
73	DRUGS CHARGED TO PATIENTS	533,682	110,765,287	0.004818	35,699,335	171,999		73
74	RENAL DIALYSIS	427,465	26,313,638	0.016245	2,027,567	32,938		74
76	PULMONARY LABS	113,616	1,989,586	0.057105	349,897	19,981		76
76.01	OCCUPATIONAL HEALTH	62,645	354,325	0.176801				76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	132,339	7,508,810	0.017624	1,643,467	28,964		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	427,318	20,587,903	0.020756	1,756,486	36,458		76.07
76.09	BONE MARROW PROCUREMENT	10,155	1,996,224	0.005087	401,923	2,045		76.09
76.10	BIATRICS	474						76.10
76.11	HEPATOLOGY	1,428						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	63,168	600,684	0.105160	1,908	201		90
90.01	CARDIAC REHABILITATION	14,078	476,940	0.029517	254,093	7,500		90.01
90.02	CANCER CENTER	1,336,122	92,952,331	0.014374	575,108	8,267		90.02
90.03	PSYCH SOCIAL REHAB	126,818	576,276	0.220065				90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	4,424,884	91,603,774	0.048305	898,819	43,417		90.07
90.08	OBT OUTPATIENT CENTER	484,116	19,293,090	0.025093	50,905	1,277		90.08
90.09	ELMHURST IMMEDIATE CARE	73,048	2,730,484	0.026753	2,299	62		90.09
90.10	LAGRANGE FAMILY PCC	140,641	6,477,254	0.021713	8,755	190		90.10
90.12	NORTH RIVERSIDE PCC	91,907	4,942,728	0.018594	7,560	141		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	62,341	6,000,858	0.010389	6,989	73		90.14
90.15	OBT II PCC	106,773	5,213,389	0.020481	8,578	176		90.15
90.16	HICKORY HILLS PCC	184,864	6,821,862	0.027099	3,381	92		90.16
90.18	DARIEN PCC	98,741	2,126,937	0.046424	4,826	224		90.18
90.20	ORLANAD PARK - FP	103,579	4,430,342	0.023379	4,414	103		90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	89,470	2,764,090	0.032369	3,594	116		90.21
90.22	HOMER GLEN PCC	318,308	17,206,427	0.018499	25,124	465		90.22
90.23	OAK PARK PCC	46,927	1,750,928	0.026801	2,989	80		90.23
90.24	PARK RIDGE PCC	240,549	2,553,504	0.094203	13,149	1,239		90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	18,803	256,381	0.073340	244	18		90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES	279	56,097	0.004974				90.27
90.28	MARJORIE WEINBERG CANCER CENT	75,578	21,411,783	0.003530	20,291	72		90.28
90.29	BURR RIDGE PCC	1,324,511	33,994,851	0.038962	86,542	3,372		90.29
91	EMERGENCY	851,511	84,401,423	0.010089	14,127,477	142,532		91
92	OBSERVATION BEDS	409,565						92
92.01	OBSERVATION BEDS-DISTINCT	68,666	11,187,728	0.006138	29,033	178		92.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD	16,653	2,644,768	0.006297			97
200 TOTAL (SUM OF LINES 50-199)	33,553,440	1,585,757,879		271,056,835	5,204,832	200

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE					35
35.01 PEDIATRIC INTENSIVE CARE					35.01
35.03 HEART TRANSPLANT ICU					35.03
35.04 BONE INTENSIVE CARE					35.04
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

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 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	84,716		28,960		30
31 INTENSIVE CARE UNIT	13,869		7,694		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	3,176		707		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE	8,385				35
35.01 PEDIATRIC INTENSIVE CARE	2,064				35.01
35.03 HEART TRANSPLANT ICU	2,769		1,659		35.03
35.04 BONE INTENSIVE CARE	3,866		1,557		35.04
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	8,501		5,490		41
42 SUBPROVIDER I					42
43 NURSERY	1,622				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	128,968		46,067		200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 AMBULATORY SURGERY CENTER						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIOLOGY-ULTRASOUND						54.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LABORATORY-SURGICAL PATHOLOGY						60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA						60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 PULMONARY LABS						76
76.01 OCCUPATIONAL HEALTH						76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR						76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE						76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 CARDIAC REHABILITATION						90.01
90.02 CANCER CENTER						90.02
90.03 PSYCH SOCIAL REHAB						90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER						90.07
90.08 OBT OUTPATIENT CENTER						90.08
90.09 ELMHURST IMMEDIATE CARE						90.09
90.10 LAGRANGE FAMILY PCC						90.10
90.12 NORTH RIVERSIDE PCC						90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC						90.14
90.15 OBT II PCC						90.15
90.16 HICKORY HILLS PCC						90.16
90.18 DARIEN PCC						90.18
90.20 ORLANAD PARK - FP						90.20
90.21 FAMILY PRACTICE MAYWOOD PCC						90.21
90.22 HOMER GLEN PCC						90.22
90.23 OAK PARK PCC						90.23
90.24 PARK RIDGE PCC						90.24
90.25 LOYOLA CLINIC AT GOTTLIEB						90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENT						90.28
90.29 BURR RIDGE PCC						90.29
91 EMERGENCY				716,790	716,790	716,790
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
200 TOTAL (SUM OF LINES 50-199)				716,790	716,790	716,790

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0276)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	145,464,730			43,870,904	5,051,718	50
50.01	AMBULATORY SURGERY CENTER	42,777,081			86,114	7,331,588	50.01
51	RECOVERY ROOM	35,340,038			7,559,662	2,432,593	51
52	DELIVERY ROOM & LABOR ROOM	8,674,395			47,394	16,745	52
53	ANESTHESIOLOGY	65,448,569			18,869,033	2,386,226	53
54	RADIOLOGY-DIAGNOSTIC	58,497,331			11,736,556	7,941,207	54
54.01	RADIOLOGY-ULTRASOUND	12,574,759			1,156,974	1,673,907	54.01
56	RADIOISOTOPE	22,451,777			1,332,958	7,099,859	56
57	COMPUTED TOMOGRAPHY (CT) SCA	82,676,907			11,738,795	15,225,202	57
58	MAGNETIC RESONANCE IMAGING (	40,231,014			4,930,620	5,714,435	58
59	CARDIAC CATHETERIZATION	56,423,959			14,325,973	11,593,708	59
60	LABORATORY	208,825,722			39,532,234	32,550,996	60
60.01	LABORATORY-SURGICAL PATHOLOG	17,611,268			2,234,640	2,948,475	60.01
60.02	LABORATORY-NEUROSURGICAL	3,737				569	60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	26,368,734			7,424,708	2,025,100	63
65	RESPIRATORY THERAPY	41,767,521			15,644,466	260,533	65
66	PHYSICAL THERAPY	18,234,781			2,428,749	1,999,055	66
67	OCCUPATIONAL THERAPY	8,724,032			1,895,911	274,027	67
68	SPEECH PATHOLOGY	2,667,656			910,408	20,148	68
69	ELECTROCARDIOLOGY	88,384,663			25,265,719	12,291,823	69
70	ELECTROENCEPHALOGRAPHY	7,106,851			972,541	730,950	70
71	MEDICAL SUPPLIES CHRGED TO P	3,511,652			1,077,723	29,010	71
73	DRUGS CHARGED TO PATIENTS	110,765,287			35,699,335	2,370,609	73
74	RENAL DIALYSIS	26,313,638			2,027,567	12,750,540	74
76	PULMONARY LABS	1,989,586			349,897	449,012	76
76.01	OCCUPATIONAL HEALTH	354,325				1,689	76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	7,508,810			1,643,467	1,845,555	76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	20,587,903			1,756,486	4,579,361	76.07
76.09	BONE MARROW PROCUREMENT	1,996,224			401,923	88,079	76.09
76.10	BIARIATRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	600,684			1,908	77,330	90
90.01	CARDIAC REHABILITATION	476,940			254,093	3,954	90.01
90.02	CANCER CENTER	92,952,331			575,108	30,928,646	90.02
90.03	PSYCH SOCIAL REHAB	576,276				79,216	90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	91,603,774			898,819	28,108,868	90.07
90.08	OBT OUTPATIENT CENTER	19,293,090			50,905	4,266,330	90.08
90.09	ELMHURST IMMEDIATE CARE	2,730,484			2,299	610,036	90.09
90.10	LAGRANGE FAMILY PCC	6,477,254			8,755	2,016,136	90.10
90.12	NORTH RIVERSIDE PCC	4,942,728			7,560	446,613	90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,000,858			6,989	1,546,919	90.14
90.15	OBT II PCC	5,213,389			8,578	704,210	90.15
90.16	HICKORY HILLS PCC	6,821,862			3,381	1,404,763	90.16
90.18	DARIEN PCC	2,126,937			4,826	296,738	90.18
90.20	ORLANAD PARK - FP	4,430,342			4,414	966,253	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,764,090			3,594	353,661	90.21
90.22	HOMER GLEN PCC	17,206,427			25,124	5,500,592	90.22
90.23	OAK PARK PCC	1,750,928			2,989	383,393	90.23
90.24	PARK RIDGE PCC	2,553,504			13,149	1,024,235	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	256,381			244	47,210	90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES	56,097				166	90.27
90.28	MARJORIE WEINBERG CANCER CEN	21,411,783			20,291	8,595,736	90.28
90.29	BURR RIDGE PCC	33,994,851			86,542	8,499,418	90.29
91	EMERGENCY	84,401,423	0.008493	0.008493	14,127,477	119,985	69,836
92	OBSERVATION BEDS						92
92.01	OBSERVATION BEDS-DISTINCT	11,187,728			29,033	121,781	92.01
OTHER REIMBURSABLE COST CENTERS							

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
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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 (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768						97
200 TOTAL (SUM OF LINES 50-199)	1,585,757,879			271,056,835	119,985	245,887,714	69,836 200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.467906		5,051,718			2,363,729		50
50.01 AMBULATORY SURGERY CENTER	0.282151		7,331,588			2,068,615		50.01
51 RECOVERY ROOM	0.167421		2,432,593			407,267		51
52 DELIVERY ROOM & LABOR ROOM	0.416068		16,745			6,967		52
53 ANESTHESIOLOGY	0.115528		2,386,226			275,676		53
54 RADIOLOGY-DIAGNOSTIC	0.306901		7,941,207			2,437,164		54
54.01 RADIOLOGY-ULTRASOUND	0.136542		1,673,907			228,559		54.01
56 RADIOISOTOPE	0.227806		7,099,859			1,617,390		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383		15,225,202			1,269,523		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448		5,714,435			791,152		58
59 CARDIAC CATHETERIZATION	0.301420		11,593,708			3,494,575		59
60 LABORATORY	0.147832		32,550,996			4,812,079		60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427		2,948,475			856,317		60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267		569			11		60.02
60.03 LABORATORY-HLA								60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378		2,025,100			824,981		63
65 RESPIRATORY THERAPY	0.233394		260,533			60,807		65
66 PHYSICAL THERAPY	0.337681		1,999,055			675,043		66
67 OCCUPATIONAL THERAPY	0.282583		274,027			77,435		67
68 SPEECH PATHOLOGY	0.314689		20,148			6,340		68
69 ELECTROCARDIOLOGY	0.247408		12,291,823			3,041,095		69
70 ELECTROENCEPHALOGRAPHY	0.356636		730,950			260,683		70
71 MEDICAL SUPPLIES CHRGD TO PATI	1.119309		29,010			32,471		71
73 DRUGS CHARGED TO PATIENTS	0.266651		2,370,609			632,125		73
74 RENAL DIALYSIS	0.301616		12,750,540			3,845,767		74
76 PULMONARY LABS	0.479104		449,012			215,123		76
76.01 OCCUPATIONAL HEALTH	2.357793		1,689			3,982		76.01
76.03 HYPERALIMENTATION								76.03
76.04 PERIPHERAL VASCULAR	0.162801		1,845,555			300,458		76.04
76.05 PEDIATRIC ENDO NUTRITION								76.05
76.07 GASTROINTESTINAL SERVICE	0.281249		4,579,361			1,287,941		76.07
76.09 BONE MARROW PROCUREMENT	0.813572		88,079			71,659		76.09
76.10 BARIATRICS								76.10
76.11 HEPATOLOGY								76.11
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.145825		77,330			88,607		90
90.01 CARDIAC REHABILITATION	0.866673		3,954			3,427		90.01
90.02 CANCER CENTER	0.394214		30,928,646			12,192,505		90.02
90.03 PSYCH SOCIAL REHAB	1.394830		79,216			110,493		90.03
90.04 WELLNESS ASSESSMENT								90.04
90.06 HEART FAILURE CLINIC								90.06
90.07 LOC OUTPATIENT CENTER	0.479745		28,108,868			13,485,089		90.07
90.08 OBT OUTPATIENT CENTER	0.401108		4,266,330			1,711,259		90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773		610,036			354,292		90.09
90.10 LAGRANGE FAMILY PCC	0.484926		2,016,136			977,677		90.10
90.12 NORTH RIVERSIDE PCC	0.577333		446,613			257,844		90.12
90.13 GLENDALE HEIGHTS PCC								90.13
90.14 WHEATON PCC	0.452682		1,546,919			700,262		90.14
90.15 OBT II PCC	0.490643		704,210			345,516		90.15
90.16 HICKORY HILLS PCC	0.578218		1,404,763			812,259		90.16
90.18 DARIEN PCC	0.710598		296,738			210,861		90.18
90.20 ORLANAD PARK - FP	0.716141		966,253			691,973		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705		353,661			183,446		90.21
90.22 HOMER GLEN PCC	0.409307		5,500,592			2,251,431		90.22
90.23 OAK PARK PCC	0.568931		383,393			218,124		90.23
90.24 PARK RIDGE PCC	0.439124		1,024,235			449,766		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414		47,210			46,097		90.25
90.26 WOODRIDGE PCC								90.26
90.27 NEUROLOGY - NILES	0.765478		166			127		90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353		8,595,736			2,702,095		90.28
90.29 BURR RIDGE PCC	0.483287		8,499,418			4,107,658		90.29
91 EMERGENCY	0.151546		8,222,791			1,246,131		91

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO		COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT		
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO		
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS		
	1	2	3	4	5	6	7	
92 OBSERVATION BEDS							92	
92.01 OBSERVATION BEDS-DISTINCT	0.059347	121,781			7,227		92.01	
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES							95	
97 DURABLE MEDICAL EQUIP-SOLD	0.934465						97	
200 SUBTOTAL (SEE INSTRUCTIONS)		245,887,714			75,119,100		200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)		245,887,714			75,119,100		202	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S276) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	5,965,746	145,464,730	0.041012	50
50.01	AMBULATORY SURGERY CENTER	1,312,449	42,777,081	0.030681	50.01
51	RECOVERY ROOM	638,169	35,340,038	0.018058	51
52	DELIVERY ROOM & LABOR ROOM	231,787	8,674,395	0.026721	52
53	ANESTHESIOLOGY	402,683	65,448,569	0.006153	53
54	RADIOLOGY-DIAGNOSTIC	2,584,679	58,497,331	0.044185	54
54.01	RADIOLOGY-ULTRASOUND	197,807	12,574,759	0.015730	54.01
56	RADIOISOTOPE	447,944	22,451,777	0.019951	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	878,821	82,676,907	0.010630	57
58	MAGNETIC RESONANCE IMAGING (M	857,762	40,231,014	0.021321	58
59	CARDIAC CATHETERIZATION	1,941,935	56,423,959	0.034417	59
60	LABORATORY	1,270,984	208,825,722	0.006086	60
60.01	LABORATORY-SURGICAL PATHOLOGY	480,447	17,611,268	0.027281	60.01
60.02	LABORATORY-NEUROSURGICAL	10	3,737	0.002676	60.02
60.03	LABORATORY-HLA	38,824			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	190,750	26,368,734	0.007234	63
65	RESPIRATORY THERAPY	485,505	41,767,521	0.011624	65
66	PHYSICAL THERAPY	256,694	18,234,781	0.014077	66
67	OCCUPATIONAL THERAPY	106,595	8,724,032	0.012219	67
68	SPEECH PATHOLOGY	42,306	2,667,656	0.015859	68
69	ELECTROCARDIOLOGY	2,274,513	88,384,663	0.025734	69
70	ELECTROENCEPHALOGRAPHY	244,381	7,106,851	0.034387	70
71	MEDICAL SUPPLIES CHRGED TO PA	221,627	3,511,652	0.063112	71
73	DRUGS CHARGED TO PATIENTS	533,682	110,765,287	0.004818	73
74	RENAL DIALYSIS	427,465	26,313,638	0.016245	74
76	PULMONARY LABS	113,616	1,989,586	0.057105	76
76.01	OCCUPATIONAL HEALTH	62,645	354,325	0.176801	76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	132,339	7,508,810	0.017624	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	427,318	20,587,903	0.020756	76.07
76.09	BONE MARROW PROCUREMENT	10,155	1,996,224	0.005087	76.09
76.10	BIARIATRICS	474			76.10
76.11	HEPATOLOGY	1,428			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	63,168	600,684	0.105160	90
90.01	CARDIAC REHABILITATION	14,078	476,940	0.029517	90.01
90.02	CANCER CENTER	1,336,122	92,952,331	0.014374	90.02
90.03	PSYCH SOCIAL REHAB	126,818	576,276	0.220065	90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	4,424,884	91,603,774	0.048305	90.07
90.08	OBT OUTPATIENT CENTER	484,116	19,293,090	0.025093	90.08
90.09	ELMHURST IMMEDIATE CARE	73,048	2,730,484	0.026753	90.09
90.10	LAGRANGE FAMILY PCC	140,641	6,477,254	0.021713	90.10
90.12	NORTH RIVERSIDE PCC	91,907	4,942,728	0.018594	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	62,341	6,000,858	0.010389	90.14
90.15	OBT II PCC	106,773	5,213,389	0.020481	90.15
90.16	HICKORY HILLS PCC	184,864	6,821,862	0.027099	90.16
90.18	DARIEN PCC	98,741	2,126,937	0.046424	90.18
90.20	ORLANAD PARK - FP	103,579	4,430,342	0.023379	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	89,470	2,764,090	0.032369	90.21
90.22	HOMER GLEN PCC	318,308	17,206,427	0.018499	90.22
90.23	OAK PARK PCC	46,927	1,750,928	0.026801	90.23
90.24	PARK RIDGE PCC	240,549	2,553,504	0.094203	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	18,803	256,381	0.073340	90.25
90.26	WOODRIDGE PCC				90.26
90.27	NEUROLOGY - NILES	279	56,097	0.004974	90.27
90.28	MARJORIE WEINBERG CANCER CENT	75,578	21,411,783	0.003530	90.28
90.29	BURR RIDGE PCC	1,324,511	33,994,851	0.038962	90.29
91	EMERGENCY	851,511	84,401,423	0.010089	91
92	OBSERVATION BEDS	409,565			92
92.01	OBSERVATION BEDS-DISTINCT	68,666	11,187,728	0.006138	92.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	16,653	2,644,768	0.006297		97
200 TOTAL (SUM OF LINES 50-199)	33,553,440	1,585,757,879			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.01 AMBULATORY SURGERY CENTER							50.01
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 RADIOLOGY-ULTRASOUND							54.01
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 LABORATORY-SURGICAL PATHOLOGY							60.01
60.02 LABORATORY-NEUROSURGICAL							60.02
60.03 LABORATORY-HLA							60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 PULMONARY LABS							76
76.01 OCCUPATIONAL HEALTH							76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR							76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE							76.07
76.09 BONE MARROW PROCUREMENT							76.09
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CARDIAC REHABILITATION							90.01
90.02 CANCER CENTER							90.02
90.03 PSYCH SOCIAL REHAB							90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER							90.07
90.08 OBT OUTPATIENT CENTER							90.08
90.09 ELMHURST IMMEDIATE CARE							90.09
90.10 LAGRANGE FAMILY PCC							90.10
90.12 NORTH RIVERSIDE PCC							90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC							90.14
90.15 OBT II PCC							90.15
90.16 HICKORY HILLS PCC							90.16
90.18 DARIEN PCC							90.18
90.20 ORLANAD PARK - FP							90.20
90.21 FAMILY PRACTICE MAYWOOD PCC							90.21
90.22 HOMER GLEN PCC							90.22
90.23 OAK PARK PCC							90.23
90.24 PARK RIDGE PCC							90.24
90.25 LOYOLA CLINIC AT GOTTLIEB							90.25
90.26 WOODRIDGE PCC							90.26
90.27 NEUROLOGY - NILES							90.27
90.28 MARJORIE WEINBERG CANCER CENT							90.28
90.29 BURR RIDGE PCC							90.29
91 EMERGENCY				716,790	716,790	716,790	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD							97
200 TOTAL (SUM OF LINES 50-199)				716,790	716,790	716,790	200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S276)	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	145,464,730					50
50.01	AMBULATORY SURGERY CENTER	42,777,081					50.01
51	RECOVERY ROOM	35,340,038					51
52	DELIVERY ROOM & LABOR ROOM	8,674,395					52
53	ANESTHESIOLOGY	65,448,569					53
54	RADIOLOGY-DIAGNOSTIC	58,497,331					54
54.01	RADIOLOGY-ULTRASOUND	12,574,759					54.01
56	RADIOISOTOPE	22,451,777					56
57	COMPUTED TOMOGRAPHY (CT) SCA	82,676,907					57
58	MAGNETIC RESONANCE IMAGING (	40,231,014					58
59	CARDIAC CATHETERIZATION	56,423,959					59
60	LABORATORY	208,825,722					60
60.01	LABORATORY-SURGICAL PATHOLOG	17,611,268					60.01
60.02	LABORATORY-NEUROSURGICAL	3,737					60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	26,368,734					63
65	RESPIRATORY THERAPY	41,767,521					65
66	PHYSICAL THERAPY	18,234,781					66
67	OCCUPATIONAL THERAPY	8,724,032					67
68	SPEECH PATHOLOGY	2,667,656					68
69	ELECTROCARDIOLOGY	88,384,663					69
70	ELECTROENCEPHALOGRAPHY	7,106,851					70
71	MEDICAL SUPPLIES CHRGED TO P	3,511,652					71
73	DRUGS CHARGED TO PATIENTS	110,765,287					73
74	RENAL DIALYSIS	26,313,638					74
76	PULMONARY LABS	1,989,586					76
76.01	OCCUPATIONAL HEALTH	354,325					76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	7,508,810					76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	20,587,903					76.07
76.09	BONE MARROW PROCUREMENT	1,996,224					76.09
76.10	BIARIATRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	600,684					90
90.01	CARDIAC REHABILITATION	476,940					90.01
90.02	CANCER CENTER	92,952,331					90.02
90.03	PSYCH SOCIAL REHAB	576,276					90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	91,603,774					90.07
90.08	OBT OUTPATIENT CENTER	19,293,090					90.08
90.09	ELMHURST IMMEDIATE CARE	2,730,484					90.09
90.10	LAGRANGE FAMILY PCC	6,477,254					90.10
90.12	NORTH RIVERSIDE PCC	4,942,728					90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,000,858					90.14
90.15	OBT II PCC	5,213,389					90.15
90.16	HICKORY HILLS PCC	6,821,862					90.16
90.18	DARIEN PCC	2,126,937					90.18
90.20	ORLANAD PARK - FP	4,430,342					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,764,090					90.21
90.22	HOMER GLEN PCC	17,206,427					90.22
90.23	OAK PARK PCC	1,750,928					90.23
90.24	PARK RIDGE PCC	2,553,504					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	256,381					90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES	56,097					90.27
90.28	MARJORIE WEINBERG CANCER CEN	21,411,783					90.28
90.29	BURR RIDGE PCC	33,994,851					90.29
91	EMERGENCY	84,401,423	0.008493	0.008493			91
92	OBSERVATION BEDS						92
92.01	OBSERVATION BEDS-DISTINCT	11,187,728					92.01
OTHER REIMBURSABLE COST CENTERS							

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
95 AMBULANCE SERVICES								95
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768							97
200 TOTAL (SUM OF LINES 50-199)	1,585,757,879							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S276) [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.467906							50
50.01 AMBULATORY SURGERY CENTER	0.282151							50.01
51 RECOVERY ROOM	0.167421							51
52 DELIVERY ROOM & LABOR ROOM	0.416068							52
53 ANESTHESIOLOGY	0.115528							53
54 RADIOLOGY-DIAGNOSTIC	0.306901							54
54.01 RADIOLOGY-ULTRASOUND	0.136542							54.01
56 RADIOISOTOPE	0.227806							56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383							57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448							58
59 CARDIAC CATHETERIZATION	0.301420							59
60 LABORATORY	0.147832							60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427							60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267							60.02
60.03 LABORATORY-HLA								60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378							63
65 RESPIRATORY THERAPY	0.233394							65
66 PHYSICAL THERAPY	0.337681							66
67 OCCUPATIONAL THERAPY	0.282583							67
68 SPEECH PATHOLOGY	0.314689							68
69 ELECTROCARDIOLOGY	0.247408							69
70 ELECTROENCEPHALOGRAPHY	0.356636							70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309							71
73 DRUGS CHARGED TO PATIENTS	0.266651							73
74 RENAL DIALYSIS	0.301616							74
76 PULMONARY LABS	0.479104							76
76.01 OCCUPATIONAL HEALTH	2.357793							76.01
76.03 HYPERALIMENTATION								76.03
76.04 PERIPHERAL VASCULAR	0.162801							76.04
76.05 PEDIATRIC ENDO NUTRITION								76.05
76.07 GASTROINTESTINAL SERVICE	0.281249							76.07
76.09 BONE MARROW PROCUREMENT	0.813572							76.09
76.10 BARIATRICS								76.10
76.11 HEPATOLOGY								76.11
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.145825							90
90.01 CARDIAC REHABILITATION	0.866673							90.01
90.02 CANCER CENTER	0.394214							90.02
90.03 PSYCH SOCIAL REHAB	1.394830							90.03
90.04 WELLNESS ASSESSMENT								90.04
90.06 HEART FAILURE CLINIC								90.06
90.07 LOC OUTPATIENT CENTER	0.479745							90.07
90.08 OBT OUTPATIENT CENTER	0.401108							90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773							90.09
90.10 LAGRANGE FAMILY PCC	0.484926							90.10
90.12 NORTH RIVERSIDE PCC	0.577333							90.12
90.13 GLENDALE HEIGHTS PCC								90.13
90.14 WHEATON PCC	0.452682							90.14
90.15 OBT II PCC	0.490643							90.15
90.16 HICKORY HILLS PCC	0.578218							90.16
90.18 DARIEN PCC	0.710598							90.18
90.20 ORLANAD PARK - FP	0.716141							90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705							90.21
90.22 HOMER GLEN PCC	0.409307							90.22
90.23 OAK PARK PCC	0.568931							90.23
90.24 PARK RIDGE PCC	0.439124							90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414							90.25
90.26 WOODRIDGE PCC								90.26
90.27 NEUROLOGY - NILES	0.765478							90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353							90.28
90.29 BURR RIDGE PCC	0.483287							90.29
91 EMERGENCY	0.151546							91



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T276)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	5,965,746	145,464,730	0.041012	75,277	3,087		50
50.01	AMBULATORY SURGERY CENTER	1,312,449	42,777,081	0.030681				50.01
51	RECOVERY ROOM	638,169	35,340,038	0.018058	5,849	106		51
52	DELIVERY ROOM & LABOR ROOM	231,787	8,674,395	0.026721				52
53	ANESTHESIOLOGY	402,683	65,448,569	0.006153	32,076	197		53
54	RADIOLOGY-DIAGNOSTIC	2,584,679	58,497,331	0.044185	225,548	9,966		54
54.01	RADIOLOGY-ULTRASOUND	197,807	12,574,759	0.015730	19,652	309		54.01
56	RADIOISOTOPE	447,944	22,451,777	0.019951	10,288	205		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	878,821	82,676,907	0.010630	293,614	3,121		57
58	MAGNETIC RESONANCE IMAGING (M	857,762	40,231,014	0.021321	137,568	2,933		58
59	CARDIAC CATHETERIZATION	1,941,935	56,423,959	0.034417	56,363	1,940		59
60	LABORATORY	1,270,984	208,825,722	0.006086	1,518,809	9,243		60
60.01	LABORATORY-SURGICAL PATHOLOGY	480,447	17,611,268	0.027281	4,991	136		60.01
60.02	LABORATORY-NEUROSURGICAL	10	3,737	0.002676				60.02
60.03	LABORATORY-HLA	38,824						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	190,750	26,368,734	0.007234	147,997	1,071		63
65	RESPIRATORY THERAPY	485,505	41,767,521	0.011624	1,264,534	14,699		65
66	PHYSICAL THERAPY	256,694	18,234,781	0.014077	11,314	159		66
67	OCCUPATIONAL THERAPY	106,595	8,724,032	0.012219	727,205	8,886		67
68	SPEECH PATHOLOGY	42,306	2,667,656	0.015859	231,833	3,677		68
69	ELECTROCARDIOLOGY	2,274,513	88,384,663	0.025734	98,134	2,525		69
70	ELECTROENCEPHALOGRAPHY	244,381	7,106,851	0.034387	13,318	458		70
71	MEDICAL SUPPLIES CHRGD TO PA	221,627	3,511,652	0.063112	171,799	10,843		71
73	DRUGS CHARGED TO PATIENTS	533,682	110,765,287	0.004818	2,538,900	12,232		73
74	RENAL DIALYSIS	427,465	26,313,638	0.016245	95,402	1,550		74
76	PULMONARY LABS	113,616	1,989,586	0.057105	12,771	729		76
76.01	OCCUPATIONAL HEALTH	62,645	354,325	0.176801				76.01
76.03	HYPERALIMENTATION							76.03
76.04	PERIPHERAL VASCULAR	132,339	7,508,810	0.017624	98,327	1,733		76.04
76.05	PEDIATRIC ENDO NUTRITION							76.05
76.07	GASTROINTESTINAL SERVICE	427,318	20,587,903	0.020756	32,737	679		76.07
76.09	BONE MARROW PROCUREMENT	10,155	1,996,224	0.005087				76.09
76.10	BIARIATRICS	474						76.10
76.11	HEPATOLOGY	1,428						76.11
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	63,168	600,684	0.105160				90
90.01	CARDIAC REHABILITATION	14,078	476,940	0.029517				90.01
90.02	CANCER CENTER	1,336,122	92,952,331	0.014374				90.02
90.03	PSYCH SOCIAL REHAB	126,818	576,276	0.220065				90.03
90.04	WELLNESS ASSESSMENT							90.04
90.06	HEART FAILURE CLINIC							90.06
90.07	LOC OUTPATIENT CENTER	4,424,884	91,603,774	0.048305	158,495	7,656		90.07
90.08	OBT OUTPATIENT CENTER	484,116	19,293,090	0.025093				90.08
90.09	ELMHURST IMMEDIATE CARE	73,048	2,730,484	0.026753				90.09
90.10	LAGRANGE FAMILY PCC	140,641	6,477,254	0.021713				90.10
90.12	NORTH RIVERSIDE PCC	91,907	4,942,728	0.018594	275	5		90.12
90.13	GLENDALE HEIGHTS PCC							90.13
90.14	WHEATON PCC	62,341	6,000,858	0.010389				90.14
90.15	OBT II PCC	106,773	5,213,389	0.020481				90.15
90.16	HICKORY HILLS PCC	184,864	6,821,862	0.027099				90.16
90.18	DARIEN PCC	98,741	2,126,937	0.046424				90.18
90.20	ORLANAD PARK - FP	103,579	4,430,342	0.023379				90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	89,470	2,764,090	0.032369				90.21
90.22	HOMER GLEN PCC	318,308	17,206,427	0.018499				90.22
90.23	OAK PARK PCC	46,927	1,750,928	0.026801				90.23
90.24	PARK RIDGE PCC	240,549	2,553,504	0.094203				90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	18,803	256,381	0.073340				90.25
90.26	WOODRIDGE PCC							90.26
90.27	NEUROLOGY - NILES	279	56,097	0.004974				90.27
90.28	MARJORIE WEINBERG CANCER CENT	75,578	21,411,783	0.003530				90.28
90.29	BURR RIDGE PCC	1,324,511	33,994,851	0.038962	209	8		90.29
91	EMERGENCY	851,511	84,401,423	0.010089	51,989	525		91
92	OBSERVATION BEDS	409,565						92
92.01	OBSERVATION BEDS-DISTINCT	68,666	11,187,728	0.006138				92.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T276)

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
97	DURABLE MEDICAL EQUIP-SOLD	16,653	2,644,768	0.006297		97
200	TOTAL (SUM OF LINES 50-199)	33,553,440	1,585,757,879		8,035,274	98,678
						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T276) [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	(SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 AMBULATORY SURGERY CENTER						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIOLOGY-ULTRASOUND						54.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LABORATORY-SURGICAL PATHOLOGY						60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA						60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 PULMONARY LABS						76
76.01 OCCUPATIONAL HEALTH						76.01
76.03 HYPERALIMENTATION						76.03
76.04 PERIPHERAL VASCULAR						76.04
76.05 PEDIATRIC ENDO NUTRITION						76.05
76.07 GASTROINTESTINAL SERVICE						76.07
76.09 BONE MARROW PROCUREMENT						76.09
76.10 BARIATRICS						76.10
76.11 HEPATOLOGY						76.11
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.01 CARDIAC REHABILITATION						90.01
90.02 CANCER CENTER						90.02
90.03 PSYCH SOCIAL REHAB						90.03
90.04 WELLNESS ASSESSMENT						90.04
90.06 HEART FAILURE CLINIC						90.06
90.07 LOC OUTPATIENT CENTER						90.07
90.08 OBT OUTPATIENT CENTER						90.08
90.09 ELMHURST IMMEDIATE CARE						90.09
90.10 LAGRANGE FAMILY PCC						90.10
90.12 NORTH RIVERSIDE PCC						90.12
90.13 GLENDALE HEIGHTS PCC						90.13
90.14 WHEATON PCC						90.14
90.15 OBT II PCC						90.15
90.16 HICKORY HILLS PCC						90.16
90.18 DARIEN PCC						90.18
90.20 ORLANAD PARK - FP						90.20
90.21 FAMILY PRACTICE MAYWOOD PCC						90.21
90.22 HOMER GLEN PCC						90.22
90.23 OAK PARK PCC						90.23
90.24 PARK RIDGE PCC						90.24
90.25 LOYOLA CLINIC AT GOTTLIEB						90.25
90.26 WOODRIDGE PCC						90.26
90.27 NEUROLOGY - NILES						90.27
90.28 MARJORIE WEINBERG CANCER CENT						90.28
90.29 BURR RIDGE PCC						90.29
91 EMERGENCY				716,790	716,790	716,790
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
97 DURABLE MEDICAL EQUIP-SOLD						97
200 TOTAL (SUM OF LINES 50-199)				716,790	716,790	716,790

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] TEFRA	[ ] TEFRA		
BOXES	[ ] TITLE XIX	[XX] IRF (14-T276)	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	145,464,730			75,277			50
50.01 AMBULATORY SURGERY CENTER	42,777,081						50.01
51 RECOVERY ROOM	35,340,038			5,849			51
52 DELIVERY ROOM & LABOR ROOM	8,674,395						52
53 ANESTHESIOLOGY	65,448,569			32,076			53
54 RADIOLOGY-DIAGNOSTIC	58,497,331			225,548			54
54.01 RADIOLOGY-ULTRASOUND	12,574,759			19,652			54.01
56 RADIOISOTOPE	22,451,777			10,288			56
57 COMPUTED TOMOGRAPHY (CT) SCA	82,676,907			293,614			57
58 MAGNETIC RESONANCE IMAGING (	40,231,014			137,568			58
59 CARDIAC CATHETERIZATION	56,423,959			56,363			59
60 LABORATORY	208,825,722			1,518,809			60
60.01 LABORATORY-SURGICAL PATHOLOG	17,611,268			4,991			60.01
60.02 LABORATORY-NEUROSURGICAL	3,737						60.02
60.03 LABORATORY-HLA							60.03
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
63 BLOOD STORING, PROCESSING &	26,368,734			147,997			63
65 RESPIRATORY THERAPY	41,767,521			1,264,534			65
66 PHYSICAL THERAPY	18,234,781			11,314			66
67 OCCUPATIONAL THERAPY	8,724,032			727,205			67
68 SPEECH PATHOLOGY	2,667,656			231,833			68
69 ELECTROCARDIOLOGY	88,384,663			98,134			69
70 ELECTROENCEPHALOGRAPHY	7,106,851			13,318			70
71 MEDICAL SUPPLIES CHRGD TO P	3,511,652			171,799			71
73 DRUGS CHARGED TO PATIENTS	110,765,287			2,538,900			73
74 RENAL DIALYSIS	26,313,638			95,402			74
76 PULMONARY LABS	1,989,586			12,771			76
76.01 OCCUPATIONAL HEALTH	354,325						76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR	7,508,810			98,327			76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE	20,587,903			32,737			76.07
76.09 BONE MARROW PROCUREMENT	1,996,224						76.09
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	600,684						90
90.01 CARDIAC REHABILITATION	476,940						90.01
90.02 CANCER CENTER	92,952,331						90.02
90.03 PSYCH SOCIAL REHAB	576,276						90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER	91,603,774			158,495			90.07
90.08 OBT OUTPATIENT CENTER	19,293,090						90.08
90.09 ELMHURST IMMEDIATE CARE	2,730,484						90.09
90.10 LAGRANGE FAMILY PCC	6,477,254						90.10
90.12 NORTH RIVERSIDE PCC	4,942,728			275			90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC	6,000,858						90.14
90.15 OBT II PCC	5,213,389						90.15
90.16 HICKORY HILLS PCC	6,821,862						90.16
90.18 DARIEN PCC	2,126,937						90.18
90.20 ORLANAD PARK - FP	4,430,342						90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	2,764,090						90.21
90.22 HOMER GLEN PCC	17,206,427						90.22
90.23 OAK PARK PCC	1,750,928						90.23
90.24 PARK RIDGE PCC	2,553,504						90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	256,381						90.25
90.26 WOODRIDGE PCC							90.26
90.27 NEUROLOGY - NILES	56,097						90.27
90.28 MARJORIE WEINBERG CANCER CEN	21,411,783						90.28
90.29 BURR RIDGE PCC	33,994,851			209			90.29
91 EMERGENCY	84,401,423	0.008493	0.008493	51,989	442		91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT	11,187,728						92.01
OTHER REIMBURSABLE COST CENTERS							



PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T276) [ ] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
95 AMBULANCE SERVICES								95
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768							97
200 TOTAL (SUM OF LINES 50-199)	1,585,757,879			8,035,274	442			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [XX] IRF (14-T276) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.467906							50
50.01 AMBULATORY SURGERY CENTER	0.282151							50.01
51 RECOVERY ROOM	0.167421							51
52 DELIVERY ROOM & LABOR ROOM	0.416068							52
53 ANESTHESIOLOGY	0.115528							53
54 RADIOLOGY-DIAGNOSTIC	0.306901							54
54.01 RADIOLOGY-ULTRASOUND	0.136542							54.01
56 RADIOISOTOPE	0.227806							56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383							57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448							58
59 CARDIAC CATHETERIZATION	0.301420							59
60 LABORATORY	0.147832							60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427							60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267							60.02
60.03 LABORATORY-HLA								60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378							63
65 RESPIRATORY THERAPY	0.233394							65
66 PHYSICAL THERAPY	0.337681							66
67 OCCUPATIONAL THERAPY	0.282583							67
68 SPEECH PATHOLOGY	0.314689							68
69 ELECTROCARDIOLOGY	0.247408							69
70 ELECTROENCEPHALOGRAPHY	0.356636							70
71 MEDICAL SUPPLIES CHRGD TO PATI	1.119309							71
73 DRUGS CHARGED TO PATIENTS	0.266651							73
74 RENAL DIALYSIS	0.301616							74
76 PULMONARY LABS	0.479104							76
76.01 OCCUPATIONAL HEALTH	2.357793							76.01
76.03 HYPERALIMENTATION								76.03
76.04 PERIPHERAL VASCULAR	0.162801							76.04
76.05 PEDIATRIC ENDO NUTRITION								76.05
76.07 GASTROINTESTINAL SERVICE	0.281249							76.07
76.09 BONE MARROW PROCUREMENT	0.813572							76.09
76.10 BARIATRICS								76.10
76.11 HEPATOLOGY								76.11
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.145825							90
90.01 CARDIAC REHABILITATION	0.866673							90.01
90.02 CANCER CENTER	0.394214							90.02
90.03 PSYCH SOCIAL REHAB	1.394830							90.03
90.04 WELLNESS ASSESSMENT								90.04
90.06 HEART FAILURE CLINIC								90.06
90.07 LOC OUTPATIENT CENTER	0.479745							90.07
90.08 OBT OUTPATIENT CENTER	0.401108							90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773							90.09
90.10 LAGRANGE FAMILY PCC	0.484926							90.10
90.12 NORTH RIVERSIDE PCC	0.577333							90.12
90.13 GLENDALE HEIGHTS PCC								90.13
90.14 WHEATON PCC	0.452682							90.14
90.15 OBT II PCC	0.490643							90.15
90.16 HICKORY HILLS PCC	0.578218							90.16
90.18 DARIEN PCC	0.710598							90.18
90.20 ORLANAD PARK - FP	0.716141							90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705							90.21
90.22 HOMER GLEN PCC	0.409307							90.22
90.23 OAK PARK PCC	0.568931							90.23
90.24 PARK RIDGE PCC	0.439124							90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414							90.25
90.26 WOODRIDGE PCC								90.26
90.27 NEUROLOGY - NILES	0.765478							90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353							90.28
90.29 BURR RIDGE PCC	0.483287							90.29
91 EMERGENCY	0.151546							91



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,277,186		4,277,186	50.49	16,060	810,869	30
31 INTENSIVE CARE UNIT	1,128,113		1,128,113	81.34	3,403	276,800	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT	283,858		283,858	89.38	1,045	93,402	33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATAL INTENSIVE CARE	567,103		567,103	67.63	4,723	319,416	35
35.01 PEDIATRIC INTENSIVE CARE	130,491		130,491	63.22	1,378	87,117	35.01
35.03 HEART TRANSPLANT ICU	233,219		233,219	84.22	277	23,329	35.03
35.04 BONE INTENSIVE CARE	226,125		226,125	58.49	484	28,309	35.04
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	497,320		497,320	58.50	1,029	60,197	41
42 SUBPROVIDER I							42
43 NURSERY	5,220		5,220	3.22	88	283	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	7,348,635		7,348,635		28,487	1,699,722	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER)  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF  
 BOXES [XX] TITLE XIX [ ] IRF

[XX] PPS  
 [ ] TEFRA  
 [ ] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	5,965,746	145,464,730	0.041012		50
50.01 AMBULATORY SURGERY CENTER	1,312,449	42,777,081	0.030681		50.01
51 RECOVERY ROOM	638,169	35,340,038	0.018058		51
52 DELIVERY ROOM & LABOR ROOM	231,787	8,674,395	0.026721		52
53 ANESTHESIOLOGY	402,683	65,448,569	0.006153		53
54 RADIOLOGY-DIAGNOSTIC	2,584,679	58,497,331	0.044185		54
54.01 RADIOLOGY-ULTRASOUND	197,807	12,574,759	0.015730		54.01
56 RADIOISOTOPE	447,944	22,451,777	0.019951		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	878,821	82,676,907	0.010630		57
58 MAGNETIC RESONANCE IMAGING (M	857,762	40,231,014	0.021321		58
59 CARDIAC CATHETERIZATION	1,941,935	56,423,959	0.034417		59
60 LABORATORY	1,270,984	208,825,722	0.006086		60
60.01 LABORATORY-SURGICAL PATHOLOGY	480,447	17,611,268	0.027281		60.01
60.02 LABORATORY-NEUROSURGICAL	10	3,737	0.002676		60.02
60.03 LABORATORY-HLA	38,824				60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	190,750	26,368,734	0.007234		63
65 RESPIRATORY THERAPY	485,505	41,767,521	0.011624		65
66 PHYSICAL THERAPY	256,694	18,234,781	0.014077		66
67 OCCUPATIONAL THERAPY	106,595	8,724,032	0.012219		67
68 SPEECH PATHOLOGY	42,306	2,667,656	0.015859		68
69 ELECTROCARDIOLOGY	2,274,513	88,384,663	0.025734		69
70 ELECTROENCEPHALOGRAPHY	244,381	7,106,851	0.034387		70
71 MEDICAL SUPPLIES CHRGD TO PA	221,627	3,511,652	0.063112		71
73 DRUGS CHARGED TO PATIENTS	533,682	110,765,287	0.004818		73
74 RENAL DIALYSIS	427,465	26,313,638	0.016245		74
76 PULMONARY LABS	113,616	1,989,586	0.057105		76
76.01 OCCUPATIONAL HEALTH	62,645	354,325	0.176801		76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR	132,339	7,508,810	0.017624		76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE	427,318	20,587,903	0.020756		76.07
76.09 BONE MARROW PROCUREMENT	10,155	1,996,224	0.005087		76.09
76.10 BARIATRICS	474				76.10
76.11 HEPATOLOGY	1,428				76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	63,168	600,684	0.105160		90
90.01 CARDIAC REHABILITATION	14,078	476,940	0.029517		90.01
90.02 CANCER CENTER	1,336,122	92,952,331	0.014374		90.02
90.03 PSYCH SOCIAL REHAB	126,818	576,276	0.220065		90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER	4,424,884	91,603,774	0.048305		90.07
90.08 OBT OUTPATIENT CENTER	484,116	19,293,090	0.025093		90.08
90.09 ELMHURST IMMEDIATE CARE	73,048	2,730,484	0.026753		90.09
90.10 LAGRANGE FAMILY PCC	140,641	6,477,254	0.021713		90.10
90.12 NORTH RIVERSIDE PCC	91,907	4,942,728	0.018594		90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC	62,341	6,000,858	0.010389		90.14
90.15 OBT II PCC	106,773	5,213,389	0.020481		90.15
90.16 HICKORY HILLS PCC	184,864	6,821,862	0.027099		90.16
90.18 DARIEN PCC	98,741	2,126,937	0.046424		90.18
90.20 ORLANAD PARK - FP	103,579	4,430,342	0.023379		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	89,470	2,764,090	0.032369		90.21
90.22 HOMER GLEN PCC	318,308	17,206,427	0.018499		90.22
90.23 OAK PARK PCC	46,927	1,750,928	0.026801		90.23
90.24 PARK RIDGE PCC	240,549	2,553,504	0.094203		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	18,803	256,381	0.073340		90.25
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES	279	56,097	0.004974		90.27
90.28 MARJORIE WEINBERG CANCER CENT	75,578	21,411,783	0.003530		90.28
90.29 BURR RIDGE PCC	1,324,511	33,994,851	0.038962		90.29
91 EMERGENCY	851,511	84,401,423	0.010089		91
92 OBSERVATION BEDS	409,565				92
92.01 OBSERVATION BEDS-DISTINCT	68,666	11,187,728	0.006138		92.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	16,653	2,644,768	0.006297		97
200 TOTAL (SUM OF LINES 50-199)	33,553,440	1,585,757,879			200

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE					35
35.01 PEDIATRIC INTENSIVE CARE					35.01
35.03 HEART TRANSPLANT ICU					35.03
35.04 BONE INTENSIVE CARE					35.04
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	84,716		16,060		30
31 INTENSIVE CARE UNIT	13,869		3,403		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT	3,176		1,045		33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATAL INTENSIVE CARE	8,385		4,723		35
35.01 PEDIATRIC INTENSIVE CARE	2,064		1,378		35.01
35.03 HEART TRANSPLANT ICU	2,769		277		35.03
35.04 BONE INTENSIVE CARE	3,866		484		35.04
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	8,501		1,029		41
42 SUBPROVIDER I					42
43 NURSERY	1,622		88		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	128,968		28,487		200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.01 AMBULATORY SURGERY CENTER							50.01
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 RADIOLOGY-ULTRASOUND							54.01
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 LABORATORY-SURGICAL PATHOLOGY							60.01
60.02 LABORATORY-NEUROSURGICAL							60.02
60.03 LABORATORY-HLA							60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 PULMONARY LABS							76
76.01 OCCUPATIONAL HEALTH							76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR							76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE							76.07
76.09 BONE MARROW PROCUREMENT							76.09
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CARDIAC REHABILITATION							90.01
90.02 CANCER CENTER							90.02
90.03 PSYCH SOCIAL REHAB							90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER							90.07
90.08 OBT OUTPATIENT CENTER							90.08
90.09 ELMHURST IMMEDIATE CARE							90.09
90.10 LAGRANGE FAMILY PCC							90.10
90.12 NORTH RIVERSIDE PCC							90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC							90.14
90.15 OBT II PCC							90.15
90.16 HICKORY HILLS PCC							90.16
90.18 DARIEN PCC							90.18
90.20 ORLANAD PARK - FP							90.20
90.21 FAMILY PRACTICE MAYWOOD PCC							90.21
90.22 HOMER GLEN PCC							90.22
90.23 OAK PARK PCC							90.23
90.24 PARK RIDGE PCC							90.24
90.25 LOYOLA CLINIC AT GOTTLIEB							90.25
90.26 WOODRIDGE PCC							90.26
90.27 NEUROLOGY - NILES							90.27
90.28 MARJORIE WEINBERG CANCER CENT							90.28
90.29 BURR RIDGE PCC							90.29
91 EMERGENCY				716,790	716,790	716,790	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD							97
200 TOTAL (SUM OF LINES 50-199)				716,790	716,790	716,790	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0276)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	145,464,730					50
50.01	AMBULATORY SURGERY CENTER	42,777,081					50.01
51	RECOVERY ROOM	35,340,038					51
52	DELIVERY ROOM & LABOR ROOM	8,674,395					52
53	ANESTHESIOLOGY	65,448,569					53
54	RADIOLOGY-DIAGNOSTIC	58,497,331					54
54.01	RADIOLOGY-ULTRASOUND	12,574,759					54.01
56	RADIOISOTOPE	22,451,777					56
57	COMPUTED TOMOGRAPHY (CT) SCA	82,676,907					57
58	MAGNETIC RESONANCE IMAGING (	40,231,014					58
59	CARDIAC CATHETERIZATION	56,423,959					59
60	LABORATORY	208,825,722					60
60.01	LABORATORY-SURGICAL PATHOLOG	17,611,268					60.01
60.02	LABORATORY-NEUROSURGICAL	3,737					60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	26,368,734					63
65	RESPIRATORY THERAPY	41,767,521					65
66	PHYSICAL THERAPY	18,234,781					66
67	OCCUPATIONAL THERAPY	8,724,032					67
68	SPEECH PATHOLOGY	2,667,656					68
69	ELECTROCARDIOLOGY	88,384,663					69
70	ELECTROENCEPHALOGRAPHY	7,106,851					70
71	MEDICAL SUPPLIES CHRGED TO P	3,511,652					71
73	DRUGS CHARGED TO PATIENTS	110,765,287					73
74	RENAL DIALYSIS	26,313,638					74
76	PULMONARY LABS	1,989,586					76
76.01	OCCUPATIONAL HEALTH	354,325					76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	7,508,810					76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	20,587,903					76.07
76.09	BONE MARROW PROCUREMENT	1,996,224					76.09
76.10	BIARIATRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	600,684					90
90.01	CARDIAC REHABILITATION	476,940					90.01
90.02	CANCER CENTER	92,952,331					90.02
90.03	PSYCH SOCIAL REHAB	576,276					90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	91,603,774					90.07
90.08	OBT OUTPATIENT CENTER	19,293,090					90.08
90.09	ELMHURST IMMEDIATE CARE	2,730,484					90.09
90.10	LAGRANGE FAMILY PCC	6,477,254					90.10
90.12	NORTH RIVERSIDE PCC	4,942,728					90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,000,858					90.14
90.15	OBT II PCC	5,213,389					90.15
90.16	HICKORY HILLS PCC	6,821,862					90.16
90.18	DARIEN PCC	2,126,937					90.18
90.20	ORLANAD PARK - FP	4,430,342					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,764,090					90.21
90.22	HOMER GLEN PCC	17,206,427					90.22
90.23	OAK PARK PCC	1,750,928					90.23
90.24	PARK RIDGE PCC	2,553,504					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	256,381					90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES	56,097					90.27
90.28	MARJORIE WEINBERG CANCER CEN	21,411,783					90.28
90.29	BURR RIDGE PCC	33,994,851					90.29
91	EMERGENCY	84,401,423	0.008493	0.008493			91
92	OBSERVATION BEDS						92
92.01	OBSERVATION BEDS-DISTINCT	11,187,728					92.01
OTHER REIMBURSABLE COST CENTERS							

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
95 AMBULANCE SERVICES								95
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768							97
200 TOTAL (SUM OF LINES 50-199)	1,585,757,879							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES			PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES DED & COINS 5	COST SVCES NOT SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.467906						50
50.01 AMBULATORY SURGERY CENTER	0.282151						50.01
51 RECOVERY ROOM	0.167421						51
52 DELIVERY ROOM & LABOR ROOM	0.416068						52
53 ANESTHESIOLOGY	0.115528						53
54 RADIOLOGY-DIAGNOSTIC	0.306901						54
54.01 RADIOLOGY-ULTRASOUND	0.136542						54.01
56 RADIOISOTOPE	0.227806						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448						58
59 CARDIAC CATHETERIZATION	0.301420						59
60 LABORATORY	0.147832						60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427						60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267						60.02
60.03 LABORATORY-HLA							60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378						63
65 RESPIRATORY THERAPY	0.233394						65
66 PHYSICAL THERAPY	0.337681						66
67 OCCUPATIONAL THERAPY	0.282583						67
68 SPEECH PATHOLOGY	0.314689						68
69 ELECTROCARDIOLOGY	0.247408						69
70 ELECTROENCEPHALOGRAPHY	0.356636						70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309						71
73 DRUGS CHARGED TO PATIENTS	0.266651						73
74 RENAL DIALYSIS	0.301616						74
76 PULMONARY LABS	0.479104						76
76.01 OCCUPATIONAL HEALTH	2.357793						76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR	0.162801						76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE	0.281249						76.07
76.09 BONE MARROW PROCUREMENT	0.813572						76.09
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.145825						90
90.01 CARDIAC REHABILITATION	0.866673						90.01
90.02 CANCER CENTER	0.394214						90.02
90.03 PSYCH SOCIAL REHAB	1.394830						90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER	0.479745						90.07
90.08 OBT OUTPATIENT CENTER	0.401108						90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773						90.09
90.10 LAGRANGE FAMILY PCC	0.484926						90.10
90.12 NORTH RIVERSIDE PCC	0.577333						90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC	0.452682						90.14
90.15 OBT II PCC	0.490643						90.15
90.16 HICKORY HILLS PCC	0.578218						90.16
90.18 DARIEN PCC	0.710598						90.18
90.20 ORLANAD PARK - FP	0.716141						90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705						90.21
90.22 HOMER GLEN PCC	0.409307						90.22
90.23 OAK PARK PCC	0.568931						90.23
90.24 PARK RIDGE PCC	0.439124						90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414						90.25
90.26 WOODRIDGE PCC							90.26
90.27 NEUROLOGY - NILES	0.765478						90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353						90.28
90.29 BURR RIDGE PCC	0.483287						90.29
91 EMERGENCY	0.151546						91



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S276) [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	5,965,746	145,464,730	0.041012	50
50.01	AMBULATORY SURGERY CENTER	1,312,449	42,777,081	0.030681	50.01
51	RECOVERY ROOM	638,169	35,340,038	0.018058	51
52	DELIVERY ROOM & LABOR ROOM	231,787	8,674,395	0.026721	52
53	ANESTHESIOLOGY	402,683	65,448,569	0.006153	53
54	RADIOLOGY-DIAGNOSTIC	2,584,679	58,497,331	0.044185	54
54.01	RADIOLOGY-ULTRASOUND	197,807	12,574,759	0.015730	54.01
56	RADIOISOTOPE	447,944	22,451,777	0.019951	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	878,821	82,676,907	0.010630	57
58	MAGNETIC RESONANCE IMAGING (M	857,762	40,231,014	0.021321	58
59	CARDIAC CATHETERIZATION	1,941,935	56,423,959	0.034417	59
60	LABORATORY	1,270,984	208,825,722	0.006086	60
60.01	LABORATORY-SURGICAL PATHOLOGY	480,447	17,611,268	0.027281	60.01
60.02	LABORATORY-NEUROSURGICAL	10	3,737	0.002676	60.02
60.03	LABORATORY-HLA	38,824			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	190,750	26,368,734	0.007234	63
65	RESPIRATORY THERAPY	485,505	41,767,521	0.011624	65
66	PHYSICAL THERAPY	256,694	18,234,781	0.014077	66
67	OCCUPATIONAL THERAPY	106,595	8,724,032	0.012219	67
68	SPEECH PATHOLOGY	42,306	2,667,656	0.015859	68
69	ELECTROCARDIOLOGY	2,274,513	88,384,663	0.025734	69
70	ELECTROENCEPHALOGRAPHY	244,381	7,106,851	0.034387	70
71	MEDICAL SUPPLIES CHRGED TO PA	221,627	3,511,652	0.063112	71
73	DRUGS CHARGED TO PATIENTS	533,682	110,765,287	0.004818	73
74	RENAL DIALYSIS	427,465	26,313,638	0.016245	74
76	PULMONARY LABS	113,616	1,989,586	0.057105	76
76.01	OCCUPATIONAL HEALTH	62,645	354,325	0.176801	76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	132,339	7,508,810	0.017624	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	427,318	20,587,903	0.020756	76.07
76.09	BONE MARROW PROCUREMENT	10,155	1,996,224	0.005087	76.09
76.10	BIARIATRICS	474			76.10
76.11	HEPATOLOGY	1,428			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	63,168	600,684	0.105160	90
90.01	CARDIAC REHABILITATION	14,078	476,940	0.029517	90.01
90.02	CANCER CENTER	1,336,122	92,952,331	0.014374	90.02
90.03	PSYCH SOCIAL REHAB	126,818	576,276	0.220065	90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	4,424,884	91,603,774	0.048305	90.07
90.08	OBT OUTPATIENT CENTER	484,116	19,293,090	0.025093	90.08
90.09	ELMHURST IMMEDIATE CARE	73,048	2,730,484	0.026753	90.09
90.10	LAGRANGE FAMILY PCC	140,641	6,477,254	0.021713	90.10
90.12	NORTH RIVERSIDE PCC	91,907	4,942,728	0.018594	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	62,341	6,000,858	0.010389	90.14
90.15	OBT II PCC	106,773	5,213,389	0.020481	90.15
90.16	HICKORY HILLS PCC	184,864	6,821,862	0.027099	90.16
90.18	DARIEN PCC	98,741	2,126,937	0.046424	90.18
90.20	ORLANAD PARK - FP	103,579	4,430,342	0.023379	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	89,470	2,764,090	0.032369	90.21
90.22	HOMER GLEN PCC	318,308	17,206,427	0.018499	90.22
90.23	OAK PARK PCC	46,927	1,750,928	0.026801	90.23
90.24	PARK RIDGE PCC	240,549	2,553,504	0.094203	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	18,803	256,381	0.073340	90.25
90.26	WOODRIDGE PCC				90.26
90.27	NEUROLOGY - NILES	279	56,097	0.004974	90.27
90.28	MARJORIE WEINBERG CANCER CENT	75,578	21,411,783	0.003530	90.28
90.29	BURR RIDGE PCC	1,324,511	33,994,851	0.038962	90.29
91	EMERGENCY	851,511	84,401,423	0.010089	91
92	OBSERVATION BEDS	409,565			92
92.01	OBSERVATION BEDS-DISTINCT	68,666	11,187,728	0.006138	92.01

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S276) [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	16,653	2,644,768	0.006297		97
200 TOTAL (SUM OF LINES 50-199)	33,553,440	1,585,757,879			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S276) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.01 AMBULATORY SURGERY CENTER							50.01
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 RADIOLOGY-ULTRASOUND							54.01
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 LABORATORY-SURGICAL PATHOLOGY							60.01
60.02 LABORATORY-NEUROSURGICAL							60.02
60.03 LABORATORY-HLA							60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGED TO PA							71
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 PULMONARY LABS							76
76.01 OCCUPATIONAL HEALTH							76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR							76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE							76.07
76.09 BONE MARROW PROCUREMENT							76.09
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CARDIAC REHABILITATION							90.01
90.02 CANCER CENTER							90.02
90.03 PSYCH SOCIAL REHAB							90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER							90.07
90.08 OBT OUTPATIENT CENTER							90.08
90.09 ELMHURST IMMEDIATE CARE							90.09
90.10 LAGRANGE FAMILY PCC							90.10
90.12 NORTH RIVERSIDE PCC							90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC							90.14
90.15 OBT II PCC							90.15
90.16 HICKORY HILLS PCC							90.16
90.18 DARIEN PCC							90.18
90.20 ORLANAD PARK - FP							90.20
90.21 FAMILY PRACTICE MAYWOOD PCC							90.21
90.22 HOMER GLEN PCC							90.22
90.23 OAK PARK PCC							90.23
90.24 PARK RIDGE PCC							90.24
90.25 LOYOLA CLINIC AT GOTTLIEB							90.25
90.26 WOODRIDGE PCC							90.26
90.27 NEUROLOGY - NILES							90.27
90.28 MARJORIE WEINBERG CANCER CENT							90.28
90.29 BURR RIDGE PCC							90.29
91 EMERGENCY				716,790	716,790	716,790	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD							97
200 TOTAL (SUM OF LINES 50-199)				716,790	716,790	716,790	200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S276) [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	145,464,730					50
50.01						AMBULATORY SURGERY CENTER	42,777,081					50.01
51						RECOVERY ROOM	35,340,038					51
52						DELIVERY ROOM & LABOR ROOM	8,674,395					52
53						ANESTHESIOLOGY	65,448,569					53
54						RADIOLOGY-DIAGNOSTIC	58,497,331					54
54.01						RADIOLOGY-ULTRASOUND	12,574,759					54.01
56						RADIOISOTOPE	22,451,777					56
57						COMPUTED TOMOGRAPHY (CT) SCA	82,676,907					57
58						MAGNETIC RESONANCE IMAGING (	40,231,014					58
59						CARDIAC CATHETERIZATION	56,423,959					59
60						LABORATORY	208,825,722					60
60.01						LABORATORY-SURGICAL PATHOLOG	17,611,268					60.01
60.02						LABORATORY-NEUROSURGICAL	3,737					60.02
60.03						LABORATORY-HLA						60.03
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	26,368,734					63
65						RESPIRATORY THERAPY	41,767,521					65
66						PHYSICAL THERAPY	18,234,781					66
67						OCCUPATIONAL THERAPY	8,724,032					67
68						SPEECH PATHOLOGY	2,667,656					68
69						ELECTROCARDIOLOGY	88,384,663					69
70						ELECTROENCEPHALOGRAPHY	7,106,851					70
71						MEDICAL SUPPLIES CHRGED TO P	3,511,652					71
73						DRUGS CHARGED TO PATIENTS	110,765,287					73
74						RENAL DIALYSIS	26,313,638					74
76						PULMONARY LABS	1,989,586					76
76.01						OCCUPATIONAL HEALTH	354,325					76.01
76.03						HYPERALIMENTATION						76.03
76.04						PERIPHERAL VASCULAR	7,508,810					76.04
76.05						PEDIATRIC ENDO NUTRITION						76.05
76.07						GASTROINTESTINAL SERVICE	20,587,903					76.07
76.09						BONE MARROW PROCUREMENT	1,996,224					76.09
76.10						BARIATRICS						76.10
76.11						HEPATOLOGY						76.11
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90						CLINIC	600,684					90
90.01						CARDIAC REHABILITATION	476,940					90.01
90.02						CANCER CENTER	92,952,331					90.02
90.03						PSYCH SOCIAL REHAB	576,276					90.03
90.04						WELLNESS ASSESSMENT						90.04
90.06						HEART FAILURE CLINIC						90.06
90.07						LOC OUTPATIENT CENTER	91,603,774					90.07
90.08						OBT OUTPATIENT CENTER	19,293,090					90.08
90.09						ELMHURST IMMEDIATE CARE	2,730,484					90.09
90.10						LAGRANGE FAMILY PCC	6,477,254					90.10
90.12						NORTH RIVERSIDE PCC	4,942,728					90.12
90.13						GLENDALE HEIGHTS PCC						90.13
90.14						WHEATON PCC	6,000,858					90.14
90.15						OBT II PCC	5,213,389					90.15
90.16						HICKORY HILLS PCC	6,821,862					90.16
90.18						DARIEN PCC	2,126,937					90.18
90.20						ORLANAD PARK - FP	4,430,342					90.20
90.21						FAMILY PRACTICE MAYWOOD PCC	2,764,090					90.21
90.22						HOMER GLEN PCC	17,206,427					90.22
90.23						OAK PARK PCC	1,750,928					90.23
90.24						PARK RIDGE PCC	2,553,504					90.24
90.25						LOYOLA CLINIC AT GOTTLIEB	256,381					90.25
90.26						WOODRIDGE PCC						90.26
90.27						NEUROLOGY - NILES	56,097					90.27
90.28						MARJORIE WEINBERG CANCER CEN	21,411,783					90.28
90.29						BURR RIDGE PCC	33,994,851					90.29
91						EMERGENCY	84,401,423	0.008493	0.008493			91
92						OBSERVATION BEDS						92
92.01						OBSERVATION BEDS-DISTINCT	11,187,728					92.01
OTHER REIMBURSABLE COST CENTERS												

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S276) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
95 AMBULANCE SERVICES								95
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768							97
200 TOTAL (SUM OF LINES 50-199)	1,585,757,879							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [XX] IPF (14-S276) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.467906							50
50.01 AMBULATORY SURGERY CENTER	0.282151							50.01
51 RECOVERY ROOM	0.167421							51
52 DELIVERY ROOM & LABOR ROOM	0.416068							52
53 ANESTHESIOLOGY	0.115528							53
54 RADIOLOGY-DIAGNOSTIC	0.306901							54
54.01 RADIOLOGY-ULTRASOUND	0.136542							54.01
56 RADIOISOTOPE	0.227806							56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383							57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448							58
59 CARDIAC CATHETERIZATION	0.301420							59
60 LABORATORY	0.147832							60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427							60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267							60.02
60.03 LABORATORY-HLA								60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378							63
65 RESPIRATORY THERAPY	0.233394							65
66 PHYSICAL THERAPY	0.337681							66
67 OCCUPATIONAL THERAPY	0.282583							67
68 SPEECH PATHOLOGY	0.314689							68
69 ELECTROCARDIOLOGY	0.247408							69
70 ELECTROENCEPHALOGRAPHY	0.356636							70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309							71
73 DRUGS CHARGED TO PATIENTS	0.266651							73
74 RENAL DIALYSIS	0.301616							74
76 PULMONARY LABS	0.479104							76
76.01 OCCUPATIONAL HEALTH	2.357793							76.01
76.03 HYPERALIMENTATION								76.03
76.04 PERIPHERAL VASCULAR	0.162801							76.04
76.05 PEDIATRIC ENDO NUTRITION								76.05
76.07 GASTROINTESTINAL SERVICE	0.281249							76.07
76.09 BONE MARROW PROCUREMENT	0.813572							76.09
76.10 BARIATRICS								76.10
76.11 HEPATOLOGY								76.11
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.145825							90
90.01 CARDIAC REHABILITATION	0.866673							90.01
90.02 CANCER CENTER	0.394214							90.02
90.03 PSYCH SOCIAL REHAB	1.394830							90.03
90.04 WELLNESS ASSESSMENT								90.04
90.06 HEART FAILURE CLINIC								90.06
90.07 LOC OUTPATIENT CENTER	0.479745							90.07
90.08 OBT OUTPATIENT CENTER	0.401108							90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773							90.09
90.10 LAGRANGE FAMILY PCC	0.484926							90.10
90.12 NORTH RIVERSIDE PCC	0.577333							90.12
90.13 GLENDALE HEIGHTS PCC								90.13
90.14 WHEATON PCC	0.452682							90.14
90.15 OBT II PCC	0.490643							90.15
90.16 HICKORY HILLS PCC	0.578218							90.16
90.18 DARIEN PCC	0.710598							90.18
90.20 ORLANAD PARK - FP	0.716141							90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705							90.21
90.22 HOMER GLEN PCC	0.409307							90.22
90.23 OAK PARK PCC	0.568931							90.23
90.24 PARK RIDGE PCC	0.439124							90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414							90.25
90.26 WOODRIDGE PCC								90.26
90.27 NEUROLOGY - NILES	0.765478							90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353							90.28
90.29 BURR RIDGE PCC	0.483287							90.29
91 EMERGENCY	0.151546							91



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T276)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	5,965,746	145,464,730	0.041012	50
50.01	AMBULATORY SURGERY CENTER	1,312,449	42,777,081	0.030681	50.01
51	RECOVERY ROOM	638,169	35,340,038	0.018058	51
52	DELIVERY ROOM & LABOR ROOM	231,787	8,674,395	0.026721	52
53	ANESTHESIOLOGY	402,683	65,448,569	0.006153	53
54	RADIOLOGY-DIAGNOSTIC	2,584,679	58,497,331	0.044185	54
54.01	RADIOLOGY-ULTRASOUND	197,807	12,574,759	0.015730	54.01
56	RADIOISOTOPE	447,944	22,451,777	0.019951	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	878,821	82,676,907	0.010630	57
58	MAGNETIC RESONANCE IMAGING (M	857,762	40,231,014	0.021321	58
59	CARDIAC CATHETERIZATION	1,941,935	56,423,959	0.034417	59
60	LABORATORY	1,270,984	208,825,722	0.006086	60
60.01	LABORATORY-SURGICAL PATHOLOGY	480,447	17,611,268	0.027281	60.01
60.02	LABORATORY-NEUROSURGICAL	10	3,737	0.002676	60.02
60.03	LABORATORY-HLA	38,824			60.03
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	190,750	26,368,734	0.007234	63
65	RESPIRATORY THERAPY	485,505	41,767,521	0.011624	65
66	PHYSICAL THERAPY	256,694	18,234,781	0.014077	66
67	OCCUPATIONAL THERAPY	106,595	8,724,032	0.012219	67
68	SPEECH PATHOLOGY	42,306	2,667,656	0.015859	68
69	ELECTROCARDIOLOGY	2,274,513	88,384,663	0.025734	69
70	ELECTROENCEPHALOGRAPHY	244,381	7,106,851	0.034387	70
71	MEDICAL SUPPLIES CHRGD TO PA	221,627	3,511,652	0.063112	71
73	DRUGS CHARGED TO PATIENTS	533,682	110,765,287	0.004818	73
74	RENAL DIALYSIS	427,465	26,313,638	0.016245	74
76	PULMONARY LABS	113,616	1,989,586	0.057105	76
76.01	OCCUPATIONAL HEALTH	62,645	354,325	0.176801	76.01
76.03	HYPERALIMENTATION				76.03
76.04	PERIPHERAL VASCULAR	132,339	7,508,810	0.017624	76.04
76.05	PEDIATRIC ENDO NUTRITION				76.05
76.07	GASTROINTESTINAL SERVICE	427,318	20,587,903	0.020756	76.07
76.09	BONE MARROW PROCUREMENT	10,155	1,996,224	0.005087	76.09
76.10	BIARIATRICS	474			76.10
76.11	HEPATOLOGY	1,428			76.11
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	63,168	600,684	0.105160	90
90.01	CARDIAC REHABILITATION	14,078	476,940	0.029517	90.01
90.02	CANCER CENTER	1,336,122	92,952,331	0.014374	90.02
90.03	PSYCH SOCIAL REHAB	126,818	576,276	0.220065	90.03
90.04	WELLNESS ASSESSMENT				90.04
90.06	HEART FAILURE CLINIC				90.06
90.07	LOC OUTPATIENT CENTER	4,424,884	91,603,774	0.048305	90.07
90.08	OBT OUTPATIENT CENTER	484,116	19,293,090	0.025093	90.08
90.09	ELMHURST IMMEDIATE CARE	73,048	2,730,484	0.026753	90.09
90.10	LAGRANGE FAMILY PCC	140,641	6,477,254	0.021713	90.10
90.12	NORTH RIVERSIDE PCC	91,907	4,942,728	0.018594	90.12
90.13	GLENDALE HEIGHTS PCC				90.13
90.14	WHEATON PCC	62,341	6,000,858	0.010389	90.14
90.15	OBT II PCC	106,773	5,213,389	0.020481	90.15
90.16	HICKORY HILLS PCC	184,864	6,821,862	0.027099	90.16
90.18	DARIEN PCC	98,741	2,126,937	0.046424	90.18
90.20	ORLANAD PARK - FP	103,579	4,430,342	0.023379	90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	89,470	2,764,090	0.032369	90.21
90.22	HOMER GLEN PCC	318,308	17,206,427	0.018499	90.22
90.23	OAK PARK PCC	46,927	1,750,928	0.026801	90.23
90.24	PARK RIDGE PCC	240,549	2,553,504	0.094203	90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	18,803	256,381	0.073340	90.25
90.26	WOODRIDGE PCC				90.26
90.27	NEUROLOGY - NILES	279	56,097	0.004974	90.27
90.28	MARJORIE WEINBERG CANCER CENT	75,578	21,411,783	0.003530	90.28
90.29	BURR RIDGE PCC	1,324,511	33,994,851	0.038962	90.29
91	EMERGENCY	851,511	84,401,423	0.010089	91
92	OBSERVATION BEDS	409,565			92
92.01	OBSERVATION BEDS-DISTINCT	68,666	11,187,728	0.006138	92.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T276) [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		PROGRAM
	(FROM WKST	(FROM WKST	CHARGES	CHARGES	COL.4)
	B, PT. II,	C, PT. I,	(COL.1 +		
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	16,653	2,644,768	0.006297		97
200 TOTAL (SUM OF LINES 50-199)	33,553,440	1,585,757,879			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T276) [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
50.01 AMBULATORY SURGERY CENTER							50.01
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 RADIOLOGY-ULTRASOUND							54.01
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
60.01 LABORATORY-SURGICAL PATHOLOGY							60.01
60.02 LABORATORY-NEUROSURGICAL							60.02
60.03 LABORATORY-HLA							60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
70 ELECTROENCEPHALOGRAPHY							70
71 MEDICAL SUPPLIES CHRGD TO PA							71
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 PULMONARY LABS							76
76.01 OCCUPATIONAL HEALTH							76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR							76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE							76.07
76.09 BONE MARROW PROCUREMENT							76.09
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC							90
90.01 CARDIAC REHABILITATION							90.01
90.02 CANCER CENTER							90.02
90.03 PSYCH SOCIAL REHAB							90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER							90.07
90.08 OBT OUTPATIENT CENTER							90.08
90.09 ELMHURST IMMEDIATE CARE							90.09
90.10 LAGRANGE FAMILY PCC							90.10
90.12 NORTH RIVERSIDE PCC							90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC							90.14
90.15 OBT II PCC							90.15
90.16 HICKORY HILLS PCC							90.16
90.18 DARIEN PCC							90.18
90.20 ORLANAD PARK - FP							90.20
90.21 FAMILY PRACTICE MAYWOOD PCC							90.21
90.22 HOMER GLEN PCC							90.22
90.23 OAK PARK PCC							90.23
90.24 PARK RIDGE PCC							90.24
90.25 LOYOLA CLINIC AT GOTTLIEB							90.25
90.26 WOODRIDGE PCC							90.26
90.27 NEUROLOGY - NILES							90.27
90.28 MARJORIE WEINBERG CANCER CENT							90.28
90.29 BURR RIDGE PCC							90.29
91 EMERGENCY				716,790	716,790	716,790	91
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD							97
200 TOTAL (SUM OF LINES 50-199)				716,790	716,790	716,790	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T276)	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	145,464,730					50
50.01	AMBULATORY SURGERY CENTER	42,777,081					50.01
51	RECOVERY ROOM	35,340,038					51
52	DELIVERY ROOM & LABOR ROOM	8,674,395					52
53	ANESTHESIOLOGY	65,448,569					53
54	RADIOLOGY-DIAGNOSTIC	58,497,331					54
54.01	RADIOLOGY-ULTRASOUND	12,574,759					54.01
56	RADIOISOTOPE	22,451,777					56
57	COMPUTED TOMOGRAPHY (CT) SCA	82,676,907					57
58	MAGNETIC RESONANCE IMAGING (	40,231,014					58
59	CARDIAC CATHETERIZATION	56,423,959					59
60	LABORATORY	208,825,722					60
60.01	LABORATORY-SURGICAL PATHOLOG	17,611,268					60.01
60.02	LABORATORY-NEUROSURGICAL	3,737					60.02
60.03	LABORATORY-HLA						60.03
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	26,368,734					63
65	RESPIRATORY THERAPY	41,767,521					65
66	PHYSICAL THERAPY	18,234,781					66
67	OCCUPATIONAL THERAPY	8,724,032					67
68	SPEECH PATHOLOGY	2,667,656					68
69	ELECTROCARDIOLOGY	88,384,663					69
70	ELECTROENCEPHALOGRAPHY	7,106,851					70
71	MEDICAL SUPPLIES CHRGED TO P	3,511,652					71
73	DRUGS CHARGED TO PATIENTS	110,765,287					73
74	RENAL DIALYSIS	26,313,638					74
76	PULMONARY LABS	1,989,586					76
76.01	OCCUPATIONAL HEALTH	354,325					76.01
76.03	HYPERALIMENTATION						76.03
76.04	PERIPHERAL VASCULAR	7,508,810					76.04
76.05	PEDIATRIC ENDO NUTRITION						76.05
76.07	GASTROINTESTINAL SERVICE	20,587,903					76.07
76.09	BONE MARROW PROCUREMENT	1,996,224					76.09
76.10	BIARIATRICS						76.10
76.11	HEPATOLOGY						76.11
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	600,684					90
90.01	CARDIAC REHABILITATION	476,940					90.01
90.02	CANCER CENTER	92,952,331					90.02
90.03	PSYCH SOCIAL REHAB	576,276					90.03
90.04	WELLNESS ASSESSMENT						90.04
90.06	HEART FAILURE CLINIC						90.06
90.07	LOC OUTPATIENT CENTER	91,603,774					90.07
90.08	OBT OUTPATIENT CENTER	19,293,090					90.08
90.09	ELMHURST IMMEDIATE CARE	2,730,484					90.09
90.10	LAGRANGE FAMILY PCC	6,477,254					90.10
90.12	NORTH RIVERSIDE PCC	4,942,728					90.12
90.13	GLENDALE HEIGHTS PCC						90.13
90.14	WHEATON PCC	6,000,858					90.14
90.15	OBT II PCC	5,213,389					90.15
90.16	HICKORY HILLS PCC	6,821,862					90.16
90.18	DARIEN PCC	2,126,937					90.18
90.20	ORLANAD PARK - FP	4,430,342					90.20
90.21	FAMILY PRACTICE MAYWOOD PCC	2,764,090					90.21
90.22	HOMER GLEN PCC	17,206,427					90.22
90.23	OAK PARK PCC	1,750,928					90.23
90.24	PARK RIDGE PCC	2,553,504					90.24
90.25	LOYOLA CLINIC AT GOTTLIEB	256,381					90.25
90.26	WOODRIDGE PCC						90.26
90.27	NEUROLOGY - NILES	56,097					90.27
90.28	MARJORIE WEINBERG CANCER CEN	21,411,783					90.28
90.29	BURR RIDGE PCC	33,994,851					90.29
91	EMERGENCY	84,401,423	0.008493	0.008493			91
92	OBSERVATION BEDS						92
92.01	OBSERVATION BEDS-DISTINCT	11,187,728					92.01
OTHER REIMBURSABLE COST CENTERS							



PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T276) [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x	(COL. 9 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)		COL. 10)	COL. 12)	COL. 12)
	7	8	9	10	11	12	13
95 AMBULANCE SERVICES							95
97 DURABLE MEDICAL EQUIP-SOLD	2,644,768						97
200 TOTAL (SUM OF LINES 50-199)	1,585,757,879						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T276) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.467906						50
50.01 AMBULATORY SURGERY CENTER	0.282151						50.01
51 RECOVERY ROOM	0.167421						51
52 DELIVERY ROOM & LABOR ROOM	0.416068						52
53 ANESTHESIOLOGY	0.115528						53
54 RADIOLOGY-DIAGNOSTIC	0.306901						54
54.01 RADIOLOGY-ULTRASOUND	0.136542						54.01
56 RADIOISOTOPE	0.227806						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448						58
59 CARDIAC CATHETERIZATION	0.301420						59
60 LABORATORY	0.147832						60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427						60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267						60.02
60.03 LABORATORY-HLA							60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378						63
65 RESPIRATORY THERAPY	0.233394						65
66 PHYSICAL THERAPY	0.337681						66
67 OCCUPATIONAL THERAPY	0.282583						67
68 SPEECH PATHOLOGY	0.314689						68
69 ELECTROCARDIOLOGY	0.247408						69
70 ELECTROENCEPHALOGRAPHY	0.356636						70
71 MEDICAL SUPPLIES CHRGD TO PATI	1.119309						71
73 DRUGS CHARGED TO PATIENTS	0.266651						73
74 RENAL DIALYSIS	0.301616						74
76 PULMONARY LABS	0.479104						76
76.01 OCCUPATIONAL HEALTH	2.357793						76.01
76.03 HYPERALIMENTATION							76.03
76.04 PERIPHERAL VASCULAR	0.162801						76.04
76.05 PEDIATRIC ENDO NUTRITION							76.05
76.07 GASTROINTESTINAL SERVICE	0.281249						76.07
76.09 BONE MARROW PROCUREMENT	0.813572						76.09
76.10 BARIATRICS							76.10
76.11 HEPATOLOGY							76.11
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.145825						90
90.01 CARDIAC REHABILITATION	0.866673						90.01
90.02 CANCER CENTER	0.394214						90.02
90.03 PSYCH SOCIAL REHAB	1.394830						90.03
90.04 WELLNESS ASSESSMENT							90.04
90.06 HEART FAILURE CLINIC							90.06
90.07 LOC OUTPATIENT CENTER	0.479745						90.07
90.08 OBT OUTPATIENT CENTER	0.401108						90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773						90.09
90.10 LAGRANGE FAMILY PCC	0.484926						90.10
90.12 NORTH RIVERSIDE PCC	0.577333						90.12
90.13 GLENDALE HEIGHTS PCC							90.13
90.14 WHEATON PCC	0.452682						90.14
90.15 OBT II PCC	0.490643						90.15
90.16 HICKORY HILLS PCC	0.578218						90.16
90.18 DARIEN PCC	0.710598						90.18
90.20 ORLANAD PARK - FP	0.716141						90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705						90.21
90.22 HOMER GLEN PCC	0.409307						90.22
90.23 OAK PARK PCC	0.568931						90.23
90.24 PARK RIDGE PCC	0.439124						90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414						90.25
90.26 WOODRIDGE PCC							90.26
90.27 NEUROLOGY - NILES	0.765478						90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353						90.28
90.29 BURR RIDGE PCC	0.483287						90.29
91 EMERGENCY	0.151546						91



WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	84,716	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	84,716	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	76,604	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	28,960	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	64,116,494	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	64,116,494	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	64,116,494	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 756.84 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 21,918,086 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 21,918,086 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	21,899,496	13,869	1,579.02	7,694	12,148,980	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	7,132,164	3,176	2,245.64	707	1,587,667	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE	10,875,883	8,385	1,297.06			47
47.01 PEDIATRIC INTENSIVE CARE	3,402,433	2,064	1,648.47			47.01
47.03 HEART TRANSPLANT ICU	4,112,124	2,769	1,485.06	1,659	2,463,715	47.03
47.04 BONE INTENSIVE CARE	4,952,291	3,866	1,280.99	1,557	1,994,501	47.04
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					71,200,157	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					111,313,106	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,382,002 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 5,324,817 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 7,706,819 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 103,606,287 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 8,112 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 756.84 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 6,139,486 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	4,277,186	64,116,494	0.066710	6,139,486	409,565	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S276)	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	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 (SEE INSTRUCTIONS)	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	16
SWING-BED ADJUSTMENT		
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 (SEE INSTRUCTIONS)	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)	23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)	24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S276)			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF			[ ]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52 TOTAL PROGRAM EXCLUDABLE COST	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T276) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,501	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,501	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,501	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,490	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	7,122,234	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,122,234	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	7,122,234	37



WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[XX]	IRF (14-T276)			[ ]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	837.81	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,599,577	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	4,599,577	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,080,960	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	6,680,537	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	321,165	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	99,120	51
52 TOTAL PROGRAM EXCLUDABLE COST	420,285	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	6,260,252	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	84,716	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	84,716	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	76,604	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	16,060	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,622	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	88	16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	64,116,494	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	64,116,494	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	64,116,494	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 756.84 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 12,154,850 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 12,154,850 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)	788,604	1,622	486.19	88	42,785	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	21,899,496	13,869	1,579.02	3,403	5,373,405	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT	7,132,164	3,176	2,245.64	1,045	2,346,694	45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATAL INTENSIVE CARE	10,875,883	8,385	1,297.06	4,723	6,126,014	47
47.01 PEDIATRIC INTENSIVE CARE	3,402,433	2,064	1,648.47	1,378	2,271,592	47.01
47.03 HEART TRANSPLANT ICU	4,112,124	2,769	1,485.06	277	411,362	47.03
47.04 BONE INTENSIVE CARE	4,952,291	3,866	1,280.99	484	619,999	47.04
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)						48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					29,346,701	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,639,525 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 1,639,525 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 27,707,176 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 54  
 55 TARGET AMOUNT PER DISCHARGE 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57  
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58  
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 8,112 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	ICF/MR	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S276)	[ ]	SNF	[ ]		[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRF	[ ]	NF	[ ]		[XX]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	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 (SEE INSTRUCTIONS)	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	16
SWING-BED ADJUSTMENT		
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 (SEE INSTRUCTIONS)	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)	23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)	24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S276)			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[ ]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52 TOTAL PROGRAM EXCLUDABLE COST	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T276) [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,501	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,501	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,501	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,029	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	7,122,234	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,122,234	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	7,122,234	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T276)			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	837.81	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	862,106	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	862,106	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	862,106	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	60,197	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST	60,197	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		69,658,703			30
31 INTENSIVE CARE UNIT		25,259,690			31
33 BURN INTENSIVE CARE UNIT		4,690,326			33
35 NEONATAL INTENSIVE CARE					35
35.01 PEDIATRIC INTENSIVE CARE					35.01
35.03 HEART TRANSPLANT ICU		5,976,787			35.03
35.04 BONE INTENSIVE CARE		4,618,775			35.04
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.467906	43,870,904	20,527,459		50
50.01 AMBULATORY SURGERY CENTER	0.282151	86,114	24,297		50.01
51 RECOVERY ROOM	0.167421	7,559,662	1,265,646		51
52 DELIVERY ROOM & LABOR ROOM	0.416068	47,394	19,719		52
53 ANESTHESIOLOGY	0.115528	18,869,033	2,179,902		53
54 RADIOLOGY-DIAGNOSTIC	0.306901	11,736,556	3,601,961		54
54.01 RADIOLOGY-ULTRASOUND	0.136542	1,156,974	157,976		54.01
56 RADIOISOTOPE	0.227806	1,332,958	303,656		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383	11,738,795	978,816		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448	4,930,620	682,634		58
59 CARDIAC CATHETERIZATION	0.301420	14,325,973	4,318,135		59
60 LABORATORY	0.147832	39,532,234	5,844,129		60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427	2,234,640	649,000		60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267				60.02
60.03 LABORATORY-HLA					60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378	7,424,708	3,024,663		63
65 RESPIRATORY THERAPY	0.233394	15,644,466	3,651,324		65
66 PHYSICAL THERAPY	0.337681	2,428,749	820,142		66
67 OCCUPATIONAL THERAPY	0.282583	1,895,911	535,752		67
68 SPEECH PATHOLOGY	0.314689	910,408	286,495		68
69 ELECTROCARDIOLOGY	0.247408	25,265,719	6,250,941		69
70 ELECTROENCEPHALOGRAPHY	0.356636	972,541	346,843		70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309	1,077,723	1,206,305		71
73 DRUGS CHARGED TO PATIENTS	0.266651	35,699,335	9,519,263		73
74 RENAL DIALYSIS	0.301616	2,027,567	611,547		74
76 PULMONARY LABS	0.479104	349,897	167,637		76
76.01 OCCUPATIONAL HEALTH	2.357793				76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR	0.162801	1,643,467	267,558		76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE	0.281249	1,756,486	494,010		76.07
76.09 BONE MARROW PROCUREMENT	0.813572	401,923	326,993		76.09
76.10 BARIATRICS					76.10
76.11 HEPATOLOGY					76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.145825	1,908	2,186		90
90.01 CARDIAC REHABILITATION	0.866673	254,093	220,216		90.01
90.02 CANCER CENTER	0.394214	575,108	226,716		90.02
90.03 PSYCH SOCIAL REHAB	1.394830				90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER	0.479745	898,819	431,204		90.07
90.08 OBT OUTPATIENT CENTER	0.401108	50,905	20,418		90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773	2,299	1,335		90.09
90.10 LAGRANGE FAMILY PCC	0.484926	8,755	4,246		90.10
90.12 NORTH RIVERSIDE PCC	0.577333	7,560	4,365		90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC	0.452682	6,989	3,164		90.14
90.15 OBT II PCC	0.490643	8,578	4,209		90.15
90.16 HICKORY HILLS PCC	0.578218	3,381	1,955		90.16
90.18 DARIEN PCC	0.710598	4,826	3,429		90.18
90.20 ORLANAD PARK - FP	0.716141	4,414	3,161		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705	3,594	1,864		90.21
90.22 HOMER GLEN PCC	0.409307	25,124	10,283		90.22
90.23 OAK PARK PCC	0.568931	2,989	1,701		90.23
90.24 PARK RIDGE PCC	0.439124	13,149	5,774		90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414	244	238		90.25



PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES	0.765478				90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353	20,291	6,379		90.28
90.29 BURR RIDGE PCC	0.483287	86,542	41,825		90.29
91 EMERGENCY	0.151546	14,127,477	2,140,963		91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.059347	29,033	1,723		92.01
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.934465				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		271,056,835	71,200,157		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		271,056,835			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S276) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
35 NEONATAL INTENSIVE CARE				35
35.01 PEDIATRIC INTENSIVE CARE				35.01
35.03 HEART TRANSPLANT ICU				35.03
35.04 BONE INTENSIVE CARE				35.04
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.467906			50
50.01 AMBULATORY SURGERY CENTER	0.282151			50.01
51 RECOVERY ROOM	0.167421			51
52 DELIVERY ROOM & LABOR ROOM	0.416068			52
53 ANESTHESIOLOGY	0.115528			53
54 RADIOLOGY-DIAGNOSTIC	0.306901			54
54.01 RADIOLOGY-ULTRASOUND	0.136542			54.01
56 RADIOISOTOPE	0.227806			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448			58
59 CARDIAC CATHETERIZATION	0.301420			59
60 LABORATORY	0.147832			60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427			60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267			60.02
60.03 LABORATORY-HLA				60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378			63
65 RESPIRATORY THERAPY	0.233394			65
66 PHYSICAL THERAPY	0.337681			66
67 OCCUPATIONAL THERAPY	0.282583			67
68 SPEECH PATHOLOGY	0.314689			68
69 ELECTROCARDIOLOGY	0.247408			69
70 ELECTROENCEPHALOGRAPHY	0.356636			70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309			71
73 DRUGS CHARGED TO PATIENTS	0.266651			73
74 RENAL DIALYSIS	0.301616			74
76 PULMONARY LABS	0.479104			76
76.01 OCCUPATIONAL HEALTH	2.357793			76.01
76.03 HYPERALIMENTATION				76.03
76.04 PERIPHERAL VASCULAR	0.162801			76.04
76.05 PEDIATRIC ENDO NUTRITION				76.05
76.07 GASTROINTESTINAL SERVICE	0.281249			76.07
76.09 BONE MARROW PROCUREMENT	0.813572			76.09
76.10 BARIATRICS				76.10
76.11 HEPATOLOGY				76.11
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.145825			90
90.01 CARDIAC REHABILITATION	0.866673			90.01
90.02 CANCER CENTER	0.394214			90.02
90.03 PSYCH SOCIAL REHAB	1.394830			90.03
90.04 WELLNESS ASSESSMENT				90.04
90.06 HEART FAILURE CLINIC				90.06
90.07 LOC OUTPATIENT CENTER	0.479745			90.07
90.08 OBT OUTPATIENT CENTER	0.401108			90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773			90.09
90.10 LAGRANGE FAMILY PCC	0.484926			90.10
90.12 NORTH RIVERSIDE PCC	0.577333			90.12
90.13 GLENDALE HEIGHTS PCC				90.13
90.14 WHEATON PCC	0.452682			90.14
90.15 OBT II PCC	0.490643			90.15
90.16 HICKORY HILLS PCC	0.578218			90.16
90.18 DARIEN PCC	0.710598			90.18
90.20 ORLANAD PARK - FP	0.716141			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705			90.21
90.22 HOMER GLEN PCC	0.409307			90.22
90.23 OAK PARK PCC	0.568931			90.23
90.24 PARK RIDGE PCC	0.439124			90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414			90.25

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input checked="" type="checkbox"/>	PPS
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BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
90.26 WOODRIDGE PCC				90.26
90.27 NEUROLOGY - NILES	0.765478			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353			90.28
90.29 BURR RIDGE PCC	0.483287			90.29
91 EMERGENCY	0.151546			91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.059347			92.01
95 AMBULANCE SERVICES				95
97 DURABLE MEDICAL EQUIP-SOLD	0.934465			97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T276) [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
35 NEONATAL INTENSIVE CARE				35
35.01 PEDIATRIC INTENSIVE CARE				35.01
35.03 HEART TRANSPLANT ICU				35.03
35.04 BONE INTENSIVE CARE				35.04
41 SUBPROVIDER - IRF		9,496,070		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.467906	75,277	35,223	50
50.01 AMBULATORY SURGERY CENTER	0.282151			50.01
51 RECOVERY ROOM	0.167421	5,849	979	51
52 DELIVERY ROOM & LABOR ROOM	0.416068			52
53 ANESTHESIOLOGY	0.115528	32,076	3,706	53
54 RADIOLOGY-DIAGNOSTIC	0.306901	225,548	69,221	54
54.01 RADIOLOGY-ULTRASOUND	0.136542	19,652	2,683	54.01
56 RADIOISOTOPE	0.227806	10,288	2,344	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383	293,614	24,482	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448	137,568	19,046	58
59 CARDIAC CATHETERIZATION	0.301420	56,363	16,989	59
60 LABORATORY	0.147832	1,518,809	224,529	60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427	4,991	1,450	60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267			60.02
60.03 LABORATORY-HLA				60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378	147,997	60,291	63
65 RESPIRATORY THERAPY	0.233394	1,264,534	295,135	65
66 PHYSICAL THERAPY	0.337681	11,314	3,821	66
67 OCCUPATIONAL THERAPY	0.282583	727,205	205,496	67
68 SPEECH PATHOLOGY	0.314689	231,833	72,955	68
69 ELECTROCARDIOLOGY	0.247408	98,134	24,279	69
70 ELECTROENCEPHALOGRAPHY	0.356636	13,318	4,750	70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309	171,799	192,296	71
73 DRUGS CHARGED TO PATIENTS	0.266651	2,538,900	677,000	73
74 RENAL DIALYSIS	0.301616	95,402	28,775	74
76 PULMONARY LABS	0.479104	12,771	6,119	76
76.01 OCCUPATIONAL HEALTH	2.357793			76.01
76.03 HYPERALIMENTATION				76.03
76.04 PERIPHERAL VASCULAR	0.162801	98,327	16,008	76.04
76.05 PEDIATRIC ENDO NUTRITION				76.05
76.07 GASTROINTESTINAL SERVICE	0.281249	32,737	9,207	76.07
76.09 BONE MARROW PROCUREMENT	0.813572			76.09
76.10 BARIATRICS				76.10
76.11 HEPATOLOGY				76.11
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.145825			90
90.01 CARDIAC REHABILITATION	0.866673			90.01
90.02 CANCER CENTER	0.394214			90.02
90.03 PSYCH SOCIAL REHAB	1.394830			90.03
90.04 WELLNESS ASSESSMENT				90.04
90.06 HEART FAILURE CLINIC				90.06
90.07 LOC OUTPATIENT CENTER	0.479745	158,495	76,037	90.07
90.08 OB T OUTPATIENT CENTER	0.401108			90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773			90.09
90.10 LAGRANGE FAMILY PCC	0.484926			90.10
90.12 NORTH RIVERSIDE PCC	0.577333	275	159	90.12
90.13 GLENDALE HEIGHTS PCC				90.13
90.14 WHEATON PCC	0.452682			90.14
90.15 OB T II PCC	0.490643			90.15
90.16 HICKORY HILLS PCC	0.578218			90.16
90.18 DARIEN PCC	0.710598			90.18
90.20 ORLANAD PARK - FP	0.716141			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705			90.21
90.22 HOMER GLEN PCC	0.409307			90.22
90.23 OAK PARK PCC	0.568931			90.23
90.24 PARK RIDGE PCC	0.439124			90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414			90.25

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T276)	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES	0.765478				90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353				90.28
90.29 BURR RIDGE PCC	0.483287	209		101	90.29
91 EMERGENCY	0.151546	51,989		7,879	91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.059347				92.01
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD	0.934465				97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		8,035,274		2,080,960	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		8,035,274			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
33 BURN INTENSIVE CARE UNIT			33
35 NEONATAL INTENSIVE CARE			35
35.01 PEDIATRIC INTENSIVE CARE			35.01
35.03 HEART TRANSPLANT ICU			35.03
35.04 BONE INTENSIVE CARE			35.04
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.467906		50
50.01 AMBULATORY SURGERY CENTER	0.282151		50.01
51 RECOVERY ROOM	0.167421		51
52 DELIVERY ROOM & LABOR ROOM	0.416068		52
53 ANESTHESIOLOGY	0.115528		53
54 RADIOLOGY-DIAGNOSTIC	0.306901		54
54.01 RADIOLOGY-ULTRASOUND	0.136542		54.01
56 RADIOISOTOPE	0.227806		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448		58
59 CARDIAC CATHETERIZATION	0.301420		59
60 LABORATORY	0.147832		60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427		60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267		60.02
60.03 LABORATORY-HLA			60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378		63
65 RESPIRATORY THERAPY	0.233394		65
66 PHYSICAL THERAPY	0.337681		66
67 OCCUPATIONAL THERAPY	0.282583		67
68 SPEECH PATHOLOGY	0.314689		68
69 ELECTROCARDIOLOGY	0.247408		69
70 ELECTROENCEPHALOGRAPHY	0.356636		70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309		71
73 DRUGS CHARGED TO PATIENTS	0.266651		73
74 RENAL DIALYSIS	0.301616		74
76 PULMONARY LABS	0.479104		76
76.01 OCCUPATIONAL HEALTH	2.357793		76.01
76.03 HYPERALIMENTATION			76.03
76.04 PERIPHERAL VASCULAR	0.162801		76.04
76.05 PEDIATRIC ENDO NUTRITION			76.05
76.07 GASTROINTESTINAL SERVICE	0.281249		76.07
76.09 BONE MARROW PROCUREMENT	0.813572		76.09
76.10 BARIATRICS			76.10
76.11 HEPATOLOGY			76.11
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	1.145825		90
90.01 CARDIAC REHABILITATION	0.866673		90.01
90.02 CANCER CENTER	0.394214		90.02
90.03 PSYCH SOCIAL REHAB	1.394830		90.03
90.04 WELLNESS ASSESSMENT			90.04
90.06 HEART FAILURE CLINIC			90.06
90.07 LOC OUTPATIENT CENTER	0.479745		90.07
90.08 OBST OUTPATIENT CENTER	0.401108		90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773		90.09
90.10 LAGRANGE FAMILY PCC	0.484926		90.10
90.12 NORTH RIVERSIDE PCC	0.577333		90.12
90.13 GLENDALE HEIGHTS PCC			90.13
90.14 WHEATON PCC	0.452682		90.14
90.15 OBST II PCC	0.490643		90.15
90.16 HICKORY HILLS PCC	0.578218		90.16
90.18 DARIEN PCC	0.710598		90.18
90.20 ORLANAD PARK - FP	0.716141		90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705		90.21
90.22 HOMER GLEN PCC	0.409307		90.22
90.23 OAK PARK PCC	0.568931		90.23
90.24 PARK RIDGE PCC	0.439124		90.24

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
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VERSION: 2011.10  
 11/29/2012 15:35

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0276)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input checked="" type="checkbox"/>	PPS
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BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414			90.25
90.26 WOODRIDGE PCC				90.26
90.27 NEUROLOGY - NILES	0.765478			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353			90.28
90.29 BURR RIDGE PCC	0.483287			90.29
91 EMERGENCY	0.151546			91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT	0.059347			92.01
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
97 DURABLE MEDICAL EQUIP-SOLD	0.934465			97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S276) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
35 NEONATAL INTENSIVE CARE				35
35.01 PEDIATRIC INTENSIVE CARE				35.01
35.03 HEART TRANSPLANT ICU				35.03
35.04 BONE INTENSIVE CARE				35.04
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.467906			50
50.01 AMBULATORY SURGERY CENTER	0.282151			50.01
51 RECOVERY ROOM	0.167421			51
52 DELIVERY ROOM & LABOR ROOM	0.416068			52
53 ANESTHESIOLOGY	0.115528			53
54 RADIOLOGY-DIAGNOSTIC	0.306901			54
54.01 RADIOLOGY-ULTRASOUND	0.136542			54.01
56 RADIOISOTOPE	0.227806			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448			58
59 CARDIAC CATHETERIZATION	0.301420			59
60 LABORATORY	0.147832			60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427			60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267			60.02
60.03 LABORATORY-HLA				60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378			63
65 RESPIRATORY THERAPY	0.233394			65
66 PHYSICAL THERAPY	0.337681			66
67 OCCUPATIONAL THERAPY	0.282583			67
68 SPEECH PATHOLOGY	0.314689			68
69 ELECTROCARDIOLOGY	0.247408			69
70 ELECTROENCEPHALOGRAPHY	0.356636			70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309			71
73 DRUGS CHARGED TO PATIENTS	0.266651			73
74 RENAL DIALYSIS	0.301616			74
76 PULMONARY LABS	0.479104			76
76.01 OCCUPATIONAL HEALTH	2.357793			76.01
76.03 HYPERALIMENTATION				76.03
76.04 PERIPHERAL VASCULAR	0.162801			76.04
76.05 PEDIATRIC ENDO NUTRITION				76.05
76.07 GASTROINTESTINAL SERVICE	0.281249			76.07
76.09 BONE MARROW PROCUREMENT	0.813572			76.09
76.10 BARIATRICS				76.10
76.11 HEPATOLOGY				76.11
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.145825			90
90.01 CARDIAC REHABILITATION	0.866673			90.01
90.02 CANCER CENTER	0.394214			90.02
90.03 PSYCH SOCIAL REHAB	1.394830			90.03
90.04 WELLNESS ASSESSMENT				90.04
90.06 HEART FAILURE CLINIC				90.06
90.07 LOC OUTPATIENT CENTER	0.479745			90.07
90.08 OBT OUTPATIENT CENTER	0.401108			90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773			90.09
90.10 LAGRANGE FAMILY PCC	0.484926			90.10
90.12 NORTH RIVERSIDE PCC	0.577333			90.12
90.13 GLENDALE HEIGHTS PCC				90.13
90.14 WHEATON PCC	0.452682			90.14
90.15 OBT II PCC	0.490643			90.15
90.16 HICKORY HILLS PCC	0.578218			90.16
90.18 DARIEN PCC	0.710598			90.18
90.20 ORLANAD PARK - FP	0.716141			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705			90.21
90.22 HOMER GLEN PCC	0.409307			90.22
90.23 OAK PARK PCC	0.568931			90.23
90.24 PARK RIDGE PCC	0.439124			90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414			90.25



PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
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 11/29/2012 15:35

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S276)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
90.26 WOODRIDGE PCC				90.26
90.27 NEUROLOGY - NILES	0.765478			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353			90.28
90.29 BURR RIDGE PCC	0.483287			90.29
91 EMERGENCY	0.151546			91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.059347			92.01
95 AMBULANCE SERVICES				95
97 DURABLE MEDICAL EQUIP-SOLD	0.934465			97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T276) [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
33 BURN INTENSIVE CARE UNIT				33
35 NEONATAL INTENSIVE CARE				35
35.01 PEDIATRIC INTENSIVE CARE				35.01
35.03 HEART TRANSPLANT ICU				35.03
35.04 BONE INTENSIVE CARE				35.04
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.467906			50
50.01 AMBULATORY SURGERY CENTER	0.282151			50.01
51 RECOVERY ROOM	0.167421			51
52 DELIVERY ROOM & LABOR ROOM	0.416068			52
53 ANESTHESIOLOGY	0.115528			53
54 RADIOLOGY-DIAGNOSTIC	0.306901			54
54.01 RADIOLOGY-ULTRASOUND	0.136542			54.01
56 RADIOISOTOPE	0.227806			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.083383			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.138448			58
59 CARDIAC CATHETERIZATION	0.301420			59
60 LABORATORY	0.147832			60
60.01 LABORATORY-SURGICAL PATHOLOGY	0.290427			60.01
60.02 LABORATORY-NEUROSURGICAL	0.019267			60.02
60.03 LABORATORY-HLA				60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.407378			63
65 RESPIRATORY THERAPY	0.233394			65
66 PHYSICAL THERAPY	0.337681			66
67 OCCUPATIONAL THERAPY	0.282583			67
68 SPEECH PATHOLOGY	0.314689			68
69 ELECTROCARDIOLOGY	0.247408			69
70 ELECTROENCEPHALOGRAPHY	0.356636			70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.119309			71
73 DRUGS CHARGED TO PATIENTS	0.266651			73
74 RENAL DIALYSIS	0.301616			74
76 PULMONARY LABS	0.479104			76
76.01 OCCUPATIONAL HEALTH	2.357793			76.01
76.03 HYPERALIMENTATION				76.03
76.04 PERIPHERAL VASCULAR	0.162801			76.04
76.05 PEDIATRIC ENDO NUTRITION				76.05
76.07 GASTROINTESTINAL SERVICE	0.281249			76.07
76.09 BONE MARROW PROCUREMENT	0.813572			76.09
76.10 BARIATRICS				76.10
76.11 HEPATOLOGY				76.11
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.145825			90
90.01 CARDIAC REHABILITATION	0.866673			90.01
90.02 CANCER CENTER	0.394214			90.02
90.03 PSYCH SOCIAL REHAB	1.394830			90.03
90.04 WELLNESS ASSESSMENT				90.04
90.06 HEART FAILURE CLINIC				90.06
90.07 LOC OUTPATIENT CENTER	0.479745			90.07
90.08 OBT OUTPATIENT CENTER	0.401108			90.08
90.09 ELMHURST IMMEDIATE CARE	0.580773			90.09
90.10 LAGRANGE FAMILY PCC	0.484926			90.10
90.12 NORTH RIVERSIDE PCC	0.577333			90.12
90.13 GLENDALE HEIGHTS PCC				90.13
90.14 WHEATON PCC	0.452682			90.14
90.15 OBT II PCC	0.490643			90.15
90.16 HICKORY HILLS PCC	0.578218			90.16
90.18 DARIEN PCC	0.710598			90.18
90.20 ORLANAD PARK - FP	0.716141			90.20
90.21 FAMILY PRACTICE MAYWOOD PCC	0.518705			90.21
90.22 HOMER GLEN PCC	0.409307			90.22
90.23 OAK PARK PCC	0.568931			90.23
90.24 PARK RIDGE PCC	0.439124			90.24
90.25 LOYOLA CLINIC AT GOTTLIEB	0.976414			90.25

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
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VERSION: 2011.10  
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T276)	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
90.26 WOODRIDGE PCC				90.26
90.27 NEUROLOGY - NILES	0.765478			90.27
90.28 MARJORIE WEINBERG CANCER CENTER	0.314353			90.28
90.29 BURR RIDGE PCC	0.483287			90.29
91 EMERGENCY	0.151546			91
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.059347			92.01
95 AMBULANCE SERVICES				95
97 DURABLE MEDICAL EQUIP-SOLD	0.934465			97
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

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 COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D				
		2	3				
1	ADULTS & PEDIATRICS	43,745	38	756.84	32	24,219	1
2	INTENSIVE CARE UNIT	27,593	43	1,579.02	9	14,211	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	2,245.64			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1,297.06			6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1,648.47			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,485.06			6.03
6.04	BONE INTENSIVE CARE		47.04	1,280.99			6.04
7	TOTAL (SUM OF LINES 1-6)	71,338			41	38,430	7
	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1		2	3	
8	OPERATING ROOM	50	0.467906		213,076	99,700	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.282151				8.01
9	RECOVERY ROOM	51	0.167421		71,942	12,045	9
10	DELIVERY ROOM & LABOR ROOM	52	0.416068				10
11	ANESTHESIOLOGY	53	0.115528		172,990	19,985	11
12	RADIOLOGY-DIAGNOSTIC	54	0.306901		658,639	202,137	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.136542				12.01
13	RADIOLOGY-THERAPEUTIC	55					13
14	RADIOISOTOPE	56	0.227806				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.083383		61,274	5,109	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.138448				16
17	CARDIAC CATHETERIZATION	59	0.301420		32,294	9,734	17
18	LABORATORY	60	0.147832		1,961,122	289,917	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.290427				18.01
18.02	LABORATORY-NEUROSURGICAL	60.02	0.019267				18.02
18.03	LABORATORY-HLA	60.03					18.03
19	PBP CLINICAL LAB SERVICES-PRGM	61					19
20	WHOLE BLOOD & PACKED RED BLOOD	62					20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.407378		1,048	427	21
22	INTRAVENOUS THERAPY	64					22
23	RESPIRATORY THERAPY	65	0.233394		4,250	992	23
24	PHYSICAL THERAPY	66	0.337681		654	221	24
25	OCCUPATIONAL THERAPY	67	0.282583				25
26	SPEECH PATHOLOGY	68	0.314689				26
27	ELECTROCARDIOLOGY	69	0.247408		17,378	4,299	27
28	ELECTROENCEPHALOGRAPHY	70	0.356636				28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	1.119309		217,021	242,914	29
30	IMPL. DEV. CHARGED TO PATIENT	72					30
31	DRUGS CHARGED TO PATIENTS	73	0.266651		122,468	32,656	31
32	RENAL DIALYSIS	74	0.301616				32
33	ASC (NON-DISTINCT PART)	75					33
34	PULMONARY LABS	76	0.479104				34
34.01	OCCUPATIONAL HEALTH	76.01	2.357793				34.01
34.03	HYPERALIMENTATION	76.03					34.03
34.04	PERIPHERAL VASCULAR	76.04	0.162801				34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05					34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.281249		5,015	1,410	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.813572				34.09
34.10	BARIATRICS	76.10					34.10
34.11	HEPATOLOGY	76.11					34.11
34.97	CARDIAC REHABILITATION	76.97					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98					34.98
34.99	LITHOTRIPSY	76.99					34.99
35	RURAL HEALTH CLINIC (RHC)	88					35
36	FEDERALLY QUALIFIED HLTH CTR (F	89					36
37	CLINIC	90	1.145825		69,700	79,864	37
37.01	CARDIAC REHABILITATION	90.01	0.866673				37.01
37.02	CANCER CENTER	90.02	0.394214				37.02
37.03	PSYCH SOCIAL REHAB	90.03	1.394830				37.03
37.04	WELLNESS ASSESSMENT	90.04					37.04
37.06	HEART FAILURE CLINIC	90.06					37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.479745				37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.401108				37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.580773				37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.484926				37.10

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	RATIO OF COST TO CHARGES (FROM WKST C) 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
37.12 NORTH RIVERSIDE PCC	90.12	0.577333			37.12
37.13 GLENDALE HEIGHTS PCC	90.13				37.13
37.14 WHEATON PCC	90.14	0.452682			37.14
37.15 OB T II PCC	90.15	0.490643			37.15
37.16 HICKORY HILLS PCC	90.16	0.578218			37.16
37.18 DARIEN PCC	90.18	0.710598			37.18
37.20 ORLANAD PARK - FP	90.20	0.716141			37.20
37.21 FAMILY PRACTICE MAYWOOD PCC	90.21	0.518705			37.21
37.22 HOMER GLEN PCC	90.22	0.409307			37.22
37.23 OAK PARK PCC	90.23	0.568931			37.23
37.24 PARK RIDGE PCC	90.24	0.439124			37.24
37.25 LOYOLA CLINIC AT GOTTLIEB	90.25	0.976414			37.25
37.26 WOODRIDGE PCC	90.26				37.26
37.27 NEUROLOGY - NILES	90.27	0.765478			37.27
37.28 MARJORIE WEINBERG CANCER CENTER	90.28	0.314353			37.28
37.29 BURR RIDGE PCC	90.29	0.483287			37.29
38 EMERGENCY	91	0.151546	4,017	609	38
39 OBSERVATION BEDS	92				39
39.01 OBSERVATION BEDS-DISTINCT	92.01	0.059347	12,397	736	39.01
40 OTHER OUTPATIENT SERV (SPECIFY)	93				40
41 TOTAL (SUM OF LINES 8-40)			3,625,285	1,002,755	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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 (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1			
42 ADULTS & PEDIATRICS	2		32		42
43 INTENSIVE CARE UNIT	3		9		43
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 NEONATAL INTENSIVE CARE	7				47
47.01 PEDIATRIC INTENSIVE CARE	7.01				47.01
47.03 HEART TRANSPLANT ICU	7.03				47.03
47.04 BONE INTENSIVE CARE	7.04				47.04
48 TOTAL (SUM OF LINES 42-47)			41		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D		
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F CLINIC	69,700	22			50
51.01 CARDIAC REHABILITATION		23			51
51.02 CANCER CENTER		23.01			51.01
51.03 PSYCH SOCIAL REHAB		23.02			51.02
51.04 WELLNESS ASSESSMENT		23.03			51.03
51.06 HEART FAILURE CLINIC		23.04			51.04
51.07 LOC OUTPATIENT CENTER		23.06			51.06
51.08 OB OUTPATIENT CENTER		23.07			51.07
51.09 ELMHURST IMMEDIATE CARE		23.08			51.08
51.10 LAGRANGE FAMILY PCC		23.09			51.09
51.12 NORTH RIVERSIDE PCC		23.10			51.10
51.13 GLENDALE HEIGHTS PCC		23.12			51.12
51.14 WHEATON PCC		23.13			51.13
51.15 OB II PCC		23.14			51.14
51.16 HICKORY HILLS PCC		23.15			51.15
51.18 DARIEN PCC		23.16			51.16
51.20 ORLANAD PARK - FP		23.18			51.18
51.21 FAMILY PRACTICE MAYWOOD PCC		23.20			51.20
51.22 HOMER GLEN PCC		23.21			51.21
51.23 OAK PARK PCC		23.22			51.22
51.24 PARK RIDGE PCC		23.23			51.23
51.25 LOYOLA CLINIC AT GOTTLIEB		23.24			51.24
51.26 WOODRIDGE PCC		23.25			51.25
51.27 NEUROLOGY - NILES		23.26			51.26
51.28 MARJORIE WEINBERG CANCER CENTER		23.27			51.27
51.29 BURR RIDGE PCC		23.28			51.28
52 EMERGENCY	4,017	23.29			51.29
53 OBSERVATION BEDS		24			52
53.01 OBSERVATION BEDS-DISTINCT	12,397	25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		25.01			53.01
55 TOTAL (SUM OF LINES 49-54)	86,114	26			54

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	
56 ROUTINE & ANCILLARY FROM PART I	1,041,185		3,696,623		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	3,497,631		3,497,631		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	4,538,816		7,194,254		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		82			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		56			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.682927			64
65 MEDICARE COST/CHARGES	3,099,680		4,913,150		65
66 REVENUE FOR ORGANS SOLD	131,695				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	2,967,985		4,913,150		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	2,967,985		4,913,150		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER	25	16		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		41		73
74 TOTAL (SUM OF LINES 70-73)	25	57		74
75 ORGANS TRANSPLANTED	22	41		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		16	143,488	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS	3		69,010	78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	25	57		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

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 COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D				
		2	3				
1	ADULTS & PEDIATRICS	337	38	756.84			1
2	INTENSIVE CARE UNIT	3,429	43	1,579.02			2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	2,245.64			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1,297.06			6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1,648.47			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,485.06			6.03
6.04	BONE INTENSIVE CARE		47.04	1,280.99			6.04
7	TOTAL (SUM OF LINES 1-6)	3,766					7
	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1		2	3	
8	OPERATING ROOM	50	0.467906		9,092	4,254	8
8.01	AMBULATORY SURGERY CENTER	50.01	0.282151				8.01
9	RECOVERY ROOM	51	0.167421		17,076	2,859	9
10	DELIVERY ROOM & LABOR ROOM	52	0.416068				10
11	ANESTHESIOLOGY	53	0.115528		6,541	756	11
12	RADIOLOGY-DIAGNOSTIC	54	0.306901		89,082	27,339	12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.136542		140,318	19,159	12.01
13	RADIOLOGY-THERAPEUTIC	55					13
14	RADIOISOTOPE	56	0.227806				14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.083383		24,817	2,069	15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.138448				16
17	CARDIAC CATHETERIZATION	59	0.301420		6,198	1,868	17
18	LABORATORY	60	0.147832		105,311	15,568	18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.290427				18.01
18.02	LABORATORY-NEUROSURGICAL	60.02	0.019267				18.02
18.03	LABORATORY-HLA	60.03					18.03
19	PBP CLINICAL LAB SERVICES-PRGM	61					19
20	WHOLE BLOOD & PACKED RED BLOOD	62					20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.407378		524	213	21
22	INTRAVENOUS THERAPY	64					22
23	RESPIRATORY THERAPY	65	0.233394		26,931	6,286	23
24	PHYSICAL THERAPY	66	0.337681		233	79	24
25	OCCUPATIONAL THERAPY	67	0.282583				25
26	SPEECH PATHOLOGY	68	0.314689				26
27	ELECTROCARDIOLOGY	69	0.247408		46,247	11,442	27
28	ELECTROENCEPHALOGRAPHY	70	0.356636				28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	1.119309		31,212	34,936	29
30	IMPL. DEV. CHARGED TO PATIENT	72					30
31	DRUGS CHARGED TO PATIENTS	73	0.266651		23,304	6,214	31
32	RENAL DIALYSIS	74	0.301616				32
33	ASC (NON-DISTINCT PART)	75					33
34	PULMONARY LABS	76	0.479104				34
34.01	OCCUPATIONAL HEALTH	76.01	2.357793				34.01
34.03	HYPERALIMENTATION	76.03					34.03
34.04	PERIPHERAL VASCULAR	76.04	0.162801				34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05					34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.281249		6,933	1,950	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.813572				34.09
34.10	BARIATRICS	76.10					34.10
34.11	HEPATOLOGY	76.11					34.11
34.97	CARDIAC REHABILITATION	76.97					34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98					34.98
34.99	LITHOTRIPSY	76.99					34.99
35	RURAL HEALTH CLINIC (RHC)	88					35
36	FEDERALLY QUALIFIED HLTH CTR (F	89					36
37	CLINIC	90	1.145825		1,919	2,199	37
37.01	CARDIAC REHABILITATION	90.01	0.866673				37.01
37.02	CANCER CENTER	90.02	0.394214				37.02
37.03	PSYCH SOCIAL REHAB	90.03	1.394830				37.03
37.04	WELLNESS ASSESSMENT	90.04					37.04
37.06	HEART FAILURE CLINIC	90.06					37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.479745				37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.401108				37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.580773				37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.484926				37.10



COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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 ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST TO CHARGES (FROM WKST C) 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
37.12 NORTH RIVERSIDE PCC	90.12	0.577333			37.12
37.13 GLENDALE HEIGHTS PCC	90.13				37.13
37.14 WHEATON PCC	90.14	0.452682			37.14
37.15 OB T II PCC	90.15	0.490643			37.15
37.16 HICKORY HILLS PCC	90.16	0.578218			37.16
37.18 DARIEN PCC	90.18	0.710598			37.18
37.20 ORLANAD PARK - FP	90.20	0.716141			37.20
37.21 FAMILY PRACTICE MAYWOOD PCC	90.21	0.518705			37.21
37.22 HOMER GLEN PCC	90.22	0.409307			37.22
37.23 OAK PARK PCC	90.23	0.568931			37.23
37.24 PARK RIDGE PCC	90.24	0.439124			37.24
37.25 LOYOLA CLINIC AT GOTTLIEB	90.25	0.976414			37.25
37.26 WOODRIDGE PCC	90.26				37.26
37.27 NEUROLOGY - NILES	90.27	0.765478			37.27
37.28 MARJORIE WEINBERG CANCER CENTER	90.28	0.314353			37.28
37.29 BURR RIDGE PCC	90.29	0.483287			37.29
38 EMERGENCY	91	0.151546	6,105	925	38
39 OBSERVATION BEDS	92				39
39.01 OBSERVATION BEDS-DISTINCT	92.01	0.059347	3,492	207	39.01
40 OTHER OUTPATIENT SERV (SPECIFY)	93				40
41 TOTAL (SUM OF LINES 8-40)			545,335	138,323	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	PER DAY (FROM WKST D-2, PART I, COL. 4)			
	D	2	3	
42 ADULTS & PEDIATRICS	2			42
43 INTENSIVE CARE UNIT	3			43
44 CORONARY CARE UNIT	4			44
45 BURN INTENSIVE CARE UNIT	5			45
46 SURGICAL INTENSIVE CARE UNIT	6			46
47 NEONATAL INTENSIVE CARE	7			47
47.01 PEDIATRIC INTENSIVE CARE	7.01			47.01
47.03 HEART TRANSPLANT ICU	7.03			47.03
47.04 BONE INTENSIVE CARE	7.04			47.04
48 TOTAL (SUM OF LINES 42-47)				48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	(SEE INSTR.)	(FROM WKST D-2, PART I, COL. 4)	(COL.1 x COL.2)	
	1	D	3	
49 RURAL HEALTH CLINIC (RHC)		21		49
50 FEDERALLY QUALIFIED HLTH CTR (F CLINIC		22		50
51 CLINIC	1,919	23		51
51.01 CARDIAC REHABILITATION		23.01		51.01
51.02 CANCER CENTER		23.02		51.02
51.03 PSYCH SOCIAL REHAB		23.03		51.03
51.04 WELLNESS ASSESSMENT		23.04		51.04
51.06 HEART FAILURE CLINIC		23.06		51.06
51.07 LOC OUTPATIENT CENTER		23.07		51.07
51.08 OB OUTPATIENT CENTER		23.08		51.08
51.09 ELMHURST IMMEDIATE CARE		23.09		51.09
51.10 LAGRANGE FAMILY PCC		23.10		51.10
51.12 NORTH RIVERSIDE PCC		23.12		51.12
51.13 GLENDALE HEIGHTS PCC		23.13		51.13
51.14 WHEATON PCC		23.14		51.14
51.15 OB II PCC		23.15		51.15
51.16 HICKORY HILLS PCC		23.16		51.16
51.18 DARIEN PCC		23.18		51.18
51.20 ORLANAD PARK - FP		23.20		51.20
51.21 FAMILY PRACTICE MAYWOOD PCC		23.21		51.21
51.22 HOMER GLEN PCC		23.22		51.22
51.23 OAK PARK PCC		23.23		51.23
51.24 PARK RIDGE PCC		23.24		51.24
51.25 LOYOLA CLINIC AT GOTTLIEB		23.25		51.25
51.26 WOODRIDGE PCC		23.26		51.26
51.27 NEUROLOGY - NILES		23.27		51.27
51.28 MARJORIE WEINBERG CANCER CENTER		23.28		51.28
51.29 BURR RIDGE PCC		23.29		51.29
52 EMERGENCY	6,105	24		52
53 OBSERVATION BEDS		25		53
53.01 OBSERVATION BEDS-DISTINCT	3,492	25.01		53.01
54 OTHER OUTPATIENT SERV (SPECIFY)		26		54
55 TOTAL (SUM OF LINES 49-54)	11,516			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	
56 ROUTINE & ANCILLARY FROM PART I	138,323		549,101		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,283,412		1,283,412		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,421,735		1,832,513		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		16			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		11			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.687500			64
65 MEDICARE COST/CHARGES	977,443		1,259,853		65
66 REVENUE FOR ORGANS SOLD	15,671				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	961,772		1,259,853		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	961,772		1,259,853		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		4		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		12		73
74 TOTAL (SUM OF LINES 70-73)		16		74
75 ORGANS TRANSPLANTED		12	1,303,512	75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		4	38,580	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		16		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

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)

1	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D				
		2	3				
1	ADULTS & PEDIATRICS	337	38	756.84			1
2	INTENSIVE CARE UNIT	5,415	43	1,579.02	2	3,158	2
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45	2,245.64			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATAL INTENSIVE CARE		47	1,297.06			6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1,648.47			6.01
6.03	HEART TRANSPLANT ICU		47.03	1,485.06			6.03
6.04	BONE INTENSIVE CARE		47.04	1,280.99			6.04
7	TOTAL (SUM OF LINES 1-6)	5,752			2	3,158	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
8	OPERATING ROOM	C	1	2	3		
8.01	AMBULATORY SURGERY CENTER	50.01	0.467906	14,526	6,797		8
9	RECOVERY ROOM	51	0.282151				8.01
10	DELIVERY ROOM & LABOR ROOM	52	0.167421				9
11	ANESTHESIOLOGY	53	0.416068				10
12	RADIOLOGY-DIAGNOSTIC	54	0.115528	12,541	1,449		11
12.01	RADIOLOGY-ULTRASOUND	54.01	0.306901	99,040	30,395		12
13	RADIOLOGY-THERAPEUTIC	55	0.136542				12.01
14	RADIOISOTOPE	56	0.227806				13
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.083383	92,375	7,703		14
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.138448				15
17	CARDIAC CATHETERIZATION	59	0.301420	3,709	1,118		16
18	LABORATORY	60	0.147832	202,241	29,898		17
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.290427				18
18.02	LABORATORY-NEUROSURGICAL	60.02	0.019267				18.01
18.03	LABORATORY-HLA	60.03					18.02
19	PBP CLINICAL LAB SERVICES-PRGM	61					18.03
20	WHOLE BLOOD & PACKED RED BLOOD	62					19
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20
21	BLOOD STORING, PROCESSING & TRA	63	0.407378	8,544	3,481		20.30
22	INTRAVENOUS THERAPY	64					21
23	RESPIRATORY THERAPY	65	0.233394	22,596	5,274		22
24	PHYSICAL THERAPY	66	0.337681	8,638	2,917		23
25	OCCUPATIONAL THERAPY	67	0.282583				24
26	SPEECH PATHOLOGY	68	0.314689				25
27	ELECTROCARDIOLOGY	69	0.247408	61,061	15,107		26
28	ELECTROENCEPHALOGRAPHY	70	0.356636				27
29	MEDICAL SUPPLIES CHRGD TO PATI	71	1.119309	29,496	33,015		28
30	IMPL. DEV. CHARGED TO PATIENT	72					29
31	DRUGS CHARGED TO PATIENTS	73	0.266651	70,410	18,775		30
32	RENAL DIALYSIS	74	0.301616				31
33	ASC (NON-DISTINCT PART)	75					32
34	PULMONARY LABS	76	0.479104				33
34.01	OCCUPATIONAL HEALTH	76.01	2.357793				34
34.03	HYPERALIMENTATION	76.03					34.01
34.04	PERIPHERAL VASCULAR	76.04	0.162801				34.03
34.05	PEDIATRIC ENDO NUTRITION	76.05					34.04
34.07	GASTROINTESTINAL SERVICE	76.07	0.281249	30,829	8,671		34.05
34.09	BONE MARROW PROCUREMENT	76.09	0.813572				34.07
34.10	BARIATRICS	76.10					34.09
34.11	HEPATOLOGY	76.11					34.10
34.97	CARDIAC REHABILITATION	76.97					34.11
34.98	HYPERBARIC OXYGEN THERAPY	76.98					34.97
34.99	LITHOTRIPSY	76.99					34.98
35	RURAL HEALTH CLINIC (RHC)	88					34.99
36	FEDERALLY QUALIFIED HLTH CTR (F	89					35
37	CLINIC	90	1.145825	3,355	3,844		36
37.01	CARDIAC REHABILITATION	90.01	0.866673				37
37.02	CANCER CENTER	90.02	0.394214				37.01
37.03	PSYCH SOCIAL REHAB	90.03	1.394830				37.02
37.04	WELLNESS ASSESSMENT	90.04					37.03
37.06	HEART FAILURE CLINIC	90.06					37.04
37.07	LOC OUTPATIENT CENTER	90.07	0.479745				37.06
37.08	OBT OUTPATIENT CENTER	90.08	0.401108				37.07
37.09	ELMHURST IMMEDIATE CARE	90.09	0.580773				37.08
37.10	LAGRANGE FAMILY PCC	90.10	0.484926				37.09

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	RATIO OF COST TO CHARGES (FROM WKST C) 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
37.12 NORTH RIVERSIDE PCC	90.12	0.577333			37.12
37.13 GLENDALE HEIGHTS PCC	90.13				37.13
37.14 WHEATON PCC	90.14	0.452682			37.14
37.15 OBT II PCC	90.15	0.490643			37.15
37.16 HICKORY HILLS PCC	90.16	0.578218			37.16
37.18 DARIEN PCC	90.18	0.710598			37.18
37.20 ORLANAD PARK - FP	90.20	0.716141			37.20
37.21 FAMILY PRACTICE MAYWOOD PCC	90.21	0.518705			37.21
37.22 HOMER GLEN PCC	90.22	0.409307			37.22
37.23 OAK PARK PCC	90.23	0.568931			37.23
37.24 PARK RIDGE PCC	90.24	0.439124			37.24
37.25 LOYOLA CLINIC AT GOTTLIEB	90.25	0.976414			37.25
37.26 WOODRIDGE PCC	90.26				37.26
37.27 NEUROLOGY - NILES	90.27	0.765478			37.27
37.28 MARJORIE WEINBERG CANCER CENTER	90.28	0.314353			37.28
37.29 BURR RIDGE PCC	90.29	0.483287			37.29
38 EMERGENCY	91	0.151546			38
39 OBSERVATION BEDS	92				39
39.01 OBSERVATION BEDS-DISTINCT	92.01	0.059347	12,320	731	39.01
40 OTHER OUTPATIENT SERV (SPECIFY)	93				40
41 TOTAL (SUM OF LINES 8-40)			671,681	169,175	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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 (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	D	1			
42 ADULTS & PEDIATRICS	2				42
43 INTENSIVE CARE UNIT	3		2		43
44 CORONARY CARE UNIT	4				44
45 BURN INTENSIVE CARE UNIT	5				45
46 SURGICAL INTENSIVE CARE UNIT	6				46
47 NEONATAL INTENSIVE CARE	7				47
47.01 PEDIATRIC INTENSIVE CARE	7.01				47.01
47.03 HEART TRANSPLANT ICU	7.03				47.03
47.04 BONE INTENSIVE CARE	7.04				47.04
48 TOTAL (SUM OF LINES 42-47)			2		48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)		ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D		
49 RURAL HEALTH CLINIC (RHC)		21			49
50 FEDERALLY QUALIFIED HLTH CTR (F CLINIC	3,355	22			50
51.01 CARDIAC REHABILITATION		23			51
51.02 CANCER CENTER		23.01			51.01
51.03 PSYCH SOCIAL REHAB		23.02			51.02
51.04 WELLNESS ASSESSMENT		23.03			51.03
51.06 HEART FAILURE CLINIC		23.04			51.04
51.07 LOC OUTPATIENT CENTER		23.06			51.06
51.08 OB OUTPATIENT CENTER		23.07			51.07
51.09 ELMHURST IMMEDIATE CARE		23.08			51.08
51.10 LAGRANGE FAMILY PCC		23.09			51.09
51.12 NORTH RIVERSIDE PCC		23.10			51.10
51.13 GLENDALE HEIGHTS PCC		23.12			51.12
51.14 WHEATON PCC		23.13			51.13
51.15 OB II PCC		23.14			51.14
51.16 HICKORY HILLS PCC		23.15			51.15
51.18 DARIEN PCC		23.16			51.16
51.20 ORLANAD PARK - FP		23.18			51.18
51.21 FAMILY PRACTICE MAYWOOD PCC		23.20			51.20
51.22 HOMER GLEN PCC		23.21			51.21
51.23 OAK PARK PCC		23.22			51.22
51.24 PARK RIDGE PCC		23.23			51.23
51.25 LOYOLA CLINIC AT GOTTLIEB		23.24			51.24
51.26 WOODRIDGE PCC		23.25			51.25
51.27 NEUROLOGY - NILES		23.26			51.26
51.28 MARJORIE WEINBERG CANCER CENTER		23.27			51.27
51.29 BURR RIDGE PCC		23.28			51.28
52 EMERGENCY		23.29			51.29
53 OBSERVATION BEDS		24			52
53.01 OBSERVATION BEDS-DISTINCT	12,320	25			53
54 OTHER OUTPATIENT SERV (SPECIFY)		25.01			53.01
55 TOTAL (SUM OF LINES 49-54)	15,675	26			54

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	
56 ROUTINE & ANCILLARY FROM PART I	172,333		677,433		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,158,800		1,158,800		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,331,133		1,836,233		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		20			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		9			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.450000			64
65 MEDICARE COST/CHARGES	599,010		826,305		65
66 REVENUE FOR ORGANS SOLD	19,589				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	579,421		826,305		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	579,421		826,305		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		5		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		15		73
74 TOTAL (SUM OF LINES 70-73)		20		74
75 ORGANS TRANSPLANTED		15		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		5	61,670	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		20		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

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 COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS		38	756.84				1
2	INTENSIVE CARE UNIT	1,226	43	1,579.02				2
3	CORONARY CARE UNIT		44					3
4	BURN INTENSIVE CARE UNIT		45	2,245.64				4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	NEONATAL INTENSIVE CARE		47	1,297.06				6
6.01	PEDIATRIC INTENSIVE CARE		47.01	1,648.47				6.01
6.03	HEART TRANSPLANT ICU		47.03	1,485.06				6.03
6.04	BONE INTENSIVE CARE		47.04	1,280.99				6.04
7	TOTAL (SUM OF LINES 1-6)	1,226						7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS			
		C	1	2	3			
8	OPERATING ROOM	50	0.467906	12,522	5,859			8
8.01	AMBULATORY SURGERY CENTER	50.01	0.282151					8.01
9	RECOVERY ROOM	51	0.167421	46,649	7,810			9
10	DELIVERY ROOM & LABOR ROOM	52	0.416068					10
11	ANESTHESIOLOGY	53	0.115528	2,479	286			11
12	RADIOLOGY-DIAGNOSTIC	54	0.306901	130,765	40,132			12
12.01	RADIOLOGY-ULTRASOUND	54.01	0.136542	98,974	13,514			12.01
13	RADIOLOGY-THERAPEUTIC	55						13
14	RADIOISOTOPE	56	0.227806					14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.083383	31,240	2,605			15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.138448					16
17	CARDIAC CATHETERIZATION	59	0.301420	829	250			17
18	LABORATORY	60	0.147832	108,210	15,997			18
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.290427					18.01
18.02	LABORATORY-NEUROSURGICAL	60.02	0.019267					18.02
18.03	LABORATORY-HLA	60.03						18.03
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63	0.407378	324	132			21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.233394	15,617	3,645			23
24	PHYSICAL THERAPY	66	0.337681	465	157			24
25	OCCUPATIONAL THERAPY	67	0.282583					25
26	SPEECH PATHOLOGY	68	0.314689					26
27	ELECTROCARDIOLOGY	69	0.247408	37,853	9,365			27
28	ELECTROENCEPHALOGRAPHY	70	0.356636					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	1.119309	18,921	21,178			29
30	IMPL. DEV. CHARGED TO PATIENT	72						30
31	DRUGS CHARGED TO PATIENTS	73	0.266651	46,552	12,413			31
32	RENAL DIALYSIS	74	0.301616					32
33	ASC (NON-DISTINCT PART)	75						33
34	PULMONARY LABS	76	0.479104					34
34.01	OCCUPATIONAL HEALTH	76.01	2.357793					34.01
34.03	HYPERALIMENTATION	76.03						34.03
34.04	PERIPHERAL VASCULAR	76.04	0.162801					34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05						34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.281249	18,201	5,119			34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.813572					34.09
34.10	BARIATRICS	76.10						34.10
34.11	HEPATOLOGY	76.11						34.11
34.97	CARDIAC REHABILITATION	76.97						34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98						34.98
34.99	LITHOTRIPSY	76.99						34.99
35	RURAL HEALTH CLINIC (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	1.145825	3,747	4,293			37
37.01	CARDIAC REHABILITATION	90.01	0.866673					37.01
37.02	CANCER CENTER	90.02	0.394214					37.02
37.03	PSYCH SOCIAL REHAB	90.03	1.394830					37.03
37.04	WELLNESS ASSESSMENT	90.04						37.04
37.06	HEART FAILURE CLINIC	90.06						37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.479745					37.07
37.08	OBT OUTPATIENT CENTER	90.08	0.401108					37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.580773					37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.484926					37.10



COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	RATIO OF COST TO CHARGES (FROM WKST C) 1	ORGAN ACQUISITION ANCILLARY CHARGES 2	ORGAN ACQUISITION ANCILLARY COSTS 3	
37.12 NORTH RIVERSIDE PCC	90.12	0.577333			37.12
37.13 GLENDALE HEIGHTS PCC	90.13				37.13
37.14 WHEATON PCC	90.14	0.452682			37.14
37.15 OBT II PCC	90.15	0.490643			37.15
37.16 HICKORY HILLS PCC	90.16	0.578218			37.16
37.18 DARIEN PCC	90.18	0.710598			37.18
37.20 ORLANAD PARK - FP	90.20	0.716141			37.20
37.21 FAMILY PRACTICE MAYWOOD PCC	90.21	0.518705			37.21
37.22 HOMER GLEN PCC	90.22	0.409307			37.22
37.23 OAK PARK PCC	90.23	0.568931			37.23
37.24 PARK RIDGE PCC	90.24	0.439124			37.24
37.25 LOYOLA CLINIC AT GOTTLIEB	90.25	0.976414			37.25
37.26 WOODRIDGE PCC	90.26				37.26
37.27 NEUROLOGY - NILES	90.27	0.765478			37.27
37.28 MARJORIE WEINBERG CANCER CENTER	90.28	0.314353			37.28
37.29 BURR RIDGE PCC	90.29	0.483287			37.29
38 EMERGENCY	91	0.151546			38
39 OBSERVATION BEDS	92				39
39.01 OBSERVATION BEDS-DISTINCT	92.01	0.059347	5,143	305	39.01
40 OTHER OUTPATIENT SERV (SPECIFY)	93				40
41 TOTAL (SUM OF LINES 8-40)			578,491	143,060	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	PER DAY (FROM WKST D-2, PART I, COL. 4)			
	D	1	2	3
42 ADULTS & PEDIATRICS	2			42
43 INTENSIVE CARE UNIT	3			43
44 CORONARY CARE UNIT	4			44
45 BURN INTENSIVE CARE UNIT	5			45
46 SURGICAL INTENSIVE CARE UNIT	6			46
47 NEONATAL INTENSIVE CARE	7			47
47.01 PEDIATRIC INTENSIVE CARE	7.01			47.01
47.03 HEART TRANSPLANT ICU	7.03			47.03
47.04 BONE INTENSIVE CARE	7.04			47.04
48 TOTAL (SUM OF LINES 42-47)				48

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
	1	D	2	
		D	2	3
49 RURAL HEALTH CLINIC (RHC)		21		49
50 FEDERALLY QUALIFIED HLTH CTR (F CLINIC		22		50
51 CLINIC	3,747	23		51
51.01 CARDIAC REHABILITATION		23.01		51.01
51.02 CANCER CENTER		23.02		51.02
51.03 PSYCH SOCIAL REHAB		23.03		51.03
51.04 WELLNESS ASSESSMENT		23.04		51.04
51.06 HEART FAILURE CLINIC		23.06		51.06
51.07 LOC OUTPATIENT CENTER		23.07		51.07
51.08 OB OUTPATIENT CENTER		23.08		51.08
51.09 ELMHURST IMMEDIATE CARE		23.09		51.09
51.10 LAGRANGE FAMILY PCC		23.10		51.10
51.12 NORTH RIVERSIDE PCC		23.12		51.12
51.13 GLENDALE HEIGHTS PCC		23.13		51.13
51.14 WHEATON PCC		23.14		51.14
51.15 OB II PCC		23.15		51.15
51.16 HICKORY HILLS PCC		23.16		51.16
51.18 DARIEN PCC		23.18		51.18
51.20 ORLANAD PARK - FP		23.20		51.20
51.21 FAMILY PRACTICE MAYWOOD PCC		23.21		51.21
51.22 HOMER GLEN PCC		23.22		51.22
51.23 OAK PARK PCC		23.23		51.23
51.24 PARK RIDGE PCC		23.24		51.24
51.25 LOYOLA CLINIC AT GOTTLIEB		23.25		51.25
51.26 WOODRIDGE PCC		23.26		51.26
51.27 NEUROLOGY - NILES		23.27		51.27
51.28 MARJORIE WEINBERG CANCER CENTER		23.28		51.28
51.29 BURR RIDGE PCC		23.29		51.29
52 EMERGENCY		24		52
53 OBSERVATION BEDS		25		53
53.01 OBSERVATION BEDS-DISTINCT	5,143	25.01		53.01
54 OTHER OUTPATIENT SERV (SPECIFY)		26		54
55 TOTAL (SUM OF LINES 49-54)	8,890			55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 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	
56 ROUTINE & ANCILLARY FROM PART I	143,060		579,717		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	2,466,928		2,466,928		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	2,609,988		3,046,645		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		34			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		20			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.588235			64
65 MEDICARE COST/CHARGES	1,535,286		1,792,143		65
66 REVENUE FOR ORGANS SOLD	7,836				66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	1,527,450		1,792,143		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	1,527,450		1,792,143		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		32		73
74 TOTAL (SUM OF LINES 70-73)		34		74
75 ORGANS TRANSPLANTED		32		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2	11,615	77
78 ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79 ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80 ORGANS SOLD OUTSIDE THE U.S.				80
81 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		34		84

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0276)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	81,918,234	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	4,959,847	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	5,235,210	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	451.61	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	300.59	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	6.18	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	306.77	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	363.45	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	12.80	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	319.57	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	322.81	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	321.40	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	321.26	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	321.26	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.711366	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.660391	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.660391	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	26,821,472	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	56.68	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	26,821,472	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0553	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2393	31
32	SUM OF LINES 30 AND 31	0.2946	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1352	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	11,075,345	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	124,774,898	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	124,774,898	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	9,551,877	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0276)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	7,971,098	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)	6,036,628	55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	119,985	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	148,454,486	59
60	PRIMARY PAYER PAYMENTS	97,086	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	148,357,400	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,650,925	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	673,257	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,325,739	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	928,017	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	909,409	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	142,961,235	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	142,961,235	71
72	INTERIM PAYMENTS	142,847,605	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	113,630	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:        [ ] HOSPITAL                            [XX] IPF (14-S276)        [ ] IRF  
                                  [ ] SUB (OTHER)                            [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL                                 IPF                                 IRF (14-T276)  
    SUB (OTHER)                                 SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK  HOSPITAL (14-0276)  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOX:  IRF  SWING BED SNF

INPATIENT  
 PART A

PART B

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			141,748,628		60,642,590
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	05/04/2012	678,102	05/04/2012	369,442
	.02	06/22/2012	420,875		
	.03				
	.04				
	.05				
	.06				
	.07				
	.08				
	.09				
	.50		NONE	06/22/2012	6,781
	.51				
	.52				
	.53				
	.54				
	.55				
	.56				
	.57				
	.58				
	.59				
	.99		1,098,977		362,661
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			142,847,605		61,005,251

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01		NONE		NONE
	.02				
	.03				
	.04				
	.05				
	.06				
	.07				
	.08				
	.09				
	.50		NONE		NONE
	.51				
	.52				
	.53				
	.54				
	.55				
	.56				
	.57				
	.58				
	.59				
	.99				
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	.01		113,630		674,985
	.02				
	.99				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			142,961,235		61,680,236
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:		NPR DATE:

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [XX] IRF (14-T276) [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,603,507		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 06/22/2012	17,373		NONE 3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		17,373		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		7,620,880		4

TO BE COMPLETED BY CONTRACTOR

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	NONE		NONE 5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50	NONE		5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	162,198		6.01
	TO PROVIDER .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		7,783,078		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
11/29/2012 15:35

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0276) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	23,588	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	40,577	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,741	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	110,733	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,886,450,465	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	43,416,677	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,550,692	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	2,565,280	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	-14,588	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S276)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1
2	NET IPF PPS OUTLIER PAYMENT	2
3	NET IPF PPS ECT PAYMENT	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)	4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)	5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	13
14	ORGAN ACQUISITION	14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)	15
16	SUBTOTAL (SEE INSTRUCTIONS)	16
17	PRIMARY PAYER PAYMENTS	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	18
19	DEDUCTIBLES	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	20
21	COINSURANCE	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)	27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	28
29	OUTLIER PAYMENTS RECONCILIATION	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	35
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)	50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

CHECK [ ] HOSPITAL  
 APPLICABLE BOX: [XX] IRF (14-T276)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	6,652,973	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.040500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	449,741	3
4	OUTLIER PAYMENTS	304,118	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	2.37	5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	4.17	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	2.37	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	23.226776	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.069090	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	459,654	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	7,866,486	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	7,866,486	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	7,866,486	19
20	DEDUCTIBLES	45,688	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	7,820,798	21
22	COINSURANCE	56,755	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	7,764,043	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	26,562	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	18,593	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	3,300	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	7,782,636	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	442	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	7,783,078	32
33	INTERIM PAYMENTS	7,620,880	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	162,198	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0276) [ ] SNF [XX] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [ ] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES		1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)		4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)		7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 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)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S276) [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES		1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)		4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)		7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 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)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK  TITLE V  HOSPITAL  SNF  PPS  
 APPLICABLE  TITLE XIX  IPF  NF  TEFRA  
 BOXES:  IRF (14-T276)  ICF/MR  OTHER  
 SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	862,106		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	862,106		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	862,106		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES			9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)			12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 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)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))			17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	862,106		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			322.44 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		6.18	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		328.62	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		375.73	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		328.62	7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	117.65	216.63	334.28 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	102.90	189.47	292.37 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		12.27	10
11	TOTAL WEIGHTED FTE COUNT	102.90	201.74	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	111.58	216.95	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	100.40	206.95	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	104.96	208.55	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	104.96	208.55	17
18	PER RESIDENT AMOUNT	104,235.47	98,701.82	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	10,940,555	20,584,265	31,524,820 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			47.11 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			31,524,820 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	46,067	2,741	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	119,234	119,234	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.386358	0.022988	28
29	PROGRAM DIRECT GME AMOUNT	12,179,866	724,693	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		102,399	30
31	NET PROGRAM DIRECT GME AMOUNT			12,802,160 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			26,313,638 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			117,993,643 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			6,036,628 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			97,086 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			123,933,185 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			75,119,100 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			6,725 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			75,112,375 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			199,045,560 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.622637 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.377363 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			12,802,160 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			7,971,098 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			4,831,062 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	28,399		26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	119,234		27
29	PROGRAM DIRECT GME AMOUNT	0.238179		28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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	18,450,952			1
2	TEMPORARY INVESTMENTS	103,836,149			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	125,941,933			4
5	OTHER RECEIVABLES	32,478,666			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	15,969,240			7
8	PREPAID EXPENSES	4,052,443			8
9	OTHER CURRENT ASSETS	1,213,311			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	301,942,694			11
FIXED ASSETS					
12	LAND	5,670,000			12
13	LAND IMPROVEMENTS	56,156			13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	377,792,847			15
16	ACCUMULATED DEPRECIATION	-39,350,100			16
17	LEASEHOLD IMPROVEMENTS	12,376,968			17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	95,543,690			23
24	ACCUMULATED DEPRECIATION				24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	452,089,561			30
OTHER ASSETS					
31	INVESTMENTS	16,591,173			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS	80,677,626			33
34	OTHER ASSETS				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	97,268,799			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	851,301,054			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	42,998,694			37
38	SALARIES, WAGES & FEES PAYABLE	50,227,041			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	63,656,664			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	156,882,399			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	37,984,872			47
48	UNSECURED LOANS	316,629,826			48
49	OTHER LONG TERM LIABILITIES	151,040,328			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	505,655,026			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	662,537,425			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	188,763,629			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	188,763,629			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	851,301,054			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		216,371,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		38,508,296							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		254,879,296							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS									5
6 NET ASSETS RELEASED FROM RES									6
7 OTHER									7
8 NET UNRECOGNIZED GAIN/LOSS O									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		254,879,296							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CHANGE IN DEFERRED RETIREMEN	54,998,928								13
14 TRANSFER (TO) / FROM AFFILIA									14
15 OTHER ADJUSTMENT	11,116,739								15
16 NET ASSETS RELEASED FRONM RE									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		66,115,667							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		188,763,629							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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	133,828,010		133,828,010	1
2 SUBPROVIDER IPF	9,725,760		9,725,760	2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	143,553,770		143,553,770	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	51,888,504		51,888,504	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT	18,878,219		18,878,219	13
14 SURGICAL INTENSIVE CARE UNIT				14
15 NEONATAL INTENSIVE CARE	23,536,984		23,536,984	15
15.01 PEDIATRIC INTENSIVE CARE	6,777,446		6,777,446	15.01
15.03 HEART TRANSPLANT ICU	8,933,575		8,933,575	15.03
15.04 BONE INTENSIVE CARE	14,971,125		14,971,125	15.04
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	124,985,853		124,985,853	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	268,539,623		268,539,623	17
18 ANCILLARY SERVICES	736,065,310	891,827,657	1,627,892,967	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		5,214,100	5,214,100	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES		2,154,929	2,154,929	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,004,604,933	899,196,686	1,903,801,619	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		929,176,350	29
30 ADD (SPECIFY)			30
31 POST RETIREMENT & PENSION			31
32 OTHER EXPENSES			32
33 GOODWILL	49,376,770		33
34 HOUSESTAFF REIMBURSEMENT	2,392,666		34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		51,769,436	36
37 DEDUCT (SPECIFY)			37
38 ACEDMIC SUPPORT			38
39 OTHER EXPENSES	-14,616,891		39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-14,616,891	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		966,328,895	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,903,801,619	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,595,626,624	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	308,174,995	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	966,328,895	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-658,153,900	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	477,368	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	REVENUE 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 (OTHER REVENUE)	34,741,180	24
24.01	OTHER (FACULTY PROFESSIONAL FEES)		24.01
24.02	OTHER (PHYSICIAN PROFESSIONAL FEES)	616,224,486	24.02
24.03	OTHER (FACULTY & STRATEGIC SUP CAPITATION)	45,219,162	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	696,662,196	25
26	TOTAL (LINE 5 PLUS LINE 25)	38,508,296	26
27	OTHER EXPENSES (OTHER EXPENSES)		27
27.01	OTHER EXPENSES (ACADEMIC SUPPORT)		27.01
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	38,508,296	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7257

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	762,721		2,008	45,355	585,758	1,395,842
7 SKILLED NURSING CARE	1,845,549		115,309		936	1,961,794
8 PHYSICAL THERAPY	514,219		29,487	98,335	4,644	646,685
9 OCCUPATIONAL THERAPY	128,669		73	1,455	447	130,644
10 SPEECH PATHOLOGY	4,160			11,315		15,475
11 MEDICAL SOCIAL SERVICES	28,728		783			29,511
12 HOME HEALTH AIDE	111,947		15,651	1,666		129,264
13 SUPPLIES (SEE INSTRUCTIONS)					95,487	95,487
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING						18
20 CLINIC						19
21 HEALTH PROMOTION ACTIVITIES						20
22 DAY CARE PROGRAM						21
23 HOME DELIVERED MEALS PROGRAM						22
24 HOMEMAKER SERVICE						23
25 ALL OTHERS						24
26 TOTAL (SUM OF LINES 1-23)	3,395,993		163,311	158,126	687,272	4,404,702

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7257

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-67,835	1,328,007	-25,956	1,302,051	5
6					6
7	-796	1,960,998	-123,176	1,837,822	7
8		646,685	-34,320	612,365	8
9		130,644	-8,588	122,056	9
10		15,475	-278	15,197	10
11		29,511	-1,917	27,594	11
12		129,264	-7,472	121,792	12
13		95,487		95,487	13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-68,631	4,336,071	-201,707	4,134,364	24



COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7257

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
1									1
2									2
3									3
4									4
5	1,302,051					1,302,051	1,302,051		5
6	1,837,822					1,837,822	844,871	2,682,693	6
7	612,365					612,365	281,512	893,877	7
8	122,056					122,056	56,111	178,167	8
9	15,197					15,197	6,986	22,183	9
10	27,594					27,594	12,685	40,279	10
11	121,792					121,792	55,989	177,781	11
12	95,487					95,487	43,897	139,384	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	4,134,364					4,134,364		4,134,364	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1							1
2	5,729						2
3			5,729				3
4							4
5					-1,302,051	2,832,313	5
6	3,373		3,373			1,837,822	6
7	1,698		1,698			612,365	7
8	30		30			122,056	8
9	172		172			15,197	9
10	26		26			27,594	10
11	430		430			121,792	11
12						95,487	12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24	5,729		5,729		-1,302,051	2,832,313	24
25						1,302,051	25
26						0.459713	26



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7257

WORKSHEET H-2  
 PART I

HHA COST CENTER	PURCHASING	OPC	PATIENT	PATIENT	PATIENT	SUBTOTAL (COLS.0-4) 4A	ACCOUNTING	SUBTOTAL (COLS.0-4)	
	5.03	STORES 5.04	AFFAIRS 5.05	ADMITTING 5.06	ACCOUNTS 5.07		5.08		
1 ADMINISTRATIVE AND GENERAL					1,683	8,728	25	8,753	1
2 SKILLED NURSING CARE	235				14,514	2,788,863	7,934	2,796,797	2
3 PHYSICAL THERAPY	120				6,407	942,907	2,683	945,590	3
4 OCCUPATIONAL THERAPY	2				1,431	182,618	520	183,138	4
5 SPEECH PATHOLOGY	13				190	25,768	73	25,841	5
6 MEDICAL SOCIAL SERVICES	2				84	41,219	117	41,336	6
7 HOME HEALTH AIDE	30				938	188,386	536	188,922	7
8 SUPPLIES						139,635	397	140,032	8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
20 TOTAL (SUM OF LINES 1-19)	402				25,247	4,318,124	12,285	4,330,409	20

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7257

WORKSHEET H-2  
 PART I

HHA COST CENTER	EMPLOYEE	SUBTOTAL	PASTORAL	SUBTOTAL	HOSPITAL	SUBTOTAL	AMBULATORY	SUBTOTAL	
	HEALTH SERVICES 5.09	(COLS.0-4)	CARE 5.10	(COLS.0-4)	ADMINSTRN 5.11	(COLS.0-4)	ADMIN 5.12	(COLS.0-4)	
1 ADMINISTRATIVE AND GENERAL	7	8,760	12	8,772	1,443	10,215	351	10,566	1
2 SKILLED NURSING CARE	2,200	2,798,997	3,697	2,802,694	461,025	3,263,719	112,226	3,375,945	2
3 PHYSICAL THERAPY	743	946,333	1,250	947,583	155,872	1,103,455	37,943	1,141,398	3
4 OCCUPATIONAL THERAPY	144	183,282	242	183,524	30,189	213,713	7,349	221,062	4
5 SPEECH PATHOLOGY	20	25,861	34	25,895	4,260	30,155	1,037	31,192	5
6 MEDICAL SOCIAL SERVICES	32	41,368	55	41,423	6,814	48,237	1,659	49,896	6
7 HOME HEALTH AIDE	148	189,070	250	189,320	31,142	220,462	7,581	228,043	7
8 SUPPLIES	110	140,142	185	140,327	23,083	163,410	5,619	169,029	8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
20 TOTAL (SUM OF LINES 1-19)	3,404	4,333,813	5,725	4,339,538	713,828	5,053,366	173,765	5,227,131	20









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7257

WORKSHEET H-2  
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	13,006		13,006			1
2 SKILLED NURSING CARE	3,634,816		3,634,816	8,362	3,643,178	2
3 PHYSICAL THERAPY	1,268,829		1,268,829	2,918	1,271,747	3
4 OCCUPATIONAL THERAPY	226,290		226,290	520	226,810	4
5 SPEECH PATHOLOGY	42,973		42,973	99	43,072	5
6 MEDICAL SOCIAL SERVICES	51,988		51,988	120	52,108	6
7 HOME HEALTH AIDE	258,978		258,978	596	259,574	7
8 SUPPLIES	169,985		169,985	391	170,376	8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
20 TOTAL (SUM OF LINES 1-19)	5,666,865		5,666,865	13,006	5,666,865	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.002300		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CPTL BLG INTRST SQUARE FEET 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUNICTN PHONE COST 5.01	SYSTEM + COMPUTERS GROSS REVENUE 5.02	PURCHASING NUMBER OF ISSUES 5.03	
1 ADMINISTRATIVE AND GENERAL					762,811		347,642		1
2 SKILLED NURSING CARE	3,373	3,373	1,362		1,845,459	1,607	2,997,446	142	2
3 PHYSICAL THERAPY	1,698	1,698	977		514,219	809	1,323,230	72	3
4 OCCUPATIONAL THERAPY	30	30			128,669	14	295,553	1	4
5 SPEECH PATHOLOGY	172	172	17		4,160	82	39,146	8	5
6 MEDICAL SOCIAL SERVICES	26	26	99		28,728	12	17,286	1	6
7 HOME HEALTH AIDE	430	430	15		111,947	205	193,797	18	7
8 SUPPLIES			248						8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	5,729	5,729	2,718		3,395,993	2,729	5,214,100	242	20
21 TOTAL COST TO BE ALLOCATED	50,063	13,955	2,754		22,937	40,011	28,391	402	21
22 UNIT COST MULTIPLIER	8.738523		1.013245		0.006754		0.005445		22
22 UNIT COST MULTIPLIER		2.435853				14.661414		1.661157	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2  
 PART II

HHA COST CENTER	OPC STORES	PATIENT AFFAIRS	PATIENT ADMITTING	PATIENT ACCOUNTS	RECON-CILIATION	ACCOUNTING ACCUM COST	RECON-CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST	
	NUMBER OF ISSUES	NUMBER OF VISITS	INPATIENT REVENUE	GROSS REVENUE					
	5.04	5.05	5.06	5.07	4A.08	5.08		5.09	
1 ADMINISTRATIVE AND GENERAL				347,643		8,728		8,753	1
2 SKILLED NURSING CARE				2,997,446		2,788,863		2,796,797	2
3 PHYSICAL THERAPY				1,323,230		942,907		945,590	3
4 OCCUPATIONAL THERAPY				295,553		182,618		183,138	4
5 SPEECH PATHOLOGY				39,145		25,768		25,841	5
6 MEDICAL SOCIAL SERVICES				17,286		41,219		41,336	6
7 HOME HEALTH AIDE				193,797		188,386		188,922	7
8 SUPPLIES						139,635		140,032	8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)				5,214,100		4,318,124		4,330,409	20
21 TOTAL COST TO BE ALLOCATED				25,247		12,285		3,404	21
22 UNIT COST MULTIPLIER				0.004842		0.002845		0.000786	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2  
 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	
		5.10		5.11		5.12		5.14	
1 ADMINISTRATIVE AND GENERAL		8,760		8,772		10,215		10,566	1
2 SKILLED NURSING CARE		2,798,997		2,802,694		3,263,719		3,375,945	2
3 PHYSICAL THERAPY		946,333		947,583		1,103,455		1,141,398	3
4 OCCUPATIONAL THERAPY		183,282		183,524		213,713		221,062	4
5 SPEECH PATHOLOGY		25,861		25,895		30,155		31,192	5
6 MEDICAL SOCIAL SERVICES		41,368		41,423		48,237		49,896	6
7 HOME HEALTH AIDE		189,070		189,320		220,462		228,043	7
8 SUPPLIES		140,142		140,327		163,410		169,029	8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		4,333,813		4,339,538		5,053,366		5,227,131	20
21 TOTAL COST TO BE ALLOCATED		5,725		713,828		173,765		29,549	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		0.001321		0.164494		0.034386		0.005653	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2  
 PART II

HHA COST CENTER	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	SAFETY & SECURITY SQUARE FEET	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED
	6	7	7.01	8	9	10	11	12
1 ADMINISTRATIVE AND GENERAL	5,729							1
2 SKILLED NURSING CARE		3,373	3,373		222		69,904	2
3 PHYSICAL THERAPY		1,698	1,698		112		35,173	3
4 OCCUPATIONAL THERAPY		30	30		2		610	4
5 SPEECH PATHOLOGY		172	172		12		3,568	5
6 MEDICAL SOCIAL SERVICES		26	26		2		528	6
7 HOME HEALTH AIDE		430	430		28		8,902	7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	5,729	5,729	5,729		378		118,685	20
21 TOTAL COST TO BE ALLOCATED		110,279	13,575		10,455		7,628	21
22 UNIT COST MULTIPLIER			2.369523		27.658730		0.064271	22
22 UNIT COST MULTIPLIER		19.249258						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7257

WORKSHEET H-2  
 PART II

HHA COST CENTER	PATIENT TRANSPRTN NUMBER OF TRIPS 12.01	NURSING ADMINIS- TRATION RN FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	CENTRAL PROCESSING NUMBER OF INSTRUMENT 14.01	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 17.01	
1	ADMINISTRATIVE AND GENERAL					347,642			1
2	SKILLED NURSING CARE	1,487	2,072		2,991	2,997,446		39,857	2
3	PHYSICAL THERAPY	747	1,043		1,504	1,323,230		20,863	3
4	OCCUPATIONAL THERAPY	13	18		26	295,553		362	4
5	SPEECH PATHOLOGY	75	106		153	39,146		2,116	5
6	MEDICAL SOCIAL SERVICES	11	16		23	17,286		313	6
7	HOME HEALTH AIDE	189	264		381	193,797		5,280	7
8	SUPPLIES								8
9	DRUGS								9
10	DME								10
11	HOME DIALYSIS AIDE SERVICES								11
12	RESPIRATORY THERAPY								12
13	PRIVATE DUTY NURSING								13
14	CLINIC								14
15	HEALTH PROMOTION ACTIVITIES								15
16	DAY CARE PROGRAM								16
17	HOME DELIVERED MEALS PROGRAM								17
18	HOMEMAKER SERVICE								18
19	ALL OTHERS								19
19.50	TELEMEDICINE								19.50
20	TOTAL (SUM OF LINES 1-19)	2,522	3,519		5,078	5,214,100		68,791	20
21	TOTAL COST TO BE ALLOCATED	93,422	1,016		825	35,696		137,289	21
22	UNIT COST MULTIPLIER		0.288718		0.162466				22
22	UNIT COST MULTIPLIER	37.042823				0.006846		1.995741	22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-3  
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2)	VISITS	COST PER VISIT (COL.3 ÷ COL.4)	
1	SKILLED NURSING CARE	2	3,643,178		3,643,178	15,390	236.72	1
2	PHYSICAL THERAPY	3	1,271,747	438,295	1,710,042	6,817	250.85	2
3	OCCUPATIONAL THERAPY	4	226,810	81,728	308,538	1,519	203.12	3
4	SPEECH PATHOLOGY	5	43,072	12,283	55,355	205	270.02	4
5	MEDICAL SOCIAL SERVICES	6	52,108		52,108	99	526.34	5
6	HOME HEALTH AIDE	7	259,574		259,574	1,501	172.93	6
7	TOTAL (SUM OF LINES 1-6)		5,496,489	532,306	6,028,795	25,531		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS  
 COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
15	COST OF MEDICAL SUPPLIES	8	170,376	182,931	353,307	163,432	2.161798	15
16	COST OF DRUGS	9						16



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7257

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES							
1 SKILLED NURSING CARE	6,297	2,400		1,490,626	568,128		2,058,754
2 PHYSICAL THERAPY	4,152	1,519		1,041,529	381,041		1,422,570
3 OCCUPATIONAL THERAPY	501	314		101,763	63,780		165,543
4 SPEECH PATHOLOGY	55	57		14,851	15,391		30,242
5 MEDICAL SOCIAL SERVICES	62	25		32,633	13,159		45,792
6 HOME HEALTH AIDE	913	633		157,885	109,465		267,350
7 TOTAL (SUM OF LINES 1-6)	11,980	4,948		2,839,287	1,150,964		3,990,251

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL PROGRAM COST
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	1	2	3	8
9 PHYSICAL THERAPY	16974	6,297	2,400	9
10 OCCUPATIONAL THERAPY	16974	4,152	1,519	10
11 SPEECH PATHOLOGY	16974	501	314	11
12 MEDICAL SOCIAL SERVICES	16974	55	57	12
13 HOME HEALTH AIDE	16974	62	25	13
14 TOTAL (SUM OF LINES 8-13)	16974	913	633	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS							16

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 (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	LINE
1 PHYSICAL THERAPY	0.337681	1,297,957	438,295	COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	0.282583	289,218	81,728	COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.314689	39,032	12,283	COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	1.119309	163,432	182,931	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.266651			COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7257

WORKSHEET H-4  
 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	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	3,108,802			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 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
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,108,802			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	3,108,802			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
11 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,498,010	836,635	11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	9,788	2,206	12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	45,468	30,747	13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES	28,299	17,386	14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2,428	1,756	15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
18 TOTAL OTHER PAYMENTS			17
19 DME PAYMENTS			18
20 OXYGEN PAYMENTS			19
21 PROSTHETIC AND ORTHOTIC PAYMENTS			20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,583,993	888,730	22
24 EXCESS REASONABLE COST (FROM LINE 8)			23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	1,583,993	888,730	24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
27 NET COST (LINE 24 MINUS LINE 25)	1,583,993	888,730	26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,583,993	888,730	29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,583,993	888,730	31
33 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,583,993	888,730	32
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
35 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35



ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2329

WORKSHEET I-1

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

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4	
1 REGISTERED NURSES		HOURS OF SERVICE			1
2 LICENSED PRACTICAL NURSES	1,241,865	HOURS OF SERVICE	31,658.00	15.22	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	1,099,711	HOURS OF SERVICE	53,213.00	25.58	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	128,509	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	2,470,085				9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	2,098,759	REQUISITIONS			14
15 DRUGS	615,577	REQUISITIONS			15
16 OTHER		ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	5,184,421				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	131,110	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	158,896	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	16,683	SALARY			20
21 ADMINISTRATIVE AND GENERAL	1,565,634	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	266,017	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	115,552	REQUISITIONS			24
25 PHARMACY	-346,722	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	845,032	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	7,936,623				27
28 LABORATORY		CHARGES			28
28.01 LABORATORY-SURGICAL PATHOLOGY		CHARGES			28.01
28.02 LABORATORY-NEUROSURGICAL		CHARGES			28.02
28.03 LABORATORY-HLA		CHARGES			28.03
29 RESPIRATORY THERAPY		CHARGES			29
30 PULMONARY LABS		CHARGES			30
30.01 OCCUPATIONAL HEALTH		CHARGES			30.01
30.03 HYPERALIMENTATION		CHARGES			30.03
30.04 PERIPHERAL VASCULAR		CHARGES			30.04
30.05 PEDIATRIC ENDO NUTRITION		CHARGES			30.05
30.07 GASTROINTESTINAL SERVICE		CHARGES			30.07
30.09 BONE MARROW PROCUREMENT		CHARGES			30.09
30.10 BARIATRICS		CHARGES			30.10
30.11 HEPATOLOGY		CHARGES			30.11
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	7,936,623				31

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 RELATED COSTS		DIRECT RNs	PATIENT CARE OTHER	SALARY OTHER	EMPLOYEE BENEFITS	DRUGS	
	BUILDING	EQUIPMENT						
	1	2	3	4	5	6		
1 TOTAL RENAL DEPT COSTS	397,127	158,896		2,341,576	16,683	268,855	1	
2 MAINTENANCE								
3 HEMODIALYSIS	279,881	111,985		1,650,303	11,615	187,175	2	
4 INTERMITTENT PERITONEAL TRAINING							3	
5 HEMODIALYSIS							4	
6 INTERMITTENT PERITONEAL							5	
7 CAPD	338	135		1,916	16	259	6	
8 CCPD	203	81		1,219	15	241	7	
9 HOME								
10 HEMODIALYSIS							8	
11 INTERMITTENT PERITONEAL							9	
12 CAPD	9,274	3,711		54,605	162	2,615	10	
13 CCPD	74,870	29,956		441,544	3,336	53,769	11	
14 OTHER BILLABLE SERVICES								
15 INPATIENT DIALYSIS	32,561	13,028		191,989	1,539	24,796	12	
16 METHOD II HOME PATIENT							13	
17 EPO (INCL IN RENAL DEPT)						636,277	14	
18 ARANESP (INCL IN RENAL DEPT)							15	
19 OTHER							16	
20 TOTAL (SUM OF LINES 2-16)	397,127	158,896		2,341,576	16,683	268,855	17	
21 MEDICAL EDUC PGM COSTS							18	
22 TOTAL RENAL COSTS (LINES 17+18)							19	

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2329

WORKSHEET I-2  
 (CONTINUED)

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	2,214,311		5,397,448	2,539,175	7,936,623	1
2 HEMODIALYSIS			2,240,959	1,054,237	3,295,196	2
3 INTERMITTENT PERITONEAL TRAINING	1,541,588		1,541,588	725,225	2,266,813	3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	2,133		4,797	2,257	7,054	6
7 CCPD	1,983		3,742	1,760	5,502	7
HOME						
8 HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	21,539		91,906	43,236	135,142	10
11 CCPD	442,842		1,046,317	492,229	1,538,546	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	204,226		468,139	220,231	688,370	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)	2,214,311		5,397,448	2,539,175	7,936,623	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					7,936,623	19

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 RELATED COSTS		DIRECT PATIENT RNs (HOURS)	CARE SALARY OTHER (HOURS)	EMPLOYEE BENEFITS (SALARY)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)					
	1	2	3	4	5		
1	TOTAL RENAL DEPT COSTS	397,127	158,896		2,341,576	16,683	1
	MAINTENANCE						
2	HEMODIALYSIS	8,269	8,269.00	22,039.00	37,899.00	1,719,653	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	10	10.00	30.00	44.00	2,378	6
7	CCPD	6	6.00	28.00	28.00	2,214	7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	274	274.00	308.00	1,254.00	24,028	10
11	CCPD	2,212	2,212.00	6,331.00	10,140.00	494,000	11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRMNTS            3	962	962.00	2,920.00	4,409.00	227,811	
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	11,733	11,733.00	31,656.00	53,774.00	2,470,084	17
18	UNIT COST MULTIPLIER	33.847013	13.542657		43.544761	0.006754	18
	(LINE 1 ÷ LINE 17)						

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 14-2329

WORKSHEET I-3  
 (CONTINUED)

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

		DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	268,855	2,214,311		5,397,448	2,539,175	1
2	HEMODIALYSIS	1,240,790					2
3	INTERMITTENT PERITONEAL TRAINING		277,557				3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	1,716	384				6
7	CCPD	1,598	357				7
8	HOME HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	17,337	3,878				10
11	CCPD	356,439	79,732				11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS            3	164,373	36,770				13
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	1,782,253	398,678			5,397,448	17
18	UNIT COST MULTIPLIER	0.150851	5.554134			0.470440	18
	(LINE 1 ÷ LINE 17)						



PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 11/29/2012 15:35

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2329

WORKSHEET I-4

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

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 × COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	18,171	3,295,196	181.34	15,693	2,845,769	3,924,716	250.09	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	10	7,054	705.40	10	7,054	33,461	3,346.10	5
6 TRAINING - CCPD	12	5,502	458.50	12	5,502	405,994	33,832.83	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	231	135,142	585.03	231	135,142			9
10 HOME PROGRAM - CCPD	3,615	1,538,546	425.60	3,587	1,526,627			10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	18,193	4,981,440		15,715	4,520,094	4,364,171		11

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 (SEE INSTRUCTIONS)	4,520,094	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	4,364,171	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	872	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	872,660	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	200,202	5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	119,840	7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	673,330	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	3,490,639	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LINE 1 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)	356,125	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)	200,202	11

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER	TOTAL (COLS. 1-5)
	1	2	3	4	5	6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED COSTS-BLDG AND FIXT.						2
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.						3
4 PLANT OPERATION AND MAINTENANCE						4
5 TRANSPORTATION - STAFF						5
6 VOLUNTEER SERVICE COORDINATION						6
7 ADMINISTRATIVE AND GENERAL	150,766				106,504	257,270
8 INPATIENT CARE SERVICE						7
9 INPATIENT - GENERAL CARE						8
10 INPATIENT - RESPITE CARE						9
11 VISITING SERVICES						10
12 PHYSICIAN SERVICES						11
13 NURSING CARE	340,399		30,920		115,534	486,853
14 NURSING CARE-CONTINUOUS HOME CARE						12
15 PHYSICAL THERAPY						13
16 OCCUPATIONAL THERAPY						14
17 SPEECH/LANGUAGE PATHOLOGY						15
18 MEDICAL SOCIAL SERVICES	35,950		3,265			39,215
19 SPIRITUAL COUNSELING	48,550					48,550
20 DIETARY COUNSELING						17
21 COUNSELING - OTHER						18
22 HOME HEALTH AIDE AND HOMEMAKER	53,255		4,838			58,093
23 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
24 OTHER						21
25 OTHER HOSPICE SERVICE COSTS						22
26 DRUGS, BIOLOGICAL & INFUSION THERAPY						23
27 ANALGESICS						24
28 SEDATIVES/HYPNOTICS						25
29 OTHER - SPECIFY						26
30 DURABLE MEDICAL EQUIPMENT/OXYGEN						27
31 PATIENT TRANSPORTATION						28
32 IMAGING SERVICES						29
33 LABS AND DIAGNOSTICS						30
34 MEDICAL SUPPLIES						31
35 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						32
36 RADIATION THERAPY						33
37 CHEMOTHERAPY						34
38 OTHER						35
39 HOSPICE NONREIMBURSABLE SERVICE						36
40 BEREAVEMENT PROGRAM COSTS						37
41 VOLUNTEER PROGRAM COSTS						38
42 FUNDRAISING						39
43 OTHER PROGRAM COSTS						38
44 TOTAL (SUM OF LINES 1-38)	628,920		39,023		222,038	889,981

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1566

WORKSHEET K  
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6		257,270		257,270	6
7					7
8					8
9					9
10		486,853		486,853	10
11					11
12					12
13					13
14					14
15		39,215		39,215	15
16		48,550		48,550	16
17					17
18					18
19		58,093		58,093	19
20					20
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					34
35					35
36					36
37					37
38					38
39		889,981		889,981	39

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		33,474						117,292	150,766
7									7
8									8
9									9
10					340,399				340,399
11									11
12									12
13									13
14									14
15			35,950						35,950
16								48,550	48,550
17									17
18									18
19							53,255		53,255
20									20
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									34
35									35
36									36
37									37
38									38
39		33,474	35,950		340,399		53,255	165,842	628,920

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	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOME MAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)								39

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1566 WORKSHEET K-3

	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	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								11
15	PHYSICAL THERAPY								12
16	OCCUPATIONAL THERAPY								13
17	SPEECH/LANGUAGE PATHOLOGY								14
18	MEDICAL SOCIAL SERVICES								15
19	SPIRITUAL COUNSELING								16
20	DIETARY COUNSELING								17
21	COUNSELING - OTHER								18
22	HH AIDE AND HOMEMAKER								19
23	HH AIDE & HMKR-CONT.HME CARE								20
24	OTHER								21
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV.(INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)								39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1566

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDG COSTS EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5)	ADMIN & GENERAL	TOTAL (COL.5 ± COL.6)
	0	1	2	3	4	5	5A	6	7
1 GENERAL SERVICE COST CENTER									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									5
6 VOLUNTEER SERVICE COORD.									6
7 ADMINISTRATIVE AND GENERAL	257,270						257,270	257,270	7
8 INPATIENT CARE SERVICE									8
9 INPATIENT - GENERAL CARE									9
10 INPATIENT - RESPITE CARE									10
11 VISITING SERVICES									11
12 PHYSICIAN SERVICES									12
13 NURSING CARE	486,853						486,853	197,963	13
14 NURSING CARE-CONTINUOUS HOME									14
15 PHYSICAL THERAPY									15
16 OCCUPATIONAL THERAPY									16
17 SPEECH/LANGUAGE PATHOLOGY									17
18 MEDICAL SOCIAL SERVICES	39,215						39,215	15,945	18
19 SPIRITUAL COUNSELING	48,550						48,550	19,741	19
20 DIETARY COUNSELING									20
21 COUNSELING - OTHER									21
22 HH AIDE AND HOMEMAKER	58,093						58,093	23,621	22
23 HH AIDE & HMKR-CONT. HOME CA									23
24 OTHER									24
25 OTHER HOSPICE SERVICE COSTS									25
26 DRUGS, BIOL. & INFUS. THER.									26
27 ANALGESICS									27
28 SEDATIVES / HYPNOTICS									28
29 OTHER - SPECIFY									29
30 DURABLE MED. EQUIP./OXYGEN									30
31 PATIENT TRANSPORTATION									31
32 IMAGING SERVICES									32
33 LABS AND DIAGNOSTICS									33
34 MEDICAL SUPPLIES									34
35 OUTPAT.SERV.(INCL.E/R DEPT.)									35
36 RADIATION THERAPY									36
37 CHEMOTHERAPY									37
38 OTHER									38
39 HOSPICE NONREIMBURSABLE SERV.									39
40 BEREAVEMENT PROGRAM COSTS									40
41 VOLUNTEER PROGRAM COSTS									41
42 FUNDRAISING									42
43 OTHER PROGRAM COSTS									43
44 TOTAL (SUM OF LINES 1-38)	889,981						889,981		44



COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-4  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTER							
1 CAP REL COSTS-BLDG AND FIXT.							1
2 CAP REL COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION & MAINT.							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORD.							5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE						-257,270	632,711 6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES							9
10 NURSING CARE							486,853 10
11 NURSING CARE-CONTINUOUS HOME							11
12 PHYSICAL THERAPY							12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES							39,215 15
16 SPIRITUAL COUNSELING							48,550 16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HH AIDE AND HOMEMAKER							58,093 19
20 HH AIDE & HMKR-CONT. HOME CA							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOL. & INFUS. THER.							22
23 ANALGESICS							23
24 SEDATIVES / HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MED. EQUIP./OXYGEN							26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES							30
31 OUTPAT.SERV.(INCL.E/R DEPT.)							31
32 RADIATION THERAPY							32
33 CHEMOTHERAPY							33
34 OTHER							34
HOSPICE NONREIMBURSABLE SERVICE							
35 BEREAVEMENT PROGRAM COSTS							35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 COST TO BE ALLOCATED							257,270 39
40 UNIT COST MULTIPLIER							0.406615 40













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

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	1,690		1,690			1
2 INPATIENT - GENERAL CARE	2,209		2,209	3	2,212	2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES						4
5 NURSING CARE	978,755		978,755	1,342	980,097	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE	67,659		67,659	93	67,752	10
11 SPIRITUAL COUNSELING	83,533		83,533	115	83,648	11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOMEMAKERS	99,473		99,473	136	99,609	14
15 HH AIDE & HMKR-CONT. HOME C	482		482	1	483	15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO						17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES						25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)	1,233,801		1,233,801		1,233,801	34
35 UNIT COST MULTIPLIER				0.001372		35



ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CPTL BLG INTRST SQUARE FEET 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUNICTN COST PHONE COST 5.01	SYSTEM + COMPUTERS GROSS REVENUE 5.02	PURCHASING NUMBER OF ISSUES 5.03
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE	3	3	19		150,771	2	14,203	1 2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE	441	441	2,834		340,399	235	2,137,020	13 5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE	1	1	6		35,950		2,779	10
11 SPIRITUAL COUNSELING					48,550			11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C					53,255		927	15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	445	445	2,859		628,925	237	2,154,929	14 34
35 TOTAL COST TO BE ALLOCATED	3,889	1,084	2,897		4,248	3,475	11,734	23 35
36 UNIT COST MULTIPLIER	8.739326	2.435955	1.013291		0.006754	14.662447	0.005445	1.642857 36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1566

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	OPC STORES NUMBER OF ISSUES 5.04	PATIENT AFFAIRS NUMBER OF VISITS 5.05	PATIENT ADMITTING INPATIENT REVENUE 5.06	PATIENT ACCOUNTS GROSS REVENUE 5.07	RECON-CILIATION 4A.08	ACCOUNTING ACCUM COST 5.08	RECON-CILIATION	EMPLOYEE HEALTH SERVICES ACCUM COST 5.09
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE				14,203		1,247		2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				2,137,020		720,368		5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE				2,779		55,448		10
11 SPIRITUAL COUNSELING						68,619		11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS						81,714		14
15 HH AIDE & HMKR-CONT. HOME C				927		369		15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)				2,154,929		927,765		34
35 TOTAL COST TO BE ALLOCATED				10,434		2,639		35
36 UNIT COST MULTIPLIER				0.004842		0.002844		36

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	
		5.10		5.11		5.12		5.14	
1	ADMINISTRATIVE AND GENERAL								1
2	INPATIENT - GENERAL CARE	1,252		1,254		1,460		1,510	2
3	INPATIENT - RESPITE CARE								3
4	PHYSICIAN SERVICES								4
5	NURSING CARE	722,985		723,940		843,024		872,013	5
6	NURSING CARE-CONTINUOUS HOM								6
7	PHYSICAL THERAPY								7
8	OCCUPATIONAL THERAPY								8
9	SPEECH/LANGUAGE PATHOLOGY								9
10	MEDICAL SOCIAL SERV. - DIRE	55,650		55,724		64,890		67,121	10
11	SPIRITUAL COUNSELING	68,868		68,959		80,302		83,063	11
12	DIETARY COUNSELING								12
13	COUNSELING - OTHER								13
14	HOME HLTH AIDE & HOMEMAKERS	82,010		82,118		95,626		98,914	14
15	HH AIDE & HMKR-CONT. HOME C	370		370		431		446	15
16	OTHER								16
17	DRUGS,BIOLOGICALS & INFUSIO								17
18	ANALGESICS								18
19	SEDATIVES / HYPNOTICS								19
20	OTHER - SPECIFY								20
21	DURABLE MED. EQUIP./OXYGEN								21
22	PATIENT TRANSPORTATION								22
23	IMAGING SERVICES								23
24	LABS AND DIAGNOSTICS								24
25	MEDICAL SUPPLIES								25
26	OUTPAT. SERV.(INCL.E/R DEPT								26
27	RADIATION THERAPY								27
28	CHEMOTHERAPY								28
29	OTHER								29
30	BEREAVEMENT PROGRAM COSTS								30
31	VOLUNTEER PROGRAM COSTS								31
32	FUNDRAISING								32
33	OTHER PROGRAM COSTS								33
34	TOTALS (SUM OF LINES 1-33)	931,135		932,365		1,085,733		1,123,067	34
35	TOTAL COST TO BE ALLOCATED	1,230		153,368		37,334		6,349	35
36	UNIT COST MULTIPLIER	0.001321		0.164494		0.034386		0.005653	36

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 SQUARE FEET	LAUNDRY + LINEN SERVICE LAUNDRY COST	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA PAID HOURS	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED
	6	7	7.01	8	9	10	11	12
1 ADMINISTRATIVE AND GENERAL			1,068		644			1
2 INPATIENT - GENERAL CARE	3	3					125	2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE	441	441					17,799	5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE	1	1					26	10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	445	445	1,068		644		17,950	34
35 TOTAL COST TO BE ALLOCATED		8,566	1,054		636		1,154	35
36 UNIT COST MULTIPLIER		19.249438	0.986891		0.987578		0.064290	36

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 12.01	NURSING ADMINIS- TRATION RN FTES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	CENTRAL PROCESSING NUMBER OF INSTRUMENT 14.01	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	HOSPITAL MEDICAL ADMIN MED ADMIN COMPNSTN 17.01
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE		3	17		470	14,203		2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE		396	2,594		70,555	2,137,020		5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE		1	3		91	2,779		33 10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C			1		30	927		11 15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)		400	2,615		71,146	2,154,929		25,600 34
35 TOTAL COST TO BE ALLOCATED		14,817	755		11,559	14,753		51,091 35
36 UNIT COST MULTIPLIER		37.042500	0.288719		0.162469	0.006846		1.995742 36



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 (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3
ANCILLARY SERVICE COST CENTERS				
1	PHYSICAL THERAPY	66	0.337681	1
2	OCCUPATIONAL THERAPY	67	0.282583	2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.314689	3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.266651	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96		5
6	LABS AND DIAGNOSTICS	60	0.147832	6
6.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.290427	6.01
6.02	LABORATORY-NEUROSURGICAL	60.02	0.019267	6.02
6.03	LABORATORY-HLA	60.03		6.03
7	MEDICAL SUPPLIES	71	1.119309	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93		8
9	RADIATION THERAPY	55		9
10	PULMONARY LABS	76	0.479104	10
10.01	OCCUPATIONAL HEALTH	76.01	2.357793	10.01
10.03	HYPERALIMENTATION	76.03		10.03
10.04	PERIPHERAL VASCULAR	76.04	0.162801	10.04
10.05	PEDIATRIC ENDO NUTRITION	76.05		10.05
10.07	GASTROINTESTINAL SERVICE	76.07	0.281249	10.07
10.09	BONE MARROW PROCUREMENT	76.09	0.813572	10.09
10.10	BARIATRICS	76.10		10.10
10.11	HEPATOLOGY	76.11		10.11
10.97	CARDIAC REHABILITATION	76.97		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98		10.98
10.99	LITHOTRIPSY	76.99		10.99
11	TOTALS (SUM OF LINES 1-10)			11

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 (SEE INSTRUCTIONS)				1,233,801	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				8,206	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				150.35	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	7,949				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,195,132				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		143			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		21,500			7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			114		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			17,140		13



CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-027) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	6,633,061	1
2	CAPITAL DRG OUTLIER PAYMENTS	267,582	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	311.22	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	321.26	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.3382	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	2,243,301	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0553	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2393	8
9	SUM OF LINES 7 AND 8	0.2946	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0615	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	407,933	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	9,551,877	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-027) [XX] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT	
1	CAPITAL DRG OTHER THAN OUTLIER	1
2	CAPITAL DRG OUTLIER PAYMENTS	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9	SUM OF LINES 7 AND 8	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)	15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)	16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 NEW CAPITAL-BLDG INTEREST						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATION						5.01
5.02 SYSTEM & COMPUTERS						5.02
5.03 PURCHASING						5.03
5.04 OPC STORES						5.04
5.05 PATIENT AFFAIRS						5.05
5.06 PATIENT ADMITTING						5.06
5.07 PATIENT ACCOUNTS						5.07
5.08 ACCOUNTING						5.08
5.09 EMPLOYEE HEALTH SERVICES						5.09
5.10 PASTORAL CARE						5.10
5.11 HOSPITAL ADMINISTRATION						5.11
5.12 AMBULATORY ADMINISTRATION						5.12
5.14 PRIMARY CARE ADMINISTRATION						5.14
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 SAFETY AND SECURITY						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 PATIENT TRANSPORTATION						12.01
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
14.01 CENTRAL PROCESSING						14.01
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
17.01 HOSPITAL MEDICAL ADMIN						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMEDICAL ED-MICU						23.01
23.02 PARAMEDICAL ED-SOCIAL WORK						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
33 BURN INTENSIVE CARE UNIT						33
35 NEONATAL INTENSIVE CARE						35
35.01 PEDIATRIC INTENSIVE CARE						35.01
35.03 HEART TRANSPLANT ICU						35.03
35.04 BONE INTENSIVE CARE						35.04
41 SUBPROVIDER - IRF						41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 AMBULATORY SURGERY CENTER						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 RADIOLOGY-ULTRASOUND						54.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MR)						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
60.01 LABORATORY-SURGICAL PATHOLOGY						60.01
60.02 LABORATORY-NEUROSURGICAL						60.02
60.03 LABORATORY-HLA						60.03
62.30 BLOOD CLOTTING FOR HEMOPHILIC						62.30
63 BLOOD STORING, PROCESSING & TR						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
71 MEDICAL SUPPLIES CHRGD TO PAT					71
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 PULMONARY LABS					76
76.01 OCCUPATIONAL HEALTH					76.01
76.03 HYPERALIMENTATION					76.03
76.04 PERIPHERAL VASCULAR					76.04
76.05 PEDIATRIC ENDO NUTRITION					76.05
76.07 GASTROINTESTINAL SERVICE					76.07
76.09 BONE MARROW PROCUREMENT					76.09
76.10 BARIATRICS					76.10
76.11 HEPATOLOGY					76.11
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
90.01 CARDIAC REHABILITATION					90.01
90.02 CANCER CENTER					90.02
90.03 PSYCH SOCIAL REHAB					90.03
90.04 WELLNESS ASSESSMENT					90.04
90.06 HEART FAILURE CLINIC					90.06
90.07 LOC OUTPATIENT CENTER					90.07
90.08 OB T OUTPATIENT CENTER					90.08
90.09 ELMHURST IMMEDIATE CARE					90.09
90.10 LAGRANGE FAMILY PCC					90.10
90.12 NORTH RIVERSIDE PCC					90.12
90.13 GLENDALE HEIGHTS PCC					90.13
90.14 WHEATON PCC					90.14
90.15 OB T II PCC					90.15
90.16 HICKORY HILLS PCC					90.16
90.18 DARIEN PCC					90.18
90.20 ORLANAD PARK - FP					90.20
90.21 FAMILY PRACTICE MAYWOOD PCC					90.21
90.22 HOMER GLEN PCC					90.22
90.23 OAK PARK PCC					90.23
90.24 PARK RIDGE PCC					90.24
90.25 LOYOLA CLINIC AT GOTTLIEB					90.25
90.26 WOODRIDGE PCC					90.26
90.27 NEUROLOGY - NILES					90.27
90.28 MARJORIE WEINBERG CANCER CENTE					90.28
90.29 BURR RIDGE PCC					90.29
91 EMERGENCY					91
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
97 DURABLE MEDICAL EQUIP-SOLD					97
99 CMHC					99
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
108 LUNG ACQUISITION					108
109 PANCREAS ACQUISITION					109
110 INTESTINAL ACQUISITION					110
112 OTHER ORGAN ACQUISITION (SPECI					112
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
190.01 HINES RADIATION THERAPY					190.01
190.02 HOME INFUSION THERAPY					190.02
190.03 OP HOSPITAL PHARMACY					190.03
190.04 HOSPITALIST					190.04
190.05 STUDENT HEALTH					190.05
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 FACULTY CLINICAL OPERATIONS					192.01

PROVIDER CCN: 14-0276 LOYOLA UNIVERSITY MEDICAL CENT  
PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

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11/29/2012 15:35

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204