This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0276	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/30/2017 8:07 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/30/2017 Time: 8:07 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LOYOLA UNIVERSITY MEDICAL CENTER (14-0276) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	2,669,301	275,906	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	2,669,301	275,906	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I | Date/Time Prepared: 11/30/2017 8:07 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2160 SOUTH FIRST AVENUE	PO Box:			1.00
2.00	City: MAYWOOD	State: IL	Zip Code: 60153	County: COOK	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	LOYOLA UNIVERSITY MEDICAL CENTER	140276	16974	1	05/01/1969	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis	INPATIENT RENAL UNIT	142329	16974		03/31/2004				18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2016	06/30/2017	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,442	8,519	434	388	17,236	255	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I | Date/Time Prepared: 11/30/2017 8:07 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2	06/30/2017	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	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)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 8:07 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	283.15	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	3.55	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	69.70	0.000000	67.01
67.02		INTERNAL MEDICINE-PEDIATRICS	1450	0.00	13.81	0.000000	67.02
67.03		PEDIATRICS	2000	0.00	30.12	0.000000	67.03

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00

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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	19,089,139	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	01/01/1985		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1986		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/10/2000		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1432	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: TRINITY HEALTH HOME OFFICE	Contractor's Name: WISCONSIN PHYSICIAN SERVICE	Contractor's Number: 08201	141.00
142.00	Street: 20555 VICTORY PARKWAY	PO Box:		142.00
143.00	City: LIVONIA	State: MI	Zip Code: 48152	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	Y	04/19/2017	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 8:07 am

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2016	06/30/2017	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part II | Date/Time Prepared: 11/30/2017 8:07 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/30/2017	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/08/2017	Y	11/08/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 8:07 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID		PALUCK		41.00
42.00	Enter the employer/company name of the cost report preparer.	LOYOLA UNIVERSITY HEALTH SYSTEM				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708-216-6719		DAVID.PALUCK@TRINITY-HEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0276	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 8:07 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/30/2017 8:07 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	363	132,340	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		363	132,340	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	74	27,010	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE	35.00	50	18,250	0.00	0	12.00
12.01	PEDIATRIC ICU	35.01	14	5,110	0.00	0	12.01
12.03	HEART TRANSPLANT ICU	35.03	10	3,650	0.00	0	12.03
12.04	BONE INTENSIVE CARE	35.04	10	3,650	0.00	0	12.04
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		531	193,660	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		531				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		13	4,745			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I | Date/Time Prepared: 11/30/2017 8:07 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30,582	3,600	87,989			1.00
2.00	HMO and other (see instructions)	8,754	26,143				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	30,582	3,600	87,989			7.00
8.00	INTENSIVE CARE UNIT	6,716	634	19,353			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	1,075	107	1,681			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE	0	963	7,870			12.00
12.01	PEDIATRIC ICU	0	240	2,085			12.01
12.03	HEART TRANSPLANT ICU	1,571	64	2,848			12.03
12.04	BONE INTENSIVE CARE	1,499	73	2,800			12.04
13.00	NURSERY		196	2,640			13.00
14.00	Total (see instructions)	41,443	5,877	127,266	418.01	6,177.50	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				418.01	6,177.50	27.00
28.00	Observation Bed Days		2,598	9,052			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,849			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	255	543			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			82			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part I | Date/Time Prepared: 11/30/2017 8:07 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,578	4,916	21,869	1.00
2.00	HMO and other (see instructions)			1,497	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE						12.00
12.01	PEDIATRIC ICU						12.01
12.03	HEART TRANSPLANT ICU						12.03
12.04	BONE INTENSIVE CARE						12.04
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	7,578	4,916	21,869	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 11/30/2017 8:07 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	581,322,740	0	581,322,740	12,849,208.62	45.24	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		3,231,965	0	3,231,965	47,488.00	68.06	3.00
4.00	Physician-Part A - Administrative		12,047,128	0	12,047,128	81,694.89	147.46	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		34,030,589	0	34,030,589	245,828.00	138.43	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	37,080,477	3,135,149	40,215,626	955,957.34	42.07	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		169,637,389	-2,662,262	166,975,127	1,585,304.62	105.33	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		185,938	0	185,938	3,426.00	54.27	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		29,705,658	0	29,705,658	456,874.00	65.02	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		73,037,270	0	73,037,270			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		18,197,958	0	18,197,958			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		511,406	0	511,406			21.00
22.00	Physician Part A - Administrative		1,295,833	0	1,295,833			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		3,737,541	0	3,737,541			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		5,307,705	0	5,307,705			25.00
25.50	Home office wage-related		6,527,212	0	6,527,212			25.50
25.51	Related orgainzation wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 11/30/2017 8:07 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	4,990,640	0	4,990,640	32,177.52	155.10	26.00
27.00	Administrative & General	5.00	79,539,728	579,904	80,119,632	1,812,429.70	44.21	27.00
28.00	Administrative & General under contract (see inst.)		2,804,422	0	2,804,422	21,210.00	132.22	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	10,795,630	0	10,795,630	383,125.86	28.18	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,427,946	0	5,427,946	386,035.24	14.06	32.00
33.00	Housekeeping under contract (see instructions)		242,270	0	242,270	13,044.00	18.57	33.00
34.00	Dietary	10.00	3,926,348	-1,846,240	2,080,108	108,556.05	19.16	34.00
35.00	Dietary under contract (see instructions)		50,933	0	50,933	2,280.00	22.34	35.00
36.00	Cafeteria	11.00	0	1,814,284	1,814,284	128,821.33	14.08	36.00
37.00	Maintenance of Personnel	12.00	1,031,613	0	1,031,613	76,382.10	13.51	37.00
38.00	Nursing Administration	13.00	3,120,260	-45,048	3,075,212	61,414.95	50.07	38.00
39.00	Central Services and Supply	14.00	1,566,115	0	1,566,115	78,454.50	19.96	39.00
40.00	Pharmacy	15.00	9,153,926	-469,685	8,684,241	208,169.21	41.72	40.00
41.00	Medical Records & Medical Records Library	16.00	8,470,274	-6,469	8,463,805	249,107.37	33.98	41.00
42.00	Social Service	17.00	3,989,951	-233,423	3,756,528	99,829.14	37.63	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part III Date/Time Prepared: 11/30/2017 8:07 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		510,077,334	-3,135,149	506,942,185	11,636,469.28	43.56	1.00
2.00	Excluded area salaries (see instructions)		169,637,389	-2,662,262	166,975,127	1,585,304.62	105.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)		340,439,945	-472,887	339,967,058	10,051,164.66	33.82	3.00
4.00	Subtotal other wages & related costs (see inst.)		29,891,596	0	29,891,596	460,300.00	64.94	4.00
5.00	Subtotal wage-related costs (see inst.)		80,860,315	0	80,860,315	0.00	23.78	5.00
6.00	Total (sum of lines 3 thru 5)		451,191,856	-472,887	450,718,969	10,511,464.66	42.88	6.00
7.00	Total overhead cost (see instructions)		135,110,056	-206,677	134,903,379	3,661,036.97	36.85	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part IV Date/Time Prepared: 11/30/2017 8:07 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	23,887,182	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	3,708,048	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	7,563,534	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	21,006,484	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,115,217	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	415,304	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	2,247,844	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,397,810	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	30,013,167	17.00
18.00	Medicare Taxes - Employers Portion Only	7,019,208	18.00
19.00	Unemployment Insurance	169,523	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,544,392	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	102,087,713	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-3 Part V | Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-5 | Date/Time Prepared: 11/30/2017 8:07 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	153	0	14	0	27	1.00
2.00	Number of times per week patient receives dialysis	0.00	3.00	0.00	3.00	0.00	3.00	2.00
3.00	Average patient dialysis time including setup	0.00	4.50	0.00	4.50			3.00
4.00	CAPD exchanges per day				4.00		4.00	4.00
5.00	Number of days in year dialysis furnished	0	313					5.00
6.00	Number of stations	0	31	0	0			6.00
7.00	Treatment capacity per day per station	0	3					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

		Y/N	
		1.00	
	ESRD PPS		
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)	N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)	Y	10.02

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	28		11.00
12.00	Number of patients transplanted during the cost reporting period	20		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

		MCP	INITIAL METHOD	
		1.00	2.00	
	PHYSICIAN PAYMENT METHOD			
21.00	Enter "X" if method(s) is applicable	X		21.00

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	Epotein	244,235	0	41,713,900	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-5 | Date/Time Prepared: 11/30/2017 8:07 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142329	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet S-10 | Date/Time Prepared: 11/30/2017 8:07 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.251716	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	110,404,391	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	506,928,013	6.00
7.00	Medicaid cost (line 1 times line 6)	127,601,892	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	17,197,501	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	664,763	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	17,197,501	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	37,983,660	1,178,015	39,161,675	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,561,095	1,178,015	10,739,110	21.00
22.00	Payments received from patients for amounts previously written off as charity care	20,809	64,210	85,019	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,540,286	1,113,805	10,654,091	23.00

		1.00	
24.00	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?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	31,227,210	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,756,448	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	4,240,688	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)	26,986,522	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	8,277,179	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	18,931,270	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	36,128,771	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	22,579,878	22,579,878	1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST		0	0	19,246,812	19,246,812	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	23,787,921	23,787,921	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,990,640	82,938,293	87,928,933	3,698,315	91,627,248	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	79,539,728	260,063,773	339,603,501	-68,515,228	271,088,273	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	13,544,118	13,544,118	0	13,544,118	6.00
7.00	00700	OPERATION OF PLANT	10,795,630	10,439,787	21,235,417	-348	21,235,069	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,801,153	3,801,153	-337	3,800,816	8.00
9.00	00900	HOUSEKEEPING	5,427,946	4,336,204	9,764,150	-129,389	9,634,761	9.00
10.00	01000	DIETARY	3,926,348	5,284,694	9,211,042	-5,047,303	4,163,739	10.00
11.00	01100	CAFETERIA	0	0	0	5,011,969	5,011,969	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,031,613	127,286	1,158,899	-256	1,158,643	12.01
13.00	01300	NURSING ADMINISTRATION	3,120,260	443,429	3,563,689	-55,310	3,508,379	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,566,115	2,507,438	4,073,553	-128,350	3,945,203	14.00
15.00	01500	PHARMACY	9,153,926	37,301,265	46,455,191	-26,936,525	19,518,666	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,470,274	1,563,313	10,033,587	-6,481	10,027,106	16.00
17.00	01700	SOCIAL SERVICE	3,989,951	432,495	4,422,446	-233,470	4,188,976	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	37,080,477	600,094	37,680,571	4,402,007	42,082,578	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	541,484	166,616	708,100	-4,344	703,756	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	11,593	11,593	89,128	100,721	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	344,446	34,327	378,773	285,939	664,712	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	44,796,806	4,857,156	49,653,962	-4,040,306	45,613,656	30.00
31.00	03100	INTENSIVE CARE UNIT	12,768,373	3,079,596	15,847,969	-2,223,499	13,624,470	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,678,361	900,444	4,578,805	-492,059	4,086,746	33.00
35.00	02060	NEONATAL INTENSIVE CARE	5,908,521	863,560	6,772,081	-765,705	6,006,376	35.00
35.01	02080	PEDIATRIC ICU	2,060,412	291,267	2,351,679	-215,066	2,136,613	35.01
35.03	02400	HEART TRANSPLANT ICU	2,500,045	482,150	2,982,195	-347,322	2,634,873	35.03
35.04	02401	BONE INTENSIVE CARE	3,045,103	584,207	3,629,310	-376,520	3,252,790	35.04
43.00	04300	NURSERY	0	0	0	787,905	787,905	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,691,886	43,567,587	56,259,473	-34,405,153	21,854,320	50.00
50.01	05001	AMBULATORY SURGERY CENTER	2,757,845	4,360,740	7,118,585	-3,696,536	3,422,049	50.01
51.00	05100	RECOVERY ROOM	2,567,289	639,285	3,206,574	-423,454	2,783,120	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,237,229	405,801	2,643,030	-256,097	2,386,933	52.00
53.00	05300	ANESTHESIOLOGY	575,106	2,004,783	2,579,889	-1,510,383	1,069,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,061,402	3,287,030	9,348,432	-3,207,619	6,140,813	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	974,234	46,453	1,020,687	23,349	1,044,036	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,250,553	3,754,722	5,005,275	-269,240	4,736,035	56.00
57.00	05700	CT SCAN	2,490,350	2,272,994	4,763,344	-314,833	4,448,511	57.00
58.00	05800	MRI	1,605,273	644,718	2,249,991	-424,633	1,825,358	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,358,571	17,253,039	23,611,610	-16,312,644	7,298,966	59.00
60.00	06000	LABORATORY	8,599,975	13,112,149	21,712,124	-645,942	21,066,182	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	249,731	1,002,911	1,252,642	-1,252,642	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,248,129	6,506,146	7,754,275	-211,163	7,543,112	63.00
65.00	06500	RESPIRATORY THERAPY	5,957,054	1,087,757	7,044,811	-321,337	6,723,474	65.00
66.00	06600	PHYSICAL THERAPY	1,774,101	347,640	2,121,741	-228,702	1,893,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	770,633	11,582	782,215	-11,132	771,083	67.00
68.00	06800	SPEECH PATHOLOGY	340,259	34,844	375,103	-26,142	348,961	68.00
69.00	06900	ELECTROCARDIOLOGY	2,309,785	575,638	2,885,423	-369,220	2,516,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,088,197	349,058	1,437,255	-179,549	1,257,706	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,794,366	46,794,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,103,963	34,103,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	62,339,398	62,339,398	73.00
74.00	07400	RENAL DIALYSIS	2,971,981	2,220,437	5,192,418	-2,030,305	3,162,113	74.00
76.00	03560	PULMONARY LABS	404,106	200,157	604,263	-172,423	431,840	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	718,702	104,740	823,442	-10,122	813,320	76.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	2,400,495	2,545,703	4,946,198	-2,353,239	2,592,959	76.07
76.09	03953	BONE MARROW PROCUREMENT	193,008	1,538,281	1,731,289	-83	1,731,206	76.09
76.10	03954	BARIATRICS	473,809	259,458	733,267	-12,257	721,010	76.10
76.11	03955	HEPATOLOGY	0	511	511	-294	217	76.11
76.97	07697	CARDIAC REHABILITATION	197,934	155	198,089	0	198,089	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	242,264	56,986	299,250	-36,132	263,118	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	6,103,007	24,223,979	30,326,986	-19,192,303	11,134,683	90.02
90.03	09003	PSYCH SOCIAL REHAB	319,674	41,089	360,763	-21,363	339,400	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	22,663,258	7,853,350	30,516,608	-6,977,240	23,539,368	90.07
90.08	09007	OBT OUTPATIENT CENTER	5,909,101	2,132,185	8,041,286	-192,825	7,848,461	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	923,784	746,521	1,670,305	-351,721	1,318,584	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,137,586	941,278	3,078,864	-470,397	2,608,467	90.10
90.12	09010	NORTH RIVERSIDE PCC	3,001,906	1,381,823	4,383,729	-891,292	3,492,437	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,258,277	624,437	1,882,714	-85,476	1,797,238	90.14
90.15	09013	OBT II PCC	1,248,049	825,435	2,073,484	-652,790	1,420,694	90.15
90.16	09014	HICKORY HILLS PCC	3,748,861	1,178,222	4,927,083	-443,785	4,483,298	90.16
90.18	09015	DARIEN PCC	760,845	665,967	1,426,812	-442,748	984,064	90.18
90.20	09016	ORLAND PARK - FP	3,273,516	1,433,865	4,707,381	-959,652	3,747,729	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,261,133	546,476	3,807,609	-323,217	3,484,392	90.21
90.22	09018	HOMER GLEN PCC	4,158,083	2,826,358	6,984,441	-1,476,577	5,507,864	90.22
90.23	09019	OAK PARK PCC	2,868,293	520,537	3,388,830	-252,306	3,136,524	90.23
90.24	09020	PARK RIDGE PCC	746,210	452,812	1,199,022	-47,835	1,151,187	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,464,695	960,473	3,425,168	-273,314	3,151,854	90.25
90.26	09022	WOODRIDGE PCC	22,034	33,868	55,902	-2,325	53,577	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	727,846	4,319,361	5,047,207	-2,551,302	2,495,905	90.28
90.29	09025	BURR RIDGE PCC	10,700,259	8,622,385	19,322,644	-3,569,108	15,753,536	90.29
90.30	09026	RIVER FOREST	2,807,979	832,675	3,640,654	-600,482	3,040,172	90.30
90.31	09027	NORRIDGE	157,435	188,126	345,561	-41,911	303,650	90.31
90.32	09028	ELMWOOD PARK	503,606	448,209	951,815	-223,139	728,676	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	124,716	54,122	178,838	-198	178,640	90.33
90.34	09034	CHICAGO AND BELMONT	174,383	172,604	346,987	-72,604	274,383	90.34
91.00	09100	EMERGENCY	14,964,439	1,998,689	16,963,128	-1,270,925	15,692,203	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,834,416	150,520	2,984,936	-200,251	2,784,685	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	273,517	273,517	0	273,517	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	461,530	6,256	467,786	-18	467,768	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	273,155	2,761,086	3,034,241	3,994,300	7,028,541	105.00
106.00	10600	HEART ACQUISITION	190,400	1,311,346	1,501,746	646,389	2,148,135	106.00
107.00	10700	LIVER ACQUISITION	465,448	2,472,091	2,937,539	527,251	3,464,790	107.00
108.00	10800	LUNG ACQUISITION	190,304	2,031,355	2,221,659	489,859	2,711,518	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	376,630	880	377,510	-377,510	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,127,913	72,798	1,200,711	-1,200,711	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	415,195,131	615,950,258	1,031,145,389	7,444,330	1,038,589,719	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	183,947	64,986	248,933	0	248,933	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	816,987	1,301,694	2,118,681	0	2,118,681	190.02
190.03	19003	OP HOSPITAL PHARMACY	502,542	15,476,868	15,979,410	0	15,979,410	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	994	994	0	994	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	77,984	18,680	96,664	0	96,664	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	164,480,544	21,157,391	185,637,935	-7,444,330	178,193,605	192.01
193.00	19300	NONPAID WORKERS	65,605	15,480	81,085	0	81,085	193.00
200.00		TOTAL (SUM OF LINES 118-199)	581,322,740	653,986,351	1,235,309,091	0	1,235,309,091	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,321,232	21,258,646		1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	-2,773,883	16,472,929		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-35,786	23,752,135		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,201,223	98,828,471		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-50,345,658	220,742,615		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	13,544,118		6.00
7.00	00700	OPERATION OF PLANT	-4,289,659	16,945,410		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,800,816		8.00
9.00	00900	HOUSEKEEPING	0	9,634,761		9.00
10.00	01000	DIETARY	-2,674,190	1,489,549		10.00
11.00	01100	CAFETERIA	-418,527	4,593,442		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	0	1,158,643		12.01
13.00	01300	NURSING ADMINISTRATION	-16,643	3,491,736		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,945,203		14.00
15.00	01500	PHARMACY	-108,983	19,409,683		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-37,140	9,989,966		16.00
17.00	01700	SOCIAL SERVICE	-10,705	4,178,271		17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-37	42,082,541		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	PARAMEDICAL ED-MICU	-186,737	517,019		23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0		23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	-6,979	93,742		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	664,712		23.04
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-8,034,983	37,578,673		30.00
31.00	03100	INTENSIVE CARE UNIT	0	13,624,470		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,086,746		33.00
35.00	02060	NEONATAL INTENSIVE CARE	-42,000	5,964,376		35.00
35.01	02080	PEDIATRIC ICU	0	2,136,613		35.01
35.03	02400	HEART TRANSPLANT ICU	0	2,634,873		35.03
35.04	02401	BONE INTENSIVE CARE	0	3,252,790		35.04
43.00	04300	NURSERY	0	787,905		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	21,854,320		50.00
50.01	05001	AMBULATORY SURGERY CENTER	394	3,422,443		50.01
51.00	05100	RECOVERY ROOM	0	2,783,120		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,386,933		52.00
53.00	05300	ANESTHESIOLOGY	0	1,069,506		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,141	6,129,672		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	1,044,036		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	4,736,035		56.00
57.00	05700	CT SCAN	-7,681	4,440,830		57.00
58.00	05800	MRI	0	1,825,358		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,298,966		59.00
60.00	06000	LABORATORY	-1,204,673	19,861,509		60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0		60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0		60.02
60.03	03957	LABORATORY-HLA	0	0		60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,543,112		63.00
65.00	06500	RESPIRATORY THERAPY	0	6,723,474		65.00
66.00	06600	PHYSICAL THERAPY	-303,785	1,589,254		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	771,083		67.00
68.00	06800	SPEECH PATHOLOGY	0	348,961		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,516,203		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,257,706		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	46,794,366		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,103,963		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,339,398		73.00
74.00	07400	RENAL DIALYSIS	0	3,162,113		74.00
76.00	03560	PULMONARY LABS	0	431,840		76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0		76.01
76.03	03951	HYPERALIMENTATION	0	0		76.03
76.04	03650	PERIPHERAL VASCULAR	0	813,320		76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0		76.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
76.07	03340	GASTROINTESTINAL SERVICE	0	2,592,959		76.07
76.09	03953	BONE MARROW PROCUREMENT	0	1,731,206		76.09
76.10	03954	BARIATRICS	0	721,010		76.10
76.11	03955	HEPATOLOGY	0	217		76.11
76.97	07697	CARDIAC REHABILITATION	0	198,089		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	263,118		90.00
90.01	09001	CARDIAC REHABILITATION	0	0		90.01
90.02	09002	CANCER CENTER	-16,839	11,117,844		90.02
90.03	09003	PSYCH SOCIAL REHAB	0	339,400		90.03
90.04	09004	WELLNESS ASSESSMENT	0	0		90.04
90.06	09005	HEART FAILURE CLINIC	0	0		90.06
90.07	09006	LOC OUTPATIENT CENTER	-2,253,613	21,285,755		90.07
90.08	09007	OBT OUTPATIENT CENTER	-1,599,448	6,249,013		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	-91,472	1,227,112		90.09
90.10	09009	LAGRANGE FAMILY PCC	-605,926	2,002,541		90.10
90.12	09010	NORTH RIVERSIDE PCC	-1,950,289	1,542,148		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0		90.13
90.14	09012	WHEATON PCC	-681,895	1,115,343		90.14
90.15	09013	OBT II PCC	0	1,420,694		90.15
90.16	09014	HICKORY HILLS PCC	-1,676,036	2,807,262		90.16
90.18	09015	DARIEN PCC	-41,300	942,764		90.18
90.20	09016	ORLAND PARK - FP	-2,204,544	1,543,185		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	3,484,392		90.21
90.22	09018	HOMER GLEN PCC	-1,358,388	4,149,476		90.22
90.23	09019	OAK PARK PCC	-2,393,715	742,809		90.23
90.24	09020	PARK RIDGE PCC	-214,438	936,749		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	-109,899	3,041,955		90.25
90.26	09022	WOODRIDGE PCC	0	53,577		90.26
90.27	09023	NEUROLOGY - NILES	0	0		90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	2,495,905		90.28
90.29	09025	BURR RIDGE PCC	-2,672,075	13,081,461		90.29
90.30	09026	RIVER FOREST	-1,185,748	1,854,424		90.30
90.31	09027	NORRIDGE	0	303,650		90.31
90.32	09028	ELMWOOD PARK	0	728,676		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	-54	178,586		90.33
90.34	09034	CHICAGO AND BELMONT	0	274,383		90.34
91.00	09100	EMERGENCY	-8,465,361	7,226,842		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	2,784,685		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	273,517		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	467,768		97.00
99.10	09910	CORF	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0		99.40
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	7,028,541		105.00
106.00	10600	HEART ACQUISITION	-72,090	2,076,045		106.00
107.00	10700	LIVER ACQUISITION	-76,080	3,388,710		107.00
108.00	10800	LUNG ACQUISITION	0	2,711,518		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-92,298,015	946,291,704		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	248,933		190.00
190.01	19001	HINES RADIATION THERAPY	0	0		190.01
190.02	19002	HOME INFUSION THERAPY	0	2,118,681		190.02
190.03	19003	OP HOSPITAL PHARMACY	0	15,979,410		190.03
190.04	19004	HOSPITALIST	0	0		190.04
190.05	19005	STUDENT HEALTH	0	994		190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	96,664		190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	178,193,605		192.01
193.00	19300	NONPAID WORKERS	0	81,085		193.00
200.00		TOTAL (SUM OF LINES 118-199)	-92,298,015	1,143,011,076		200.00

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Depreciation Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	22,579,878		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,787,921		2.00
3.00	BURR RIDGE PCC	90.29	0	74,352		3.00
	0		0	46,442,151		
	E - Pension Employee Benefit					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,708,048		1.00
	0		0	3,708,048		
	K - Dietary Shared Cost					
1.00	CAFETERIA	11.00	1,814,284	3,199,862		1.00
	0		1,814,284	3,199,862		
	L - Medical Supplies Charged to Patients					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	46,794,613		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		0.00	0	0		65.00
66.00		0.00	0	0		66.00
67.00		0.00	0	0		67.00
68.00		0.00	0	0		68.00
69.00		0.00	0	0		69.00
70.00		0.00	0	0		70.00
71.00		0.00	0	0		71.00
72.00		0.00	0	0		72.00
73.00		0.00	0	0		73.00
74.00		0.00	0	0		74.00
75.00		0.00	0	0		75.00
76.00		0.00	0	0		76.00
77.00		0.00	0	0		77.00
78.00		0.00	0	0		78.00
79.00		0.00	0	0		79.00
80.00		0.00	0	0		80.00
81.00		0.00	0	0		81.00
	0		0	46,794,613		
	M - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	62,339,398		1.00
2.00	OCCUPATIONAL HEALTH CLINIC	90.33	0	1,413		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
	0		0	62,340,811	
	N - Implantable Devices				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	34,104,155	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	0		0	34,104,155	
	T - Nursery				
1.00	NURSERY	43.00	710,812	77,093	1.00
2.00		0.00	0	0	2.00
	0		710,812	77,093	
	U - Interest Expense				
1.00	NEW CAPITAL-BLDG INTEREST	1.01	0	19,246,812	1.00
2.00		0.00	0	0	2.00
	0		0	19,246,812	
	AB - Transplant Pre vs Post Salary				
1.00	KIDNEY ACQUISITION	105.00	3,217,926	0	1.00
2.00	HEART ACQUISITION	106.00	527,823	0	2.00
3.00	LIVER ACQUISITION	107.00	222,180	0	3.00
4.00	LUNG ACQUISITION	108.00	355,838	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	0		4,323,767	0	
	AK - HOSPITAL MEDICAL ADMIN 50993				
1.00	ADMINISTRATIVE & GENERAL	5.00	276,833	0	1.00
2.00		0.00	0	0	2.00
	0		276,833	0	
	AO - Radiology Nursing				
1.00	RADIOLOGY-ULTRASOUND	54.01	55,630	54	1.00
2.00	RADIOISOTOPE	56.00	94,815	92	2.00
3.00	CT SCAN	57.00	316,937	307	3.00
4.00	MRI	58.00	161,255	156	4.00
5.00	OBSERVATION BEDS-DISTINCT	92.01	26	0	5.00
	0		628,663	609	
	AP - Medical Education				
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,135,149	1,266,858	1.00
	0		3,135,149	1,266,858	
	AQ - Pharmacy Resident Program Preceptor				
1.00	PHARMACY RESIDENCY PROGRAM	23.04	286,112	0	1.00
	0		286,112	0	
	AR - Clinical Pastoral Education Program				
1.00	CLINICAL PASTORAL EDUCATION	23.03	89,128	0	1.00
	0		89,128	0	

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AS - HLA to Transplant					
1.00	KIDNEY ACQUISITION	105.00	136,692	548,949		1.00
2.00	HEART ACQUISITION	106.00	23,652	94,987		2.00
3.00	LIVER ACQUISITION	107.00	60,820	244,251		3.00
4.00	LUNG ACQUISITION	108.00	28,567	114,724		4.00
	0		249,731	1,002,911		
	AT - Living Donors to Transplant					
1.00	KIDNEY ACQUISITION	105.00	71,015	20,196		1.00
			71,015	20,196		
	AU - Transplant Administrative Costs					
1.00	ADMINISTRATIVE & GENERAL	5.00	392,199	50,709		1.00
	0		392,199	50,709		
	AV - Post Transplant Abdominal Costs					
1.00	OBT OUTPATIENT CENTER	90.08	376,630	775		1.00
			376,630	775		
500.00	Grand Total: Increases		12,354,323	218,255,603		500.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Depreciation Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	46,442,151	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	0		3.00
	0		0	46,442,151			
	E - Pension Employee Benefit						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,708,048	0		1.00
	0		0	3,708,048			
	K - Dietary Shared Cost						
1.00	DIETARY	10.00	1,814,284	3,199,862	0		1.00
	0		1,814,284	3,199,862			
	L - Medical Supplies Charged to Patients						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,733	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	40,347	0		2.00
3.00	OPERATION OF PLANT	7.00	0	348	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	337	0		4.00
5.00	HOUSEKEEPING	9.00	0	129,389	0		5.00
6.00	DIETARY	10.00	0	1,201	0		6.00
7.00	CAFETERIA	11.00	0	2,177	0		7.00
8.00	PATIENT TRANSPORTATION	12.01	0	256	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	10,262	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	128,350	0		10.00
11.00	PHARMACY	15.00	0	719,479	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	12	0		12.00
13.00	SOCIAL SERVICE	17.00	0	47	0		13.00
14.00	PARAMEDICAL ED-MICU	23.01	0	184	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	3,250,476	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	2,221,857	0		16.00
17.00	BURN INTENSIVE CARE UNIT	33.00	0	491,948	0		17.00
18.00	NEONATAL INTENSIVE CARE	35.00	0	464,298	0		18.00
19.00	PEDIATRIC ICU	35.01	0	215,035	0		19.00
20.00	HEART TRANSPLANT ICU	35.03	0	347,185	0		20.00
21.00	BONE INTENSIVE CARE	35.04	0	376,188	0		21.00
22.00	OPERATING ROOM	50.00	0	10,488,355	0		22.00
23.00	AMBULATORY SURGERY CENTER	50.01	0	1,754,753	0		23.00
24.00	RECOVERY ROOM	51.00	0	423,417	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	255,328	0		25.00
26.00	ANESTHESIOLOGY	53.00	0	1,503,185	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,961,965	0		27.00
28.00	RADIOLOGY-ULTRASOUND	54.01	0	29,687	0		28.00
29.00	RADIOISOTOPE	56.00	0	23,659	0		29.00
30.00	CT SCAN	57.00	0	271,468	0		30.00
31.00	MRI	58.00	0	183,247	0		31.00
32.00	CARDIAC CATHETERIZATION	59.00	0	9,363,052	0		32.00
33.00	LABORATORY	60.00	0	608,970	0		33.00
34.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	191,915	0		34.00
35.00	RESPIRATORY THERAPY	65.00	0	321,337	0		35.00
36.00	PHYSICAL THERAPY	66.00	0	169,246	0		36.00
37.00	OCCUPATIONAL THERAPY	67.00	0	11,132	0		37.00
38.00	SPEECH PATHOLOGY	68.00	0	26,142	0		38.00
39.00	ELECTROCARDIOLOGY	69.00	0	73,689	0		39.00
40.00	ELECTROENCEPHALOGRAPHY	70.00	0	168,624	0		40.00
41.00	RENAL DIALYSIS	74.00	0	1,713,398	0		41.00
42.00	PULMONARY LABS	76.00	0	154,934	0		42.00
43.00	PERIPHERAL VASCULAR	76.04	0	10,122	0		43.00
44.00	GASTROINTESTINAL SERVICE	76.07	0	2,015,948	0		44.00
45.00	BONE MARROW PROCUREMENT	76.09	0	83	0		45.00
46.00	BARIATRICS	76.10	0	9,915	0		46.00
47.00	HEPATOLOGY	76.11	0	294	0		47.00
48.00	CLINIC	90.00	0	8,728	0		48.00
49.00	CANCER CENTER	90.02	0	406,463	0		49.00
50.00	PSYCH SOCIAL REHAB	90.03	0	632	0		50.00
51.00	LOC OUTPATIENT CENTER	90.07	0	1,951,117	0		51.00
52.00	OBT OUTPATIENT CENTER	90.08	0	310,853	0		52.00
53.00	ELMHURST IMMEDIATE CARE	90.09	0	76,288	0		53.00
54.00	LAGRANGE FAMILY PCC	90.10	0	323,825	0		54.00
55.00	NORTH RIVERSIDE PCC	90.12	0	78,541	0		55.00
56.00	WHEATON PCC	90.14	0	25,744	0		56.00
57.00	OBT II PCC	90.15	0	77,713	0		57.00
58.00	HICKORY HILLS PCC	90.16	0	131,359	0		58.00
59.00	DARIEN PCC	90.18	0	43,998	0		59.00
60.00	ORLAND PARK - FP	90.20	0	70,355	0		60.00
61.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	92,813	0		61.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
62.00	HOMER GLEN PCC	90.22	0	260,007	0		62.00
63.00	OAK PARK PCC	90.23	0	34,818	0		63.00
64.00	PARK RIDGE PCC	90.24	0	20,232	0		64.00
65.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	69,218	0		65.00
66.00	WOODRIDGE PCC	90.26	0	776	0		66.00
67.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	89,176	0		67.00
68.00	BURR RIDGE PCC	90.29	0	886,384	0		68.00
69.00	RIVER FOREST	90.30	0	174,454	0		69.00
70.00	NORRIDGE	90.31	0	6,888	0		70.00
71.00	ELMWOOD PARK	90.32	0	26,498	0		71.00
72.00	OCCUPATIONAL HEALTH CLINIC	90.33	0	1,611	0		72.00
73.00	CHICAGO AND BELMONT	90.34	0	10,541	0		73.00
74.00	EMERGENCY	91.00	0	1,266,830	0		74.00
75.00	OBSERVATION BEDS-DISTINCT	92.01	0	193,940	0		75.00
76.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	18	0		76.00
77.00	KIDNEY ACQUISITION	105.00	0	478	0		77.00
78.00	HEART ACQUISITION	106.00	0	73	0		78.00
79.00	LUNG ACQUISITION	108.00	0	9,270	0		79.00
80.00	INTESTINAL ACQUISITION	110.00	0	105	0		80.00
81.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	1,893	0		81.00
	0		0	46,794,613			
	M - Drugs Charged to Patients						
1.00	PHARMACY	15.00	0	25,642,601	0		1.00
2.00	PARAMEDICAL ED-MICU	23.01	0	4,160	0		2.00
3.00	PHARMACY RESIDENCY PROGRAM	23.04	0	173	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,925	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	1,642	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	111	0		6.00
7.00	NEONATAL INTENSIVE CARE	35.00	0	301,407	0		7.00
8.00	PEDIATRIC ICU	35.01	0	31	0		8.00
9.00	HEART TRANSPLANT ICU	35.03	0	129	0		9.00
10.00	BONE INTENSIVE CARE	35.04	0	332	0		10.00
11.00	OPERATING ROOM	50.00	0	2,035	0		11.00
12.00	AMBULATORY SURGERY CENTER	50.01	0	4,669	0		12.00
13.00	RECOVERY ROOM	51.00	0	37	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	6,607	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	51,790	0		15.00
16.00	RADIOLOGY-ULTRASOUND	54.01	0	2,648	0		16.00
17.00	RADIOISOTOPE	56.00	0	340,488	0		17.00
18.00	CT SCAN	57.00	0	360,609	0		18.00
19.00	MRI	58.00	0	325,707	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	119,945	0		20.00
21.00	LABORATORY	60.00	0	35,947	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	10,134	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	295,531	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,925	0		24.00
25.00	RENAL DIALYSIS	74.00	0	316,907	0		25.00
26.00	PULMONARY LABS	76.00	0	4,634	0		26.00
27.00	GASTROINTESTINAL SERVICE	76.07	0	6,207	0		27.00
28.00	BARIATRICS	76.10	0	2,342	0		28.00
29.00	CLINIC	90.00	0	27,404	0		29.00
30.00	CANCER CENTER	90.02	0	18,785,720	0		30.00
31.00	PSYCH SOCIAL REHAB	90.03	0	20,596	0		31.00
32.00	LOC OUTPATIENT CENTER	90.07	0	4,460,872	0		32.00
33.00	OBT OUTPATIENT CENTER	90.08	0	200,697	0		33.00
34.00	ELMHURST IMMEDIATE CARE	90.09	0	275,329	0		34.00
35.00	LAGRANGE FAMILY PCC	90.10	0	146,572	0		35.00
36.00	NORTH RIVERSIDE PCC	90.12	0	812,751	0		36.00
37.00	WHEATON PCC	90.14	0	59,732	0		37.00
38.00	OBT II PCC	90.15	0	575,077	0		38.00
39.00	HICKORY HILLS PCC	90.16	0	312,426	0		39.00
40.00	DARIEN PCC	90.18	0	398,750	0		40.00
41.00	ORLAND PARK - FP	90.20	0	889,297	0		41.00
42.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	230,404	0		42.00
43.00	HOMER GLEN PCC	90.22	0	1,215,934	0		43.00
44.00	OAK PARK PCC	90.23	0	217,488	0		44.00
45.00	PARK RIDGE PCC	90.24	0	27,586	0		45.00
46.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	204,096	0		46.00
47.00	WOODRIDGE PCC	90.26	0	1,549	0		47.00
48.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	2,462,126	0		48.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
49.00	BURR RIDGE PCC	90.29	0	2,733,960	0		49.00
50.00	RIVER FOREST	90.30	0	132,603	0		50.00
51.00	NORRIDGE	90.31	0	35,023	0		51.00
52.00	ELMWOOD PARK	90.32	0	196,641	0		52.00
53.00	CHICAGO AND BELMONT	90.34	0	62,063	0		53.00
54.00	EMERGENCY	91.00	0	105	0		54.00
55.00	OBSERVATION BEDS-DISTINCT	92.01	0	6,337	0		55.00
	0		0	62,340,811			
	N - Implantable Devices						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,908	0		1.00
2.00	PHARMACY	15.00	0	104,760	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	192	0		3.00
4.00	HEART TRANSPLANT ICU	35.03	0	8	0		4.00
5.00	OPERATING ROOM	50.00	0	23,850,465	0		5.00
6.00	AMBULATORY SURGERY CENTER	50.01	0	1,937,114	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	769	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	591	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	564,839	0		9.00
10.00	MRI	58.00	0	77,090	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	6,829,647	0		11.00
12.00	LABORATORY	60.00	0	1,025	0		12.00
13.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	9,114	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	59,456	0		14.00
15.00	PULMONARY LABS	76.00	0	12,855	0		15.00
16.00	GASTROINTESTINAL SERVICE	76.07	0	331,084	0		16.00
17.00	CANCER CENTER	90.02	0	120	0		17.00
18.00	PSYCH SOCIAL REHAB	90.03	0	135	0		18.00
19.00	LOC OUTPATIENT CENTER	90.07	0	287,850	0		19.00
20.00	OBT OUTPATIENT CENTER	90.08	0	7,270	0		20.00
21.00	ELMHURST IMMEDIATE CARE	90.09	0	104	0		21.00
22.00	HOMER GLEN PCC	90.22	0	636	0		22.00
23.00	PARK RIDGE PCC	90.24	0	17	0		23.00
24.00	BURR RIDGE PCC	90.29	0	23,116	0		24.00
25.00	EMERGENCY	91.00	0	3,990	0		25.00
	0		0	34,104,155			
	T - Nursery						
1.00	ADULTS & PEDIATRICS	30.00	710,812	76,901	0		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	192	0		2.00
	0		710,812	77,093			
	U - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	18,953,387	11		1.00
2.00	RIVER FOREST	90.30	0	293,425	0		2.00
	0		0	19,246,812			
	AB - Transplant Pre vs Post Salary						
1.00	DIETARY	10.00	31,956	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	45,048	0	0		2.00
3.00	PHARMACY	15.00	183,573	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	6,469	0	0		4.00
5.00	SOCIAL SERVICE	17.00	233,423	0	0		5.00
6.00	OPERATING ROOM	50.00	64,298	0	0		6.00
7.00	LOC OUTPATIENT CENTER	90.07	274,068	0	0		7.00
8.00	OBT OUTPATIENT CENTER	90.08	51,410	0	0		8.00
9.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	664,699	0	0		9.00
10.00	FACULTY CLINICAL OPERATIONS	192.01	2,768,823	0	0		10.00
	0		4,323,767	0			
	AK - HOSPITAL MEDICAL ADMIN 50993						
1.00	LOC OUTPATIENT CENTER	90.07	3,333	0	0		1.00
2.00	FACULTY CLINICAL OPERATIONS	192.01	273,500	0	0		2.00
	0		276,833	0			
	AO - Radiology Nursing						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	628,663	362	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	247	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		628,663	609			
	AP - Medical Education						
1.00	FACULTY CLINICAL OPERATIONS	192.01	3,135,149	1,266,858	0		1.00
	0		3,135,149	1,266,858			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AQ - Pharmacy Resident Program Preceptor						
1.00	PHARMACY	15.00	286,112	0	0		1.00
	0		286,112	0			
	AR - Clinical Pastoral Education Program						
1.00	ADMINISTRATIVE & GENERAL	5.00	89,128	0	0		1.00
	0		89,128	0			
	AS - HLA to Transplant						
1.00	LABORATORY-HLA	60.03	249,731	1,002,911	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		249,731	1,002,911			
	AT - Living Donors to Transplant						
1.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	71,015	20,196			1.00
			71,015	20,196			
	AU - Transplant Administrative Costs						
1.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	392,199	50,709	0		1.00
	0		392,199	50,709			
	AV - Post Transplant Abdominal Costs						
1.00	INTESTINAL ACQUISITION	110.00	376,630	775			1.00
			376,630	775			
500.00	Grand Total: Decreases		12,354,323	218,255,603			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part I | Date/Time Prepared: 11/30/2017 8:07 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,850,000	0	0	0	0	1.00
2.00	Land Improvements	284,926	0	0	0	0	2.00
3.00	Buildings and Fixtures	363,296,146	20,190,893	0	20,190,893	0	3.00
4.00	Building Improvements	30,247,809	5,246,074	0	5,246,074	3,690	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	235,310,775	19,885,892	0	19,885,892	3,781,942	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	637,989,656	45,322,859	0	45,322,859	3,785,632	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	637,989,656	45,322,859	0	45,322,859	3,785,632	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	8,850,000	0	1.00
2.00	Land Improvements	284,926	0	2.00
3.00	Buildings and Fixtures	383,487,039	0	3.00
4.00	Building Improvements	35,490,193	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	251,414,725	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	679,526,883	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	679,526,883	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part II | Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0		1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	0		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	428,112,158	0	428,112,158	0.671067	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	251,414,725	41,569,691	209,845,034	0.328933	0	2.00
3.00	Total (sum of lines 1-2)	679,526,883	41,569,691	637,957,192	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	24,032,530	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,752,135	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	47,784,665	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-2,773,884	0	0	0	21,258,646	1.00
1.01	NEW CAPITAL-BLDG INTEREST	16,472,929	0	0	0	16,472,929	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	23,752,135	2.00
3.00	Total (sum of lines 1-2)	13,699,045	0	0	0	61,483,710	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-2,773,884	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAPITAL-BLDG INTEREST (chapter 2)		0	NEW CAPITAL-BLDG INTEREST	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	A	-2,773,883	NEW CAPITAL-BLDG INTEREST	1.01	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-145,433	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-17,803	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-4,271,856	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-34,112,246			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-887,079			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,179,439	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAPITAL-BLDG INTEREST		0	NEW CAPITAL-BLDG INTEREST	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
33.03	PATIENT TELEVISION	A	-35,786	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
35.00	LOBBYING EXPENSE	A	-93,396	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.02	BOARD OF DIRECTORS	A	-8,424	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03	DONATIONS	A	-317,398	ADMINISTRATIVE & GENERAL	5.00	0	35.03
35.04	DONATIONS	A	-10,705	SOCIAL SERVICE	17.00	0	35.04
35.05	DONATIONS	A	-37	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	35.05
35.06	FLOWERS AND GIFTS	A	-4,365	ADMINISTRATIVE & GENERAL	5.00	0	35.06
35.07	ADVERTISING	A	-5,406,855	ADMINISTRATIVE & GENERAL	5.00	0	35.07
38.45	OUTSIDE PROGRAM EXPENSE	A	-366,780	ADMINISTRATIVE & GENERAL	5.00	0	38.45
38.74	APN	A	-79,160	ADMINISTRATIVE & GENERAL	5.00	0	38.74
38.75	APN	A	-3,846	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.75
38.76	APN	A	-353,321	ADULTS & PEDIATRICS	30.00	0	38.76
38.77	APN	A	-146,193	LOC OUTPATIENT CENTER	90.07	0	38.77
38.78	APN	A	-59,103	NORTH RIVERSIDE PCC	90.12	0	38.78
39.00	APN	A	-3,588	WHEATON PCC	90.14	0	39.00
39.01	APN	A	-220,354	ORLAND PARK - FP	90.20	0	39.01
39.02	APN	A	-73,930	OAK PARK PCC	90.23	0	39.02
39.04	APN	A	-109,854	LOYOLA CLINIC AT GOTTLIEB	90.25	0	39.04
39.06	APN	A	-85,581	BURR RIDGE PCC	90.29	0	39.06
39.07	APN	A	-763	EMERGENCY	91.00	0	39.07
39.08	APN	A	-126,008	ADULTS & PEDIATRICS	30.00	0	39.08
39.24	OTHER OPERATING REVENUE	B	-20,829	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.24
39.25	OTHER OPERATING REVENUE	B	-6,979	CLINICAL PASTORAL EDUCATION	23.03	0	39.25
39.27	OTHER OPERATING REVENUE	B	-4,554,225	ADMINISTRATIVE & GENERAL	5.00	0	39.27
39.28	OTHER OPERATING REVENUE	B	-494,751	DIETARY	10.00	0	39.28
39.29	OTHER OPERATING REVENUE	B	-418,527	CAFETERIA	11.00	0	39.29
40.00	OTHER OPERATING REVENUE	B	-16,643	NURSING ADMINISTRATION	13.00	0	40.00
42.00	OTHER OPERATING REVENUE	B	-108,983	PHARMACY	15.00	0	42.00
43.00	OTHER OPERATING REVENUE	B	-37,140	MEDICAL RECORDS & LIBRARY	16.00	0	43.00
44.00	EMS	B	-186,737	PARAMEDICAL ED-MICU	23.01	0	44.00
45.00	OTHER OPERATING REVENUE	B	-365,870	ADULTS & PEDIATRICS	30.00	0	45.00
45.01	OTHER OPERATING REVENUE	B	-42,000	NEONATAL INTENSIVE CARE	35.00	0	45.01
48.00	OTHER OPERATING REVENUE	B	-11,141	RADIOLOGY-DIAGNOSTIC	54.00	0	48.00
49.01	OTHER OPERATING REVENUE	B	-1,203,560	LABORATORY	60.00	0	49.01
49.04	OTHER OPERATING REVENUE	B	-16,839	CANCER CENTER	90.02	0	49.04
49.05	OTHER OPERATING REVENUE	B	-96,413	LOC OUTPATIENT CENTER	90.07	0	49.05
49.06	OTHER OPERATING REVENUE	B	-5,242	OBT OUTPATIENT CENTER	90.08	0	49.06
49.07	OTHER OPERATING REVENUE	B	-91,472	ELMHURST IMMEDIATE CARE	90.09	0	49.07
49.08	OTHER OPERATING REVENUE	B	-1,585	LAGRANGE FAMILY PCC	90.10	0	49.08
49.09	OTHER OPERATING REVENUE	B	-41,300	DARIEN PCC	90.18	0	49.09
49.11	LASCO MGMT FEE	A	-113,745	ADMINISTRATIVE & GENERAL	5.00	0	49.11
49.12	DEVELOPMENT	A	-1,101,450	ADMINISTRATIVE & GENERAL	5.00	0	49.12
49.13	OTHER OPERATING REVENUE	B	394	AMBULATORY SURGERY CENTER	50.01	0	49.13
49.14	OTHER OPERATING REVENUE	B	-54	OCCUPATIONAL HEALTH CLINIC	90.33	0	49.14
49.15	OTHER OPERATING REVENUE	B	-45	LOYOLA CLINIC AT GOTTLIEB	90.25	0	49.15
49.17	OTHER OPERATING REVENUE	B	-5,504	HOMER GLEN PCC	90.22	0	49.17
49.18	OTHER OPERATING REVENUE	B	-7,681	CT SCAN	57.00	0	49.18
49.19	OTHER OPERATING REVENUE	B	-308	BURR RIDGE PCC	90.29	0	49.19
49.20	OTHER OPERATING REVENUE	B	-4,590	LOC OUTPATIENT CENTER	90.07	0	49.20
49.21	RADIATION ONCOLOGY - LOYOLA	B	-87,815	LOC OUTPATIENT CENTER	90.07	0	49.21
49.22	OTHER OPERATING REVENUE	B	-1,113	LABORATORY	60.00	0	49.22
49.25	OTHER OPERATING REVENUE	B	-1,974,720	ADMINISTRATIVE & GENERAL	5.00	0	49.25
49.27	HAIP NET BENEFIT OFFSET	A	-26,614,078	ADMINISTRATIVE & GENERAL	5.00	0	49.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-92,298,015				50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/30/2017 8:07 am

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

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-1 | Date/Time Prepared: 11/30/2017 8:07 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE NEW CAPITAL	1,033,813	0	1.00
2.00	1.01	NEW CAPITAL-BLDG INTEREST	INTERCOMPANY LOAN AND CAP EX	16,472,928	16,472,928	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN OTHER OPERATING EXPENS	31,684,261	23,541,652	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	TIS OPERATING EXPENSE	27,668,444	24,436,116	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	IC HO PAYROLL	0	4,855,638	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	19,089,139	32,957,542	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMPENSATION	3,397,810	6,862,718	3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	DEFINED BENEFIT PENSION	7,563,534	-694,000	3.05
3.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS PREMIUM	0	1,031,636	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	INTEGRATED RISK INSURANCE	846,646	0	3.07
3.08	1.00	CAP REL COSTS-BLDG & FIXT	TIS CAPITAL EXPENSE	418,839	0	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	401,737	0	3.09
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			108,577,151	109,464,230	5.00

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

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

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

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

6.00	B		0.00	TRINITY HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00	B	TRINITY HEALTH HOME OFFICE	0.00	TRINITY HEALTH HOME OFFICE	0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-1 | Date/Time Prepared: 11/30/2017 8:07 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,033,813	9		1.00
2.00	0	11		2.00
3.00	8,142,609	9		3.00
3.01	3,232,328	0		3.01
3.02	-4,855,638	0		3.02
3.03	-13,868,403	0		3.03
3.04	-3,464,908	0		3.04
3.05	8,257,534	0		3.05
3.06	-1,031,636	0		3.06
3.07	846,646	0		3.07
3.08	418,839	9		3.08
3.09	401,737	0		3.09
4.00	0	0		4.00
5.00	-887,079			5.00

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

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

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

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

6.00	HEALTHCARE SYSTEM		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00	HEALTHCARE		10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/30/2017 8:07 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	7,189,784	7,189,784	0	0	0	1.00
2.00	90.08	OBT OUTPATIENT CENTER	1,594,206	1,594,206	0	0	0	2.00
3.00	90.10	LAGRANGE FAMILY PCC	604,341	604,341	0	0	0	3.00
4.00	90.12	NORTH RIVERSIDE PCC	1,891,186	1,891,186	0	0	0	4.00
5.00	90.14	WHEATON PCC	678,307	678,307	0	0	0	5.00
6.00	90.16	HICKORY HILLS PCC	1,676,036	1,676,036	0	0	0	6.00
7.00	90.20	ORLAND PARK - FP	1,984,190	1,984,190	0	0	0	7.00
8.00	90.22	HOMER GLEN PCC	1,352,884	1,352,884	0	0	0	8.00
9.00	90.23	OAK PARK PCC	2,319,785	2,319,785	0	0	0	9.00
10.00	90.24	PARK RIDGE PCC	214,438	214,438	0	0	0	10.00
11.00	90.29	BURR RIDGE PCC	2,586,186	2,586,186	0	0	0	11.00
12.00	90.30	RIVER FOREST	1,185,748	1,185,748	0	0	0	12.00
13.00	91.00	EMERGENCY	8,464,598	8,464,598	0	0	0	13.00
14.00	66.00	PHYSICAL THERAPY	303,785	303,785	0	0	0	14.00
15.00	90.07	LOC OUTPATIENT CENTER	1,918,602	1,918,602	0	0	0	15.00
17.00	105.00	KIDNEY ACQUISITION	2,575,225	0	2,575,225	246,400	23,571	17.00
18.00	106.00	HEART ACQUISITION	149,564	0	149,564	246,400	654	18.00
19.00	107.00	LIVER ACQUISITION	320,348	0	320,348	246,400	2,062	19.00
20.00	108.00	LUNG ACQUISITION	17,067	0	17,067	246,400	187	20.00
200.00			37,026,280	33,964,076	3,062,204		26,474	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	90.08	OBT OUTPATIENT CENTER	0	0	0	0	0	2.00
3.00	90.10	LAGRANGE FAMILY PCC	0	0	0	0	0	3.00
4.00	90.12	NORTH RIVERSIDE PCC	0	0	0	0	0	4.00
5.00	90.14	WHEATON PCC	0	0	0	0	0	5.00
6.00	90.16	HICKORY HILLS PCC	0	0	0	0	0	6.00
7.00	90.20	ORLAND PARK - FP	0	0	0	0	0	7.00
8.00	90.22	HOMER GLEN PCC	0	0	0	0	0	8.00
9.00	90.23	OAK PARK PCC	0	0	0	0	0	9.00
10.00	90.24	PARK RIDGE PCC	0	0	0	0	0	10.00
11.00	90.29	BURR RIDGE PCC	0	0	0	0	0	11.00
12.00	90.30	RIVER FOREST	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	14.00
15.00	90.07	LOC OUTPATIENT CENTER	0	0	0	0	0	15.00
17.00	105.00	KIDNEY ACQUISITION	2,792,257	139,613	0	0	0	17.00
18.00	106.00	HEART ACQUISITION	77,474	3,874	0	0	0	18.00
19.00	107.00	LIVER ACQUISITION	244,268	12,213	0	0	0	19.00
20.00	108.00	LUNG ACQUISITION	22,152	1,108	0	0	0	20.00
200.00			3,136,151	156,808	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	7,189,784		1.00
2.00	90.08	OBT OUTPATIENT CENTER	0	0	0	1,594,206		2.00
3.00	90.10	LAGRANGE FAMILY PCC	0	0	0	604,341		3.00
4.00	90.12	NORTH RIVERSIDE PCC	0	0	0	1,891,186		4.00
5.00	90.14	WHEATON PCC	0	0	0	678,307		5.00
6.00	90.16	HICKORY HILLS PCC	0	0	0	1,676,036		6.00
7.00	90.20	ORLAND PARK - FP	0	0	0	1,984,190		7.00
8.00	90.22	HOMER GLEN PCC	0	0	0	1,352,884		8.00
9.00	90.23	OAK PARK PCC	0	0	0	2,319,785		9.00
10.00	90.24	PARK RIDGE PCC	0	0	0	214,438		10.00
11.00	90.29	BURR RIDGE PCC	0	0	0	2,586,186		11.00
12.00	90.30	RIVER FOREST	0	0	0	1,185,748		12.00
13.00	91.00	EMERGENCY	0	0	0	8,464,598		13.00
14.00	66.00	PHYSICAL THERAPY	0	0	0	303,785		14.00
15.00	90.07	LOC OUTPATIENT CENTER	0	0	0	1,918,602		15.00
17.00	105.00	KIDNEY ACQUISITION	0	2,792,257	0	0		17.00
18.00	106.00	HEART ACQUISITION	0	77,474	72,090	72,090		18.00
19.00	107.00	LIVER ACQUISITION	0	244,268	76,080	76,080		19.00
20.00	108.00	LUNG ACQUISITION	0	22,152	0	0		20.00
200.00			0	3,136,151	148,170	34,112,246		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	21,258,646	21,258,646				1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	16,472,929	0	16,472,929			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	23,752,135			23,752,135		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	98,828,471	8,366	6,483	0	98,843,320	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	220,742,615	1,806,186	1,399,580	2,191,778	13,740,837	5.00
6.00	00600	MAINTENANCE & REPAIRS	13,544,118	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	16,945,410	5,946,614	4,607,915	1,037,906	1,851,494	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,800,816	47,562	36,855	2,389	0	8.00
9.00	00900	HOUSEKEEPING	9,634,761	227,726	176,461	12,354	930,914	9.00
10.00	01000	DIETARY	1,489,549	120,392	93,289	54,190	356,747	10.00
11.00	01100	CAFETERIA	4,593,442	125,549	97,286	0	311,157	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,158,643	10,410	8,067	0	176,926	12.01
13.00	01300	NURSING ADMINISTRATION	3,491,736	33,413	25,891	16,213	527,411	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,945,203	123,516	95,710	706,846	268,595	14.00
15.00	01500	PHARMACY	19,409,683	145,057	112,402	536,783	1,489,382	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,989,966	234,652	181,827	85,147	1,451,576	16.00
17.00	01700	SOCIAL SERVICE	4,178,271	22,070	17,102	3,545	644,260	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	42,082,541	58,120	45,036	841	6,897,141	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	517,019	23,214	17,988	7,570	92,867	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	93,742	2,902	2,249	1,746	15,286	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	664,712	1,991	1,543	0	108,143	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,578,673	1,572,964	1,218,861	541,934	7,560,924	30.00
31.00	03100	INTENSIVE CARE UNIT	13,624,470	294,742	228,390	489,890	2,189,827	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,086,746	116,685	90,417	79,027	630,854	33.00
35.00	02060	NEONATAL INTENSIVE CARE	5,964,376	114,938	89,063	357,558	1,013,335	35.00
35.01	02080	PEDIATRIC ICU	2,136,613	34,747	26,925	178,160	353,369	35.01
35.03	02400	HEART TRANSPLANT ICU	2,634,873	87,022	67,431	831,334	428,768	35.03
35.04	02401	BONE INTENSIVE CARE	3,252,790	103,066	79,864	114,627	522,247	35.04
43.00	04300	NURSERY	787,905	0	0	0	121,907	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,854,320	637,205	493,758	2,788,378	2,165,682	50.00
50.01	05001	AMBULATORY SURGERY CENTER	3,422,443	248,854	192,832	314,528	472,981	50.01
51.00	05100	RECOVERY ROOM	2,783,120	214,763	166,416	140,762	440,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,386,933	70,087	54,309	346,141	383,694	52.00
53.00	05300	ANESTHESIOLOGY	1,069,506	7,805	6,048	378,516	98,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,129,672	355,595	275,544	969,271	931,736	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,044,036	9,796	7,591	231,101	176,626	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,736,035	66,275	51,355	777,786	230,736	56.00
57.00	05700	CT SCAN	4,440,830	59,349	45,988	877,434	481,461	57.00
58.00	05800	MRI	1,825,358	81,832	63,410	1,214,587	302,967	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,298,966	363,559	281,715	1,144,079	1,090,520	59.00
60.00	06000	LABORATORY	19,861,509	315,372	244,376	337,807	1,474,930	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,543,112	35,298	27,352	120,457	214,059	63.00
65.00	06500	RESPIRATORY THERAPY	6,723,474	53,153	41,188	219,139	1,021,659	65.00
66.00	06600	PHYSICAL THERAPY	1,589,254	68,329	52,947	2,891	304,265	66.00
67.00	06700	OCCUPATIONAL THERAPY	771,083	17,718	13,729	0	132,167	67.00
68.00	06800	SPEECH PATHOLOGY	348,961	7,837	6,073	2,750	58,356	68.00
69.00	06900	ELECTROCARDIOLOGY	2,516,203	80,339	62,253	227,975	396,137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,257,706	48,875	37,872	188,632	186,630	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,794,366	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,103,963	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,339,398	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,162,113	118,952	92,173	27,708	509,707	74.00
76.00	03560	PULMONARY LABS	431,840	34,440	26,687	72,109	69,306	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	813,320	13,905	10,775	24,485	123,260	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	2,592,959	135,886	105,295	807,940	411,694	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,731,206	0	0	0	33,102	76.09
76.10	03954	BARIATRICS	721,010	0	0	0	81,260	76.10
76.11	03955	HEPATOLOGY	217	111,316	86,257	29,350	0	76.11
76.97	07697	CARDIAC REHABILITATION	198,089	0	0	0	33,946	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	263,118	21,424	16,601	663	41,549	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	11,117,844	761,759	590,273	119,434	1,046,690	90.02
90.03	09003	PSYCH SOCIAL REHAB	339,400	59,624	46,202	0	54,825	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	21,285,755	1,525,201	1,181,850	3,084,838	3,839,264	90.07
90.08	09007	OBT OUTPATIENT CENTER	6,249,013	334,456	259,164	190,250	1,069,211	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,227,112	80,879	62,672	19,635	158,433	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,002,541	126,905	98,336	50,502	366,605	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,542,148	0	0	4,980	514,839	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,115,343	96,616	74,866	12,864	215,800	90.14
90.15	09013	OBT II PCC	1,420,694	101,710	78,814	71,630	214,045	90.15
90.16	09014	HICKORY HILLS PCC	2,807,262	195,213	151,267	11,859	642,945	90.16
90.18	09015	DARIEN PCC	942,764	60,122	46,587	40,992	130,488	90.18
90.20	09016	ORLAND PARK - FP	1,543,185	0	0	14,195	561,421	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,484,392	38,549	29,871	6,591	559,297	90.21
90.22	09018	HOMER GLEN PCC	4,149,476	134,689	104,368	128,061	713,128	90.22
90.23	09019	OAK PARK PCC	742,809	56,034	43,420	17,458	491,924	90.23
90.24	09020	PARK RIDGE PCC	936,749	47,413	36,740	18,100	127,978	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	3,041,955	0	0	21,463	422,705	90.25
90.26	09022	WOODRIDGE PCC	53,577	0	0	1,282	3,779	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	2,495,905	0	0	27,990	124,829	90.28
90.29	09025	BURR RIDGE PCC	13,081,461	829,315	642,621	780,895	1,835,137	90.29
90.30	09026	RIVER FOREST	1,854,424	92,348	71,559	3,329	481,580	90.30
90.31	09027	NORRIDGE	303,650	54,954	42,583	459	27,001	90.31
90.32	09028	ELMWOOD PARK	728,676	67,101	51,995	0	86,370	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	178,586	65,385	50,666	4,193	21,389	90.33
90.34	09034	CHICAGO AND BELMONT	274,383	0	0	0	29,907	90.34
91.00	09100	EMERGENCY	7,226,842	208,991	161,944	128,980	2,566,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,784,685	11,988	9,290	151,182	486,118	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	273,517	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	467,768	0	0	0	79,154	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,028,541	6,354	4,924	0	634,357	105.00
106.00	10600	HEART ACQUISITION	2,076,045	995	771	1,819	127,235	106.00
107.00	10700	LIVER ACQUISITION	3,388,710	2,372	1,838	0	128,362	107.00
108.00	10800	LUNG ACQUISITION	2,711,518	995	771	0	98,565	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	946,291,704	19,399,836	15,032,571	23,407,308	71,411,172	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	248,933	8,525	6,606	0	31,548	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,118,681	0	0	14,495	140,117	190.02
190.03	19003	OP HOSPITAL PHARMACY	15,979,410	0	0	1,070	86,188	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	994	0	0	0	0	190.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
190.06	19006	DISCONTINUED HHA AND HOSPICE	96,664	2,192	1,699	0	13,375	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	178,193,605	1,839,991	1,425,775	329,262	27,149,668	192.01
193.00	19300	NONPAID WORKERS	81,085	8,102	6,278	0	11,252	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,143,011,076	21,258,646	16,472,929	23,752,135	98,843,320	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	239,880,996	239,880,996				5.00
6.00	00600	MAINTENANCE & REPAIRS	13,544,118	3,597,467	17,141,585			6.00
7.00	00700	OPERATION OF PLANT	30,389,339	8,071,743	5,242,425	43,703,507		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,887,622	1,032,595	41,930	154,000	5,116,147	8.00
9.00	00900	HOUSEKEEPING	10,982,216	2,916,997	200,759	737,354	0	9.00
10.00	01000	DIETARY	2,114,167	561,546	106,136	389,817	0	10.00
11.00	01100	CAFETERIA	5,127,434	1,361,903	110,682	406,517	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,354,046	359,650	9,178	33,708	0	12.01
13.00	01300	NURSING ADMINISTRATION	4,094,664	1,087,588	29,456	108,187	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,139,870	1,365,206	108,890	399,933	0	14.00
15.00	01500	PHARMACY	21,693,307	5,761,981	127,880	469,680	255,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,943,168	3,172,237	206,865	759,780	2,586	16.00
17.00	01700	SOCIAL SERVICE	4,865,248	1,292,263	19,457	71,462	28	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	49,083,679	13,037,165	51,238	188,188	143,196	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	658,658	174,947	20,465	75,165	3,754	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	115,925	30,791	2,558	9,396	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	776,389	206,217	1,755	6,447	24,885	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,473,356	12,875,057	1,386,699	5,093,100	39,845	30.00
31.00	03100	INTENSIVE CARE UNIT	16,827,319	4,469,521	259,840	954,345	146,838	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,003,729	1,329,045	102,868	377,815	138,803	33.00
35.00	02060	NEONATAL INTENSIVE CARE	7,539,270	2,002,513	101,327	372,157	1,474	35.00
35.01	02080	PEDIATRIC ICU	2,729,814	725,069	30,633	112,508	0	35.01
35.03	02400	HEART TRANSPLANT ICU	4,049,428	1,075,573	76,717	281,767	0	35.03
35.04	02401	BONE INTENSIVE CARE	4,072,594	1,081,726	90,861	333,717	0	35.04
43.00	04300	NURSERY	909,812	241,656	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,939,343	7,420,997	561,749	2,063,205	547,758	50.00
50.01	05001	AMBULATORY SURGERY CENTER	4,651,638	1,235,526	219,385	805,764	55,054	50.01
51.00	05100	RECOVERY ROOM	3,745,361	994,809	189,332	695,382	264,370	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,241,164	860,889	61,788	226,936	584	52.00
53.00	05300	ANESTHESIOLOGY	1,560,508	414,488	6,881	25,272	4,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,661,818	2,300,674	313,486	1,151,380	4,949	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,469,150	390,222	8,636	31,719	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,862,187	1,557,061	58,427	214,591	0	56.00
57.00	05700	CT SCAN	5,905,062	1,568,449	52,321	192,165	0	57.00
58.00	05800	MRI	3,488,154	926,492	72,142	264,965	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,178,839	2,703,612	320,507	1,177,167	143,891	59.00
60.00	06000	LABORATORY	22,233,994	5,905,593	278,027	1,021,144	7,980	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,940,278	2,109,025	31,118	114,291	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,058,613	2,140,456	46,859	172,105	90,839	65.00
66.00	06600	PHYSICAL THERAPY	2,017,686	535,920	60,238	221,244	273,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	934,697	248,266	15,620	57,368	0	67.00
68.00	06800	SPEECH PATHOLOGY	423,977	112,613	6,909	25,375	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,282,907	871,976	70,825	260,130	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,719,715	456,775	43,087	158,252	16,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,794,366	12,429,098	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,103,963	9,058,388	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,339,398	16,558,030	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,910,653	1,038,712	104,866	385,154	1,279	74.00
76.00	03560	PULMONARY LABS	634,382	168,499	30,362	111,513	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	985,745	261,825	12,259	45,024	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	4,053,774	1,076,727	119,795	439,984	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,764,308	468,620	0	0	0	76.09

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
76.10	03954	BARIATRICS	802,270	213,092	0	0	695	76.10
76.11	03955	HEPATOLOGY	227,140	60,331	98,134	360,430	0	76.11
76.97	07697	CARDIAC REHABILITATION	232,035	61,631	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	343,355	91,199	18,887	69,370	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	13,636,000	3,621,872	671,554	2,466,498	24,413	90.02
90.03	09003	PSYCH SOCIAL REHAB	500,051	132,819	52,564	193,057	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	30,916,908	8,211,871	1,344,592	4,938,449	49,938	90.07
90.08	09007	OBT OUTPATIENT CENTER	8,102,094	2,152,005	294,851	1,082,936	19,269	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,548,731	411,360	71,302	261,878	667	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,644,889	702,512	111,877	410,906	2,169	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,061,967	547,681	0	0	28,389	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,515,489	402,531	85,175	312,834	945	90.14
90.15	09013	OBT II PCC	1,886,893	501,180	89,666	329,328	4,477	90.15
90.16	09014	HICKORY HILLS PCC	3,808,546	1,011,592	172,097	632,081	24,858	90.16
90.18	09015	DARIEN PCC	1,220,953	324,299	53,002	194,669	0	90.18
90.20	09016	ORLAND PARK - FP	2,118,801	562,777	0	0	21,438	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	4,118,700	1,093,972	33,984	124,818	13,708	90.21
90.22	09018	HOMER GLEN PCC	5,229,722	1,389,072	118,740	436,110	6,479	90.22
90.23	09019	OAK PARK PCC	1,351,645	359,012	49,399	181,432	0	90.23
90.24	09020	PARK RIDGE PCC	1,166,980	309,963	41,799	153,520	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	3,486,123	925,953	0	0	42,291	90.25
90.26	09022	WOODRIDGE PCC	58,638	15,575	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	2,648,724	703,530	0	0	667	90.28
90.29	09025	BURR RIDGE PCC	17,169,429	4,560,389	731,110	2,685,239	5,422	90.29
90.30	09026	RIVER FOREST	2,503,240	664,888	81,413	299,015	2,502	90.30
90.31	09027	NORRIDGE	428,647	113,853	48,446	177,935	3,420	90.31
90.32	09028	ELMWOOD PARK	934,142	248,118	59,155	217,266	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	320,219	85,054	57,643	211,711	0	90.33
90.34	09034	CHICAGO AND BELMONT	304,290	80,823	0	0	0	90.34
91.00	09100	EMERGENCY	10,293,218	2,733,992	184,243	676,693	226,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,443,263	914,569	10,569	38,817	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	273,517	72,649	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	546,922	145,268	0	0	9,148	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,674,176	2,038,346	5,602	20,574	36,925	105.00
106.00	10600	HEART ACQUISITION	2,206,865	586,168	878	3,223	6,395	106.00
107.00	10700	LIVER ACQUISITION	3,521,282	935,291	2,091	7,681	0	107.00
108.00	10800	LUNG ACQUISITION	2,811,849	746,858	878	3,223	163,799	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	915,215,561	179,376,293	15,502,889	37,684,866	2,863,081	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	295,612	78,518	7,516	27,604	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,273,293	603,812	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	16,066,668	4,267,484	0	0	4,699	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	994	264	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	113,930	30,261	1,933	7,098	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	208,938,301	55,496,019	1,622,105	5,957,707	2,248,367	192.01
193.00	19300	NONPAID WORKERS	106,717	28,345	7,142	26,232	0	193.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,143,011,076	239,880,996	17,141,585	43,703,507	5,116,147	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	PATIENT TRANSPORTATION	
			9.00	10.00	11.00	12.00	12.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	14,837,326					9.00
10.00	01000	DIETARY	135,098	3,306,764				10.00
11.00	01100	CAFETERIA	140,886	1,903,625	9,051,047			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	11,682	0	68,802	0	1,837,066	12.01
13.00	01300	NURSING ADMINISTRATION	37,494	0	53,467	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	138,604	0	70,559	0	0	14.00
15.00	01500	PHARMACY	162,776	0	187,222	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	263,315	0	220,201	0	0	16.00
17.00	01700	SOCIAL SERVICE	24,766	0	90,108	0	0	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	65,220	0	926,139	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	26,050	0	15,160	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	3,256	0	2,648	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	2,234	0	20,673	0	0	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,765,106	830,523	1,140,987	0	553,290	30.00
31.00	03100	INTENSIVE CARE UNIT	330,746	182,675	292,420	0	111,627	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	130,939	15,870	91,270	0	3,782	33.00
35.00	02060	NEONATAL INTENSIVE CARE	128,978	0	125,541	0	2,144	35.00
35.01	02080	PEDIATRIC ICU	38,992	19,676	44,907	0	6,768	35.01
35.03	02400	HEART TRANSPLANT ICU	97,651	26,882	57,629	0	14,445	35.03
35.04	02401	BONE INTENSIVE CARE	115,656	26,431	83,530	0	6,956	35.04
43.00	04300	NURSERY	0	0	18,596	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	715,041	0	339,233	0	271	50.00
50.01	05001	AMBULATORY SURGERY CENTER	279,252	0	77,010	0	169	50.01
51.00	05100	RECOVERY ROOM	240,997	0	61,432	0	150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,649	0	51,882	0	1,460	52.00
53.00	05300	ANESTHESIOLOGY	8,759	0	25,376	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	399,032	0	135,638	0	318,415	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	10,993	0	22,166	0	20,333	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	74,371	0	26,236	0	9,071	56.00
57.00	05700	CT SCAN	66,598	0	62,314	0	183,767	57.00
58.00	05800	MRI	91,828	0	34,323	0	60,869	58.00
59.00	05900	CARDIAC CATHETERIZATION	407,968	0	110,462	0	13,864	59.00
60.00	06000	LABORATORY	353,896	0	262,732	0	24,509	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	39,610	0	32,063	0	1,891	63.00
65.00	06500	RESPIRATORY THERAPY	59,646	0	161,322	0	25,398	65.00
66.00	06600	PHYSICAL THERAPY	76,676	0	44,631	0	32,344	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,882	0	20,273	0	33,589	67.00
68.00	06800	SPEECH PATHOLOGY	8,794	0	7,851	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	90,153	0	71,233	0	53,632	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,845	0	32,980	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	133,482	0	89,612	0	76,025	74.00
76.00	03560	PULMONARY LABS	38,647	0	9,445	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	15,604	0	15,168	0	57,854	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	152,485	0	66,404	0	57,789	76.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	PATIENT TRANSPORTATION	
			9.00	10.00	11.00	12.00	12.01	
76.09	03953	BONE MARROW PROCUREMENT	0	0	3,593	0	0	76.09
76.10	03954	BARIATRICS	0	0	18,089	0	0	76.10
76.11	03955	HEPATOLOGY	124,914	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	4,146	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,041	0	6,739	0	243	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	854,810	1,339	173,267	0	22,075	90.02
90.03	09003	PSYCH SOCIAL REHAB	66,907	0	13,575	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	1,711,509	9,818	653,608	0	37	90.07
90.08	09007	OBT OUTPATIENT CENTER	375,311	0	140,614	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	90,759	0	32,194	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	142,407	0	61,192	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	51,486	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	108,418	0	23,348	0	0	90.14
90.15	09013	OBT II PCC	114,135	0	40,317	0	0	90.15
90.16	09014	HICKORY HILLS PCC	219,059	0	77,244	0	0	90.16
90.18	09015	DARIEN PCC	67,466	0	27,703	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	54,260	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	43,258	0	94,257	0	0	90.21
90.22	09018	HOMER GLEN PCC	151,142	0	88,797	0	0	90.22
90.23	09019	OAK PARK PCC	62,879	0	32,983	0	0	90.23
90.24	09020	PARK RIDGE PCC	53,205	0	16,231	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	49,396	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	783	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	19,371	0	0	90.28
90.29	09025	BURR RIDGE PCC	930,618	0	263,263	0	0	90.29
90.30	09026	RIVER FOREST	103,629	0	57,682	0	0	90.30
90.31	09027	NORRIDGE	61,666	0	7,397	0	0	90.31
90.32	09028	ELMWOOD PARK	75,297	0	19,228	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	73,372	0	4,504	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	7,972	0	0	90.34
91.00	09100	EMERGENCY	234,520	9,681	226,458	0	119,435	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	13,453	0	83,484	0	24,686	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	10,147	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,130	0	95,144	0	0	105.00
106.00	10600	HEART ACQUISITION	1,117	0	16,904	0	178	106.00
107.00	10700	LIVER ACQUISITION	2,662	0	14,046	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,117	0	12,163	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,751,458	3,026,520	7,771,230	0	1,837,066	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,567	280,244	12,316	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	18,265	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	13,286	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	2,460	0	1,990	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	2,064,750	0	1,232,033	0	0	192.01
193.00	19300	NONPAID WORKERS	9,091	0	1,927	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,837,326	3,306,764	9,051,047	0	1,837,066	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION	5,410,856					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,223,062				14.00
15.00	01500	PHARMACY	543	374,600	29,033,294			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,680	6,103	0	16,605,935		16.00
17.00	01700	SOCIAL SERVICE	0	246	0	0	6,363,578	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,898	4,170	1,009	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	3,000	325	0	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	165	34	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	18	36	0	0	0	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,636,611	40,727	0	2,543,668	4,399,642	30.00
31.00	03100	INTENSIVE CARE UNIT	457,529	27,798	0	857,449	967,692	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	139,242	13,069	0	280,731	84,054	33.00
35.00	02060	NEONATAL INTENSIVE CARE	190,565	2,444	0	357,974	393,517	35.00
35.01	02080	PEDIATRIC ICU	70,768	2,545	0	120,780	104,255	35.01
35.03	02400	HEART TRANSPLANT ICU	88,855	4,241	0	150,333	142,406	35.03
35.04	02401	BONE INTENSIVE CARE	125,842	3,534	0	266,321	140,006	35.04
43.00	04300	NURSERY	25,777	2,236	0	46,683	132,006	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	310,296	297,747	0	891,250	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	82,519	26,769	0	852	0	50.01
51.00	05100	RECOVERY ROOM	91,126	6,922	0	322,881	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,517	4,598	0	141,140	0	52.00
53.00	05300	ANESTHESIOLOGY	0	16,075	0	854,815	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,547	8,276	0	470,827	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,686	422	0	73,563	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,873	113,544	0	48,388	0	56.00
57.00	05700	CT SCAN	9,602	2,635	0	687,033	0	57.00
58.00	05800	MRI	4,933	1,475	0	203,762	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	109,115	34,344	0	421,916	0	59.00
60.00	06000	LABORATORY	0	255,251	0	2,374,817	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,877	210,852	0	372,604	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	21,439	0	651,605	0	65.00
66.00	06600	PHYSICAL THERAPY	2,102	2,294	0	137,903	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2	0	76,661	0	67.00
68.00	06800	SPEECH PATHOLOGY	19	105	0	25,399	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,198	674	0	283,563	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19	545	0	66,870	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,569,394	0	403,573	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,144,018	0	629,501	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,091,217	25,536,726	1,432,113	0	73.00
74.00	07400	RENAL DIALYSIS	52,906	1,713	0	96,528	0	74.00
76.00	03560	PULMONARY LABS	6,550	873	0	27,747	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	139	0	87,017	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	69,306	6,514	0	75,510	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.09	03953	BONE MARROW PROCUREMENT	321	1	0	25,221	0	76.09
76.10	03954	BARIATRICS	3,199	81	0	2	0	76.10
76.11	03955	HEPATOLOGY	0	2	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	6,855	0	0	6,282	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,436	700	0	62	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	119,466	162,284	591,408	2,735	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	5,668	542	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	322,714	8,235	0	37,067	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	62,924	641	0	747	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	16,049	665	0	40	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	39,336	533	0	88	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	24,977	584	0	80	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	6,524	362	1,099	41	0	90.14
90.15	09013	OBT II PCC	35,291	585	0	103	0	90.15
90.16	09014	HICKORY HILLS PCC	22,232	767	0	125	0	90.16
90.18	09015	DARIEN PCC	25,213	145	0	45	0	90.18
90.20	09016	ORLAND PARK - FP	43,015	734	0	35	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	23,182	405	0	83	0	90.21
90.22	09018	HOMER GLEN PCC	52,355	5,933	16,347	254	0	90.22
90.23	09019	OAK PARK PCC	15,407	329	0	47	0	90.23
90.24	09020	PARK RIDGE PCC	7,793	860	0	117	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	9,191	3,000	0	22	0	90.25
90.26	09022	WOODRIDGE PCC	151	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	15,714	36,695	164,314	46	0	90.28
90.29	09025	BURR RIDGE PCC	101,284	79,969	365,733	2,815	0	90.29
90.30	09026	RIVER FOREST	35,983	832	0	320	0	90.30
90.31	09027	NORRIDGE	732	22	0	3	0	90.31
90.32	09028	ELMWOOD PARK	8,019	169	0	2	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	1,990	19	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	242,196	19,744	0	611,827	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	128,763	3,447	0	77,178	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	13,143	30	0	4,513	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	212	0	0	138,032	0	105.00
106.00	10600	HEART ACQUISITION	329	0	0	49,234	0	106.00
107.00	10700	LIVER ACQUISITION	19	0	0	95,753	0	107.00
108.00	10800	LUNG ACQUISITION	456	0	0	71,239	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,044,823	6,628,260	26,676,636	16,605,935	6,363,578	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	3,107	32,742	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	503,011	2,338,101	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	21	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	1,863	0	2,717	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	361,063	59,007	15,840	0	0	192.01
193.00	19300	NONPAID WORKERS	0	19	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,410,856	7,223,062	29,033,294	16,605,935	6,363,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			17.01	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			63,506,902		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU	0					23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0					23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0					23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0					23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	14,830,812	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3,742,336	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	1,367,506	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE	0	0	0	389,868	0	35.00
35.01	02080	PEDIATRIC ICU	0	0	0	647,141	0	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	631,309	0	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0	631,309	0	35.04
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	7,953,700	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	1,567,388	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	651,099	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,360,585	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,721,751	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	573,917	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,232,932	0	56.00
57.00	05700	CT SCAN	0	0	0	573,917	0	57.00
58.00	05800	MRI	0	0	0	928,163	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	2,742,928	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	463,092	0	74.00
76.00	03560	PULMONARY LABS	0	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0	0	76.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			17.01	19.00	20.00	21.00	22.00	
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	0	0	920,246	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	10,579,866	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	1,230,953	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	0	225,609	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	0	3,540,475	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	63,506,902	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
		17.01	19.00	20.00	21.00	22.00	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	63,506,902	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU		977,524				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				164,773		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					1,038,654	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	93,672	134,825	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	6,771	84,890	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	9,029	39,948	33.00
35.00	02060	NEONATAL INTENSIVE CARE	0	0	0	0	19,974	35.00
35.01	02080	PEDIATRIC ICU	0	0	0	0	84,890	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	0	19,974	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0	0	0	35.04
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	15,236	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	339,561	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03560	PULMONARY LABS	0	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	7,900	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	0	0	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	0	94,877	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	0	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	977,524	0	32,165	129,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	49,935	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	39,948	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	977,524	0	164,773	1,038,654	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	977,524	0	164,773	1,038,654	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
12.01	01201	PATIENT TRANSPORTATION					12.01
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	HOSPITAL MEDICAL ADMIN					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMEDICAL ED-MICU					23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK					23.02
23.03	02303	CLINICAL PASTORAL EDUCATION					23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					23.04
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	95,837,920	-14,830,812	81,007,108		30.00
31.00	03100	INTENSIVE CARE UNIT	29,719,796	-3,742,336	25,977,460		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,127,700	-1,367,506	7,760,194		33.00
35.00	02060	NEONATAL INTENSIVE CARE	11,627,746	-389,868	11,237,878		35.00
35.01	02080	PEDIATRIC ICU	4,738,746	-647,141	4,091,605		35.01
35.03	02400	HEART TRANSPLANT ICU	6,717,210	-631,309	6,085,901		35.03
35.04	02401	BONE INTENSIVE CARE	6,978,483	-631,309	6,347,174		35.04
43.00	04300	NURSERY	1,376,766	0	1,376,766		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	49,055,826	-7,953,700	41,102,126		50.00
50.01	05001	AMBULATORY SURGERY CENTER	9,001,326	-1,567,388	7,433,938		50.01
51.00	05100	RECOVERY ROOM	6,612,762	0	6,612,762		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,393,706	-651,099	4,742,607		52.00
53.00	05300	ANESTHESIOLOGY	9,277,458	-6,360,585	2,916,873		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,510,793	-1,721,751	13,789,042		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,602,807	-573,917	2,028,890		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	9,199,681	-1,232,932	7,966,749		56.00
57.00	05700	CT SCAN	9,303,863	-573,917	8,729,946		57.00
58.00	05800	MRI	6,077,106	-928,163	5,148,943		58.00
59.00	05900	CARDIAC CATHETERIZATION	15,621,685	0	15,621,685		59.00
60.00	06000	LABORATORY	35,460,871	-2,742,928	32,717,943		60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0		60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0		60.02
60.03	03957	LABORATORY-HLA	0	0	0		60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,861,609	0	10,861,609		63.00
65.00	06500	RESPIRATORY THERAPY	11,428,282	0	11,428,282		65.00
66.00	06600	PHYSICAL THERAPY	3,404,695	0	3,404,695		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,406,358	0	1,406,358		67.00
68.00	06800	SPEECH PATHOLOGY	611,042	0	611,042		68.00
69.00	06900	ELECTROCARDIOLOGY	5,004,291	0	5,004,291		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,549,993	0	2,549,993		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,196,431	0	61,196,431		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,935,870	0	44,935,870		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,297,045	0	108,297,045		73.00
74.00	07400	RENAL DIALYSIS	6,354,022	-707,327	5,646,695		74.00
76.00	03560	PULMONARY LABS	1,028,018	0	1,028,018		76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0		76.01
76.03	03951	HYPERALIMENTATION	0	0	0		76.03
76.04	03650	PERIPHERAL VASCULAR	1,480,635	0	1,480,635		76.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0		76.05
76.07	03340	GASTROINTESTINAL SERVICE	6,126,188	0	6,126,188		76.07
76.09	03953	BONE MARROW PROCUREMENT	2,262,064	0	2,262,064		76.09
76.10	03954	BARIATRICS	1,037,428	0	1,037,428		76.10
76.11	03955	HEPATOLOGY	870,951	0	870,951		76.11
76.97	07697	CARDIAC REHABILITATION	310,949	0	310,949		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	561,032	0	561,032		90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0		90.01
90.02	09002	CANCER CENTER	23,267,967	-920,246	22,347,721		90.02
90.03	09003	PSYCH SOCIAL REHAB	965,183	0	965,183		90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0		90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0		90.06
90.07	09006	LOC OUTPATIENT CENTER	58,879,489	-10,579,866	48,299,623		90.07
90.08	09007	OBT OUTPATIENT CENTER	13,462,345	-1,230,953	12,231,392		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	2,433,645	0	2,433,645		90.09
90.10	09009	LAGRANGE FAMILY PCC	4,115,909	0	4,115,909		90.10
90.12	09010	NORTH RIVERSIDE PCC	2,715,164	0	2,715,164		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0		90.13
90.14	09012	WHEATON PCC	2,456,766	0	2,456,766		90.14
90.15	09013	OBT II PCC	3,227,584	-225,609	3,001,975		90.15
90.16	09014	HICKORY HILLS PCC	5,968,601	0	5,968,601		90.16
90.18	09015	DARIEN PCC	1,913,495	0	1,913,495		90.18
90.20	09016	ORLAND PARK - FP	2,801,060	0	2,801,060		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	5,546,367	0	5,546,367		90.21
90.22	09018	HOMER GLEN PCC	7,494,951	0	7,494,951		90.22
90.23	09019	OAK PARK PCC	2,053,133	0	2,053,133		90.23
90.24	09020	PARK RIDGE PCC	1,750,468	0	1,750,468		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	4,515,976	0	4,515,976		90.25
90.26	09022	WOODRIDGE PCC	75,147	0	75,147		90.26
90.27	09023	NEUROLOGY - NILES	0	0	0		90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	3,589,061	0	3,589,061		90.28
90.29	09025	BURR RIDGE PCC	26,895,271	0	26,895,271		90.29
90.30	09026	RIVER FOREST	3,749,504	0	3,749,504		90.30
90.31	09027	NORRIDGE	842,121	0	842,121		90.31
90.32	09028	ELMWOOD PARK	1,561,396	0	1,561,396		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	754,512	0	754,512		90.33
90.34	09034	CHICAGO AND BELMONT	393,085	0	393,085		90.34
91.00	09100	EMERGENCY	20,258,391	-3,540,475	16,717,916		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,738,229	0	4,738,229		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	346,166	0	346,166		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	729,171	0	729,171		97.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	10,016,141	0	10,016,141		105.00
106.00	10600	HEART ACQUISITION	2,921,226	0	2,921,226		106.00
107.00	10700	LIVER ACQUISITION	4,578,825	0	4,578,825		107.00
108.00	10800	LUNG ACQUISITION	3,851,530	0	3,851,530		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0		112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	837,837,033	-63,751,137	774,085,896		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	711,379	0	711,379		190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0		190.01
190.02	19002	HOME INFUSION THERAPY	2,931,219	0	2,931,219		190.02
190.03	19003	OP HOSPITAL PHARMACY	23,193,249	0	23,193,249		190.03
190.04	19004	HOSPITALIST	0	0	0		190.04
190.05	19005	STUDENT HEALTH	1,279	0	1,279		190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	162,252	0	162,252		190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	277,995,192	0	277,995,192		192.01
193.00	19300	NONPAID WORKERS	179,473	0	179,473		193.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	1,143,011,076	-63,751,137	1,079,259,939		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,366	6,483	0	14,849	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,806,186	1,399,580	2,191,778	5,397,544	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	5,946,614	4,607,915	1,037,906	11,592,435	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	47,562	36,855	2,389	86,806	8.00
9.00	00900	HOUSEKEEPING	0	227,726	176,461	12,354	416,541	9.00
10.00	01000	DIETARY	0	120,392	93,289	54,190	267,871	10.00
11.00	01100	CAFETERIA	0	125,549	97,286	0	222,835	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	0	10,410	8,067	0	18,477	12.01
13.00	01300	NURSING ADMINISTRATION	0	33,413	25,891	16,213	75,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	123,516	95,710	706,846	926,072	14.00
15.00	01500	PHARMACY	0	145,057	112,402	536,783	794,242	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	234,652	181,827	85,147	501,626	16.00
17.00	01700	SOCIAL SERVICE	0	22,070	17,102	3,545	42,717	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	58,120	45,036	841	103,997	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	0	23,214	17,988	7,570	48,772	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	2,902	2,249	1,746	6,897	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	1,991	1,543	0	3,534	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,572,964	1,218,861	541,934	3,333,759	30.00
31.00	03100	INTENSIVE CARE UNIT	0	294,742	228,390	489,890	1,013,022	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	116,685	90,417	79,027	286,129	33.00
35.00	02060	NEONATAL INTENSIVE CARE	0	114,938	89,063	357,558	561,559	35.00
35.01	02080	PEDIATRIC ICU	0	34,747	26,925	178,160	239,832	35.01
35.03	02400	HEART TRANSPLANT ICU	0	87,022	67,431	831,334	985,787	35.03
35.04	02401	BONE INTENSIVE CARE	0	103,066	79,864	114,627	297,557	35.04
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	637,205	493,758	2,788,378	3,919,341	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	248,854	192,832	314,528	756,214	50.01
51.00	05100	RECOVERY ROOM	0	214,763	166,416	140,762	521,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,087	54,309	346,141	470,537	52.00
53.00	05300	ANESTHESIOLOGY	0	7,805	6,048	378,516	392,369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	355,595	275,544	969,271	1,600,410	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	9,796	7,591	231,101	248,488	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	66,275	51,355	777,786	895,416	56.00
57.00	05700	CT SCAN	0	59,349	45,988	877,434	982,771	57.00
58.00	05800	MRI	0	81,832	63,410	1,214,587	1,359,829	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	363,559	281,715	1,144,079	1,789,353	59.00
60.00	06000	LABORATORY	0	315,372	244,376	337,807	897,555	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	35,298	27,352	120,457	183,107	63.00
65.00	06500	RESPIRATORY THERAPY	0	53,153	41,188	219,139	313,480	65.00
66.00	06600	PHYSICAL THERAPY	0	68,329	52,947	2,891	124,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,718	13,729	0	31,447	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,837	6,073	2,750	16,660	68.00
69.00	06900	ELECTROCARDIOLOGY	0	80,339	62,253	227,975	370,567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	48,875	37,872	188,632	275,379	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	118,952	92,173	27,708	238,833	74.00
76.00	03560	PULMONARY LABS	0	34,440	26,687	72,109	133,236	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
76.04	03650	PERIPHERAL VASCULAR	0	13,905	10,775	24,485	49,165	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	135,886	105,295	807,940	1,049,121	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	111,316	86,257	29,350	226,923	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	21,424	16,601	663	38,688	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	761,759	590,273	119,434	1,471,466	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	59,624	46,202	0	105,826	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	1,525,201	1,181,850	3,084,838	5,791,889	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	334,456	259,164	190,250	783,870	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	80,879	62,672	19,635	163,186	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	126,905	98,336	50,502	275,743	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	4,980	4,980	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	96,616	74,866	12,864	184,346	90.14
90.15	09013	OBT II PCC	0	101,710	78,814	71,630	252,154	90.15
90.16	09014	HICKORY HILLS PCC	0	195,213	151,267	11,859	358,339	90.16
90.18	09015	DARIEN PCC	0	60,122	46,587	40,992	147,701	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	14,195	14,195	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	38,549	29,871	6,591	75,011	90.21
90.22	09018	HOMER GLEN PCC	0	134,689	104,368	128,061	367,118	90.22
90.23	09019	OAK PARK PCC	0	56,034	43,420	17,458	116,912	90.23
90.24	09020	PARK RIDGE PCC	0	47,413	36,740	18,100	102,253	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	21,463	21,463	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	1,282	1,282	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	27,990	27,990	90.28
90.29	09025	BURR RIDGE PCC	0	829,315	642,621	780,895	2,252,831	90.29
90.30	09026	RIVER FOREST	0	92,348	71,559	3,329	167,236	90.30
90.31	09027	NORRIDGE	0	54,954	42,583	459	97,996	90.31
90.32	09028	ELMWOOD PARK	0	67,101	51,995	0	119,096	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	65,385	50,666	4,193	120,244	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	208,991	161,944	128,980	499,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	11,988	9,290	151,182	172,460	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,354	4,924	0	11,278	105.00
106.00	10600	HEART ACQUISITION	0	995	771	1,819	3,585	106.00
107.00	10700	LIVER ACQUISITION	0	2,372	1,838	0	4,210	107.00
108.00	10800	LUNG ACQUISITION	0	995	771	0	1,766	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	19,399,836	15,032,571	23,407,308	57,839,715	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,525	6,606	0	15,131	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	14,495	14,495	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	1,070	1,070	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	2,192	1,699	0	3,891	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
192.01	19202	FACULTY CLINICAL OPERATIONS	0	1,839,991	1,425,775	329,262	3,595,028	192.01
193.00	19300	NONPAID WORKERS	0	8,102	6,278	0	14,380	193.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	21,258,646	16,472,929	23,752,135	61,483,710	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,849					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,083	5,399,627				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	80,980	80,980			6.00
7.00	00700	OPERATION OF PLANT	281	181,698	24,768	11,799,182		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,244	198	41,577	151,825	8.00
9.00	00900	HOUSEKEEPING	141	65,663	948	199,073	0	9.00
10.00	01000	DIETARY	54	12,641	501	105,244	0	10.00
11.00	01100	CAFETERIA	47	30,657	523	109,752	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	27	8,096	43	9,101	0	12.01
13.00	01300	NURSING ADMINISTRATION	80	24,482	139	29,209	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	41	30,731	514	107,975	0	14.00
15.00	01500	PHARMACY	226	129,704	604	126,805	7,576	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	220	71,408	977	205,127	77	16.00
17.00	01700	SOCIAL SERVICE	98	29,089	92	19,293	1	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,046	293,471	242	50,807	4,249	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	14	3,938	97	20,293	111	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	2	693	12	2,537	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	16	4,642	8	1,740	738	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,146	289,822	6,551	1,375,048	1,182	30.00
31.00	03100	INTENSIVE CARE UNIT	332	100,611	1,228	257,657	4,358	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	96	29,917	486	102,004	4,119	33.00
35.00	02060	NEONATAL INTENSIVE CARE	154	45,077	479	100,476	44	35.00
35.01	02080	PEDIATRIC ICU	54	16,322	145	30,375	0	35.01
35.03	02400	HEART TRANSPLANT ICU	65	24,212	362	76,072	0	35.03
35.04	02401	BONE INTENSIVE CARE	79	24,350	429	90,098	0	35.04
43.00	04300	NURSERY	18	5,440	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	328	167,049	2,654	557,029	16,255	50.00
50.01	05001	AMBULATORY SURGERY CENTER	72	27,812	1,036	217,542	1,634	50.01
51.00	05100	RECOVERY ROOM	67	22,394	894	187,741	7,845	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58	19,379	292	61,269	17	52.00
53.00	05300	ANESTHESIOLOGY	15	9,330	33	6,823	139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	141	51,789	1,481	310,852	147	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	27	8,784	41	8,564	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	35	35,050	276	57,936	0	56.00
57.00	05700	CT SCAN	73	35,306	247	51,881	0	57.00
58.00	05800	MRI	46	20,856	341	71,536	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	165	60,859	1,514	317,814	4,270	59.00
60.00	06000	LABORATORY	224	132,937	1,313	275,691	237	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32	47,475	147	30,857	0	63.00
65.00	06500	RESPIRATORY THERAPY	155	48,182	221	46,465	2,696	65.00
66.00	06600	PHYSICAL THERAPY	46	12,064	285	59,732	8,121	66.00
67.00	06700	OCCUPATIONAL THERAPY	20	5,589	74	15,488	0	67.00
68.00	06800	SPEECH PATHOLOGY	9	2,535	33	6,851	0	68.00
69.00	06900	ELECTROCARDIOLOGY	60	19,629	335	70,230	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28	10,282	204	42,725	502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	279,784	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	203,908	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	372,727	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	77	23,382	495	103,985	38	74.00
76.00	03560	PULMONARY LABS	11	3,793	143	30,107	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	19	5,894	58	12,156	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	62	24,238	566	118,788	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.00	6.00	7.00	8.00	
76.09	03953	BONE MARROW PROCUREMENT	5	10,549	0	0	0	76.09
76.10	03954	BARIATRICS	12	4,797	0	0	21	76.10
76.11	03955	HEPATOLOGY	0	1,358	464	97,310	0	76.11
76.97	07697	CARDIAC REHABILITATION	5	1,387	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6	2,053	89	18,729	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	159	81,530	3,173	665,911	724	90.02
90.03	09003	PSYCH SOCIAL REHAB	8	2,990	248	52,122	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	582	184,852	6,352	1,333,295	1,482	90.07
90.08	09007	OBT OUTPATIENT CENTER	162	48,442	1,393	292,374	572	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	24	9,260	337	70,703	20	90.09
90.10	09009	LAGRANGE FAMILY PCC	56	15,814	529	110,937	64	90.10
90.12	09010	NORTH RIVERSIDE PCC	78	12,329	0	0	842	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	33	9,061	402	84,460	28	90.14
90.15	09013	OBT II PCC	32	11,282	424	88,913	133	90.15
90.16	09014	HICKORY HILLS PCC	97	22,771	813	170,651	738	90.16
90.18	09015	DARIEN PCC	20	7,300	250	52,557	0	90.18
90.20	09016	ORLAND PARK - FP	85	12,668	0	0	636	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	85	24,626	161	33,699	407	90.21
90.22	09018	HOMER GLEN PCC	108	31,269	561	117,742	192	90.22
90.23	09019	OAK PARK PCC	75	8,081	233	48,984	0	90.23
90.24	09020	PARK RIDGE PCC	19	6,977	197	41,448	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	64	20,844	0	0	1,255	90.25
90.26	09022	WOODRIDGE PCC	1	351	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	19	15,837	0	0	20	90.28
90.29	09025	BURR RIDGE PCC	278	102,656	3,454	724,967	161	90.29
90.30	09026	RIVER FOREST	73	14,967	385	80,729	74	90.30
90.31	09027	NORRIDGE	4	2,563	229	48,039	101	90.31
90.32	09028	ELMWOOD PARK	13	5,585	279	58,658	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	3	1,915	272	57,158	0	90.33
90.34	09034	CHICAGO AND BELMONT	5	1,819	0	0	0	90.34
91.00	09100	EMERGENCY	389	61,543	870	182,695	6,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	74	20,587	50	10,480	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,635	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	12	3,270	0	0	271	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	96	45,884	26	5,555	1,096	105.00
106.00	10600	HEART ACQUISITION	19	13,195	4	870	190	106.00
107.00	10700	LIVER ACQUISITION	19	21,054	10	2,074	0	107.00
108.00	10800	LUNG ACQUISITION	15	16,812	4	870	4,861	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,825	4,037,828	73,238	10,174,255	84,962	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	1,767	36	7,453	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	21	13,592	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	13	96,063	0	0	139	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	6	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	2	681	9	1,916	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	3,981	1,249,052	7,663	1,608,476	66,724	192.01
193.00	19300	NONPAID WORKERS	2	638	34	7,082	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,849	5,399,627	80,980	11,799,182	151,825	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	PATIENT TRANSPORTATION	
			9.00	10.00	11.00	12.00	12.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	682,366					9.00
10.00	01000	DIETARY	6,213	392,524				10.00
11.00	01100	CAFETERIA	6,479	225,967	596,260			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	537	0	4,532	0	40,813	12.01
13.00	01300	NURSING ADMINISTRATION	1,724	0	3,522	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,374	0	4,648	0	0	14.00
15.00	01500	PHARMACY	7,486	0	12,334	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,110	0	14,506	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,139	0	5,936	0	0	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,999	0	61,011	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	1,198	0	999	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	150	0	174	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	103	0	1,362	0	0	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,177	98,586	75,165	0	12,293	30.00
31.00	03100	INTENSIVE CARE UNIT	15,211	21,684	19,264	0	2,480	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,022	1,884	6,013	0	84	33.00
35.00	02060	NEONATAL INTENSIVE CARE	5,932	0	8,270	0	48	35.00
35.01	02080	PEDIATRIC ICU	1,793	2,336	2,958	0	150	35.01
35.03	02400	HEART TRANSPLANT ICU	4,491	3,191	3,796	0	321	35.03
35.04	02401	BONE INTENSIVE CARE	5,319	3,137	5,503	0	155	35.04
43.00	04300	NURSERY	0	0	1,225	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,885	0	22,348	0	6	50.00
50.01	05001	AMBULATORY SURGERY CENTER	12,843	0	5,073	0	4	50.01
51.00	05100	RECOVERY ROOM	11,083	0	4,047	0	3	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,617	0	3,418	0	32	52.00
53.00	05300	ANESTHESIOLOGY	403	0	1,672	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,351	0	8,935	0	7,074	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	506	0	1,460	0	452	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,420	0	1,728	0	202	56.00
57.00	05700	CT SCAN	3,063	0	4,105	0	4,083	57.00
58.00	05800	MRI	4,223	0	2,261	0	1,352	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,762	0	7,277	0	308	59.00
60.00	06000	LABORATORY	16,276	0	17,308	0	544	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,822	0	2,112	0	42	63.00
65.00	06500	RESPIRATORY THERAPY	2,743	0	10,627	0	564	65.00
66.00	06600	PHYSICAL THERAPY	3,526	0	2,940	0	719	66.00
67.00	06700	OCCUPATIONAL THERAPY	914	0	1,336	0	746	67.00
68.00	06800	SPEECH PATHOLOGY	404	0	517	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,146	0	4,693	0	1,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,522	0	2,173	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,139	0	5,903	0	1,689	74.00
76.00	03560	PULMONARY LABS	1,777	0	622	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	718	0	999	0	1,285	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	7,013	0	4,374	0	1,284	76.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	PATIENT TRANSPORTATION	
			9.00	10.00	11.00	12.00	12.01	
76.09	03953	BONE MARROW PROCUREMENT	0	0	237	0	0	76.09
76.10	03954	BARIATRICS	0	0	1,192	0	0	76.10
76.11	03955	HEPATOLOGY	5,745	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	273	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,106	0	444	0	5	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	39,313	159	11,414	0	490	90.02
90.03	09003	PSYCH SOCIAL REHAB	3,077	0	894	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	78,712	1,165	43,058	0	1	90.07
90.08	09007	OBT OUTPATIENT CENTER	17,260	0	9,263	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	4,174	0	2,121	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	6,549	0	4,031	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	3,392	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	4,986	0	1,538	0	0	90.14
90.15	09013	OBT II PCC	5,249	0	2,656	0	0	90.15
90.16	09014	HICKORY HILLS PCC	10,074	0	5,089	0	0	90.16
90.18	09015	DARIEN PCC	3,103	0	1,825	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	3,575	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	1,989	0	6,209	0	0	90.21
90.22	09018	HOMER GLEN PCC	6,951	0	5,850	0	0	90.22
90.23	09019	OAK PARK PCC	2,892	0	2,173	0	0	90.23
90.24	09020	PARK RIDGE PCC	2,447	0	1,069	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	3,254	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	52	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	1,276	0	0	90.28
90.29	09025	BURR RIDGE PCC	42,799	0	17,343	0	0	90.29
90.30	09026	RIVER FOREST	4,766	0	3,800	0	0	90.30
90.31	09027	NORRIDGE	2,836	0	487	0	0	90.31
90.32	09028	ELMWOOD PARK	3,463	0	1,267	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	3,374	0	297	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	525	0	0	90.34
91.00	09100	EMERGENCY	10,786	1,149	14,918	0	2,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	619	0	5,500	0	548	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	668	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	328	0	6,268	0	0	105.00
106.00	10600	HEART ACQUISITION	51	0	1,114	0	4	106.00
107.00	10700	LIVER ACQUISITION	122	0	925	0	0	107.00
108.00	10800	LUNG ACQUISITION	51	0	801	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	586,435	359,258	511,944	0	40,813	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	440	33,266	811	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	1,203	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	875	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	113	0	131	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	94,960	0	81,169	0	0	192.01
193.00	19300	NONPAID WORKERS	418	0	127	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	682,366	392,524	596,260	0	40,813	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION	134,673					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,076,355				14.00
15.00	01500	PHARMACY	14	55,824	1,134,815			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	788	909	0	807,748		16.00
17.00	01700	SOCIAL SERVICE	0	37	0	0	98,402	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	172	621	39	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	75	48	0	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	4	5	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	5	0	0	0	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	40,735	6,069	0	124,125	68,033	30.00
31.00	03100	INTENSIVE CARE UNIT	11,388	4,143	0	41,684	14,964	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,466	1,948	0	13,648	1,300	33.00
35.00	02060	NEONATAL INTENSIVE CARE	4,743	364	0	17,403	6,085	35.00
35.01	02080	PEDIATRIC ICU	1,761	379	0	5,872	1,612	35.01
35.03	02400	HEART TRANSPLANT ICU	2,212	632	0	7,308	2,202	35.03
35.04	02401	BONE INTENSIVE CARE	3,132	527	0	12,947	2,165	35.04
43.00	04300	NURSERY	642	333	0	2,269	2,041	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,723	44,371	0	43,327	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	2,054	3,989	0	41	0	50.01
51.00	05100	RECOVERY ROOM	2,268	1,032	0	15,697	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,830	685	0	6,861	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,396	0	41,556	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	611	1,233	0	22,889	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	42	63	0	3,576	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	71	16,921	0	2,352	0	56.00
57.00	05700	CT SCAN	239	393	0	33,400	0	57.00
58.00	05800	MRI	123	220	0	9,906	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,716	5,118	0	20,511	0	59.00
60.00	06000	LABORATORY	0	38,038	0	115,450	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	246	31,422	0	18,114	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,195	0	31,677	0	65.00
66.00	06600	PHYSICAL THERAPY	52	342	0	6,704	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,727	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	16	0	1,235	0	68.00
69.00	06900	ELECTROCARDIOLOGY	478	100	0	13,785	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	81	0	3,251	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	233,877	0	19,619	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	170,486	0	30,603	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	311,594	998,143	69,621	0	73.00
74.00	07400	RENAL DIALYSIS	1,317	255	0	4,693	0	74.00
76.00	03560	PULMONARY LABS	163	130	0	1,349	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	21	0	4,230	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	1,725	971	0	3,671	0	76.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.09	03953	BONE MARROW PROCUREMENT	8	0	0	1,226	0	76.09
76.10	03954	BARIATRICS	80	12	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	171	0	0	305	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	160	104	0	3	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	2,973	24,184	23,117	133	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	141	81	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	8,032	1,227	0	1,802	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	1,566	96	0	36	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	399	99	0	2	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	979	79	0	4	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	622	87	0	4	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	162	54	43	2	0	90.14
90.15	09013	OBT II PCC	878	87	0	5	0	90.15
90.16	09014	HICKORY HILLS PCC	553	114	0	6	0	90.16
90.18	09015	DARIEN PCC	628	22	0	2	0	90.18
90.20	09016	ORLAND PARK - FP	1,071	109	0	2	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	577	60	0	4	0	90.21
90.22	09018	HOMER GLEN PCC	1,303	884	639	12	0	90.22
90.23	09019	OAK PARK PCC	383	49	0	2	0	90.23
90.24	09020	PARK RIDGE PCC	194	128	0	6	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	229	447	0	1	0	90.25
90.26	09022	WOODRIDGE PCC	4	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	391	5,468	6,423	2	0	90.28
90.29	09025	BURR RIDGE PCC	2,521	11,917	14,296	137	0	90.29
90.30	09026	RIVER FOREST	896	124	0	16	0	90.30
90.31	09027	NORRIDGE	18	3	0	0	0	90.31
90.32	09028	ELMWOOD PARK	200	25	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	50	3	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	6,028	2,942	0	29,743	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,205	514	0	3,752	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	327	4	0	219	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5	0	0	6,710	0	105.00
106.00	10600	HEART ACQUISITION	8	0	0	2,393	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	4,655	0	107.00
108.00	10800	LUNG ACQUISITION	11	0	0	3,463	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	125,563	987,716	1,042,700	807,748	98,402	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	77	4,879	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	74,961	91,390	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	3	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	46	0	106	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	8,987	8,793	619	0	0	192.01
193.00	19300	NONPAID WORKERS	0	3	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	134,673	1,076,355	1,134,815	807,748	98,402	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			17.01	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			518,654		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU	0					23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0					23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0					23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0					23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
35.00	02060	NEONATAL INTENSIVE CARE	0					35.00
35.01	02080	PEDIATRIC ICU	0					35.01
35.03	02400	HEART TRANSPLANT ICU	0					35.03
35.04	02401	BONE INTENSIVE CARE	0					35.04
43.00	04300	NURSERY	0					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
50.01	05001	AMBULATORY SURGERY CENTER	0					50.01
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MRI	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0					60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0					60.02
60.03	03957	LABORATORY-HLA	0					60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03560	PULMONARY LABS	0					76.00
76.01	03950	OCCUPATIONAL HEALTH	0					76.01
76.03	03951	HYPERALIMENTATION	0					76.03
76.04	03650	PERIPHERAL VASCULAR	0					76.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
			17.01	19.00	20.00	21.00	22.00	
76.05	03952	PEDIATRIC ENDO NUTRITION	0					76.05
76.07	03340	GASTROINTESTINAL SERVICE	0					76.07
76.09	03953	BONE MARROW PROCUREMENT	0					76.09
76.10	03954	BARIATRICS	0					76.10
76.11	03955	HEPATOLOGY	0					76.11
76.97	07697	CARDIAC REHABILITATION	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
76.99	07699	LITHOTRIPSY	0					76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
90.01	09001	CARDIAC REHABILITATION	0					90.01
90.02	09002	CANCER CENTER	0					90.02
90.03	09003	PSYCH SOCIAL REHAB	0					90.03
90.04	09004	WELLNESS ASSESSMENT	0					90.04
90.06	09005	HEART FAILURE CLINIC	0					90.06
90.07	09006	LOC OUTPATIENT CENTER	0					90.07
90.08	09007	OBT OUTPATIENT CENTER	0					90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0					90.09
90.10	09009	LAGRANGE FAMILY PCC	0					90.10
90.12	09010	NORTH RIVERSIDE PCC	0					90.12
90.13	09011	GLENDALE HEIGHTS PCC	0					90.13
90.14	09012	WHEATON PCC	0					90.14
90.15	09013	OBT II PCC	0					90.15
90.16	09014	HICKORY HILLS PCC	0					90.16
90.18	09015	DARIEN PCC	0					90.18
90.20	09016	ORLAND PARK - FP	0					90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0					90.21
90.22	09018	HOMER GLEN PCC	0					90.22
90.23	09019	OAK PARK PCC	0					90.23
90.24	09020	PARK RIDGE PCC	0					90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0					90.25
90.26	09022	WOODRIDGE PCC	0					90.26
90.27	09023	NEUROLOGY - NILES	0					90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0					90.28
90.29	09025	BURR RIDGE PCC	0					90.29
90.30	09026	RIVER FOREST	0					90.30
90.31	09027	NORRIDGE	0					90.31
90.32	09028	ELMWOOD PARK	0					90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0					90.33
90.34	09034	CHICAGO AND BELMONT	0					90.34
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0					92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0					97.00
99.10	09910	CORF	0					99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0					99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0					99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0					99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0					112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001	HINES RADIATION THERAPY	0					190.01
190.02	19002	HOME INFUSION THERAPY	0					190.02
190.03	19003	OP HOSPITAL PHARMACY	0					190.03
190.04	19004	HOSPITALIST	0					190.04
190.05	19005	STUDENT HEALTH	0					190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0					190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0					192.01
193.00	19300	NONPAID WORKERS	0					193.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	
		17.01	19.00	20.00	21.00	22.00	
200.00	Cross Foot Adjustments	0	0	0	518,654	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	518,654	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU		75,545				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				10,474		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					12,148	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
35.00	02060	NEONATAL INTENSIVE CARE						35.00
35.01	02080	PEDIATRIC ICU						35.01
35.03	02400	HEART TRANSPLANT ICU						35.03
35.04	02401	BONE INTENSIVE CARE						35.04
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	05001	AMBULATORY SURGERY CENTER						50.01
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	03630	RADIOLOGY-ULTRASOUND						54.01
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY						60.01
60.02	03956	LABORATORY-NEUROSURGICAL						60.02
60.03	03957	LABORATORY-HLA						60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03560	PULMONARY LABS						76.00
76.01	03950	OCCUPATIONAL HEALTH						76.01
76.03	03951	HYPERALIMENTATION						76.03
76.04	03650	PERIPHERAL VASCULAR						76.04
76.05	03952	PEDIATRIC ENDO NUTRITION						76.05
76.07	03340	GASTROINTESTINAL SERVICE						76.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
76.09	03953	BONE MARROW PROCUREMENT						76.09
76.10	03954	BARIATRICS						76.10
76.11	03955	HEPATOLOGY						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						
90.00	09000	CLINIC						90.00
90.01	09001	CARDIAC REHABILITATION						90.01
90.02	09002	CANCER CENTER						90.02
90.03	09003	PSYCH SOCIAL REHAB						90.03
90.04	09004	WELLNESS ASSESSMENT						90.04
90.06	09005	HEART FAILURE CLINIC						90.06
90.07	09006	LOC OUTPATIENT CENTER						90.07
90.08	09007	OBT OUTPATIENT CENTER						90.08
90.09	09008	ELMHURST IMMEDIATE CARE						90.09
90.10	09009	LAGRANGE FAMILY PCC						90.10
90.12	09010	NORTH RIVERSIDE PCC						90.12
90.13	09011	GLENDALE HEIGHTS PCC						90.13
90.14	09012	WHEATON PCC						90.14
90.15	09013	OBT II PCC						90.15
90.16	09014	HICKORY HILLS PCC						90.16
90.18	09015	DARIEN PCC						90.18
90.20	09016	ORLAND PARK - FP						90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC						90.21
90.22	09018	HOMER GLEN PCC						90.22
90.23	09019	OAK PARK PCC						90.23
90.24	09020	PARK RIDGE PCC						90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB						90.25
90.26	09022	WOODRIDGE PCC						90.26
90.27	09023	NEUROLOGY - NILES						90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER						90.28
90.29	09025	BURR RIDGE PCC						90.29
90.30	09026	RIVER FOREST						90.30
90.31	09027	NORRIDGE						90.31
90.32	09028	ELMWOOD PARK						90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC						90.33
90.34	09034	CHICAGO AND BELMONT						90.34
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT						92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
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
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	HINES RADIATION THERAPY						190.01
190.02	19002	HOME INFUSION THERAPY						190.02
190.03	19003	OP HOSPITAL PHARMACY						190.03
190.04	19004	HOSPITALIST						190.04
190.05	19005	STUDENT HEALTH						190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE						190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19202	FACULTY CLINICAL OPERATIONS						192.01
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	75,545	0	10,474	12,148	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	75,545	0	10,474	12,148	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
12.01	01201	PATIENT TRANSPORTATION					12.01
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	HOSPITAL MEDICAL ADMIN					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMEDICAL ED-MICU					23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK					23.02
23.03	02303	CLINICAL PASTORAL EDUCATION					23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					23.04
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,513,691	0	5,513,691		30.00
31.00	03100	INTENSIVE CARE UNIT	1,508,026	0	1,508,026		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	457,116	0	457,116		33.00
35.00	02060	NEONATAL INTENSIVE CARE	750,634	0	750,634		35.00
35.01	02080	PEDIATRIC ICU	303,589	0	303,589		35.01
35.03	02400	HEART TRANSPLANT ICU	1,110,651	0	1,110,651		35.03
35.04	02401	BONE INTENSIVE CARE	445,398	0	445,398		35.04
43.00	04300	NURSERY	11,968	0	11,968		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4,813,316	0	4,813,316		50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,028,314	0	1,028,314		50.01
51.00	05100	RECOVERY ROOM	775,012	0	775,012		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	567,995	0	567,995		52.00
53.00	05300	ANESTHESIOLOGY	454,736	0	454,736		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,023,913	0	2,023,913		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	272,003	0	272,003		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	1,013,407	0	1,013,407		56.00
57.00	05700	CT SCAN	1,115,561	0	1,115,561		57.00
58.00	05800	MRI	1,470,693	0	1,470,693		58.00
59.00	05900	CARDIAC CATHETERIZATION	2,228,667	0	2,228,667		59.00
60.00	06000	LABORATORY	1,495,573	0	1,495,573		60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0		60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0		60.02
60.03	03957	LABORATORY-HLA	0	0	0		60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	315,376	0	315,376		63.00
65.00	06500	RESPIRATORY THERAPY	460,005	0	460,005		65.00
66.00	06600	PHYSICAL THERAPY	218,698	0	218,698		66.00
67.00	06700	OCCUPATIONAL THERAPY	59,341	0	59,341		67.00
68.00	06800	SPEECH PATHOLOGY	28,260	0	28,260		68.00
69.00	06900	ELECTROCARDIOLOGY	485,215	0	485,215		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,147	0	337,147		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	533,280	0	533,280		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	404,997	0	404,997		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,752,085	0	1,752,085		73.00
74.00	07400	RENAL DIALYSIS	386,806	0	386,806		74.00
76.00	03560	PULMONARY LABS	171,331	0	171,331		76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0		76.01
76.03	03951	HYPERALIMENTATION	0	0	0		76.03
76.04	03650	PERIPHERAL VASCULAR	74,545	0	74,545		76.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0		76.05
76.07	03340	GASTROINTESTINAL SERVICE	1,211,813	0	1,211,813		76.07
76.09	03953	BONE MARROW PROCUREMENT	12,025	0	12,025		76.09
76.10	03954	BARIATRICS	6,114	0	6,114		76.10
76.11	03955	HEPATOLOGY	331,800	0	331,800		76.11
76.97	07697	CARDIAC REHABILITATION	2,141	0	2,141		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	61,387	0	61,387		90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0		90.01
90.02	09002	CANCER CENTER	2,324,746	0	2,324,746		90.02
90.03	09003	PSYCH SOCIAL REHAB	165,387	0	165,387		90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0		90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0		90.06
90.07	09006	LOC OUTPATIENT CENTER	7,452,449	0	7,452,449		90.07
90.08	09007	OBT OUTPATIENT CENTER	1,155,034	0	1,155,034		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	250,325	0	250,325		90.09
90.10	09009	LAGRANGE FAMILY PCC	414,785	0	414,785		90.10
90.12	09010	NORTH RIVERSIDE PCC	22,334	0	22,334		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0		90.13
90.14	09012	WHEATON PCC	285,115	0	285,115		90.14
90.15	09013	OBT II PCC	361,813	0	361,813		90.15
90.16	09014	HICKORY HILLS PCC	569,245	0	569,245		90.16
90.18	09015	DARIEN PCC	213,408	0	213,408		90.18
90.20	09016	ORLAND PARK - FP	32,341	0	32,341		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	142,828	0	142,828		90.21
90.22	09018	HOMER GLEN PCC	532,629	0	532,629		90.22
90.23	09019	OAK PARK PCC	179,784	0	179,784		90.23
90.24	09020	PARK RIDGE PCC	154,738	0	154,738		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	47,557	0	47,557		90.25
90.26	09022	WOODRIDGE PCC	1,690	0	1,690		90.26
90.27	09023	NEUROLOGY - NILES	0	0	0		90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	57,426	0	57,426		90.28
90.29	09025	BURR RIDGE PCC	3,173,360	0	3,173,360		90.29
90.30	09026	RIVER FOREST	273,066	0	273,066		90.30
90.31	09027	NORRIDGE	152,276	0	152,276		90.31
90.32	09028	ELMWOOD PARK	188,586	0	188,586		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	183,316	0	183,316		90.33
90.34	09034	CHICAGO AND BELMONT	2,349	0	2,349		90.34
91.00	09100	EMERGENCY	820,349	0	820,349		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	217,789	0	217,789		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1,635	0	1,635		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	4,771	0	4,771		97.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	77,246	0	77,246		105.00
106.00	10600	HEART ACQUISITION	21,433	0	21,433		106.00
107.00	10700	LIVER ACQUISITION	33,069	0	33,069		107.00
108.00	10800	LUNG ACQUISITION	28,654	0	28,654		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0		112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,754,162	0	53,754,162		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	58,909	0	58,909		190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0		190.01
190.02	19002	HOME INFUSION THERAPY	34,267	0	34,267		190.02
190.03	19003	OP HOSPITAL PHARMACY	264,511	0	264,511		190.03
190.04	19004	HOSPITALIST	0	0	0		190.04
190.05	19005	STUDENT HEALTH	9	0	9		190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	6,895	0	6,895		190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	6,725,452	0	6,725,452		192.01
193.00	19300	NONPAID WORKERS	22,684	0	22,684		193.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
200.00	Cross Foot Adjustments	616,821	0	616,821		200.00
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	61,483,710	0	61,483,710		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAPITAL-BLDG INTEREST (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			1.00	1.01	2.00	4.00	5A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,007,346					1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	0	2,007,346				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			15,509,653			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	790	790	0	576,332,100		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	170,549	170,549	1,431,186	80,119,632	-239,880,996	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	561,508	561,508	677,731	10,795,630	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,491	4,491	1,560	0	0	8.00
9.00	00900	HOUSEKEEPING	21,503	21,503	8,067	5,427,946	0	9.00
10.00	01000	DIETARY	11,368	11,368	35,385	2,080,108	0	10.00
11.00	01100	CAFETERIA	11,855	11,855	0	1,814,284	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	983	983	0	1,031,613	0	12.01
13.00	01300	NURSING ADMINISTRATION	3,155	3,155	10,587	3,075,212	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,663	11,663	461,556	1,566,115	0	14.00
15.00	01500	PHARMACY	13,697	13,697	350,508	8,684,241	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,157	22,157	55,599	8,463,805	0	16.00
17.00	01700	SOCIAL SERVICE	2,084	2,084	2,315	3,756,528	0	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,488	5,488	549	40,215,626	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	2,192	2,192	4,943	541,484	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	274	274	1,140	89,128	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	188	188	0	630,558	0	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	148,527	148,527	353,872	44,085,994	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,831	27,831	319,888	12,768,373	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	11,018	11,018	51,603	3,678,361	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE	10,853	10,853	233,478	5,908,521	0	35.00
35.01	02080	PEDIATRIC ICU	3,281	3,281	116,335	2,060,412	0	35.01
35.03	02400	HEART TRANSPLANT ICU	8,217	8,217	542,844	2,500,045	0	35.03
35.04	02401	BONE INTENSIVE CARE	9,732	9,732	74,849	3,045,103	0	35.04
43.00	04300	NURSERY	0	0	0	710,812	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	60,168	60,168	1,820,753	12,627,588	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	23,498	23,498	205,380	2,757,845	0	50.01
51.00	05100	RECOVERY ROOM	20,279	20,279	91,915	2,567,289	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,618	6,618	226,023	2,237,229	0	52.00
53.00	05300	ANESTHESIOLOGY	737	737	247,163	575,106	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,577	33,577	632,914	5,432,739	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	925	925	150,904	1,029,864	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,258	6,258	507,878	1,345,368	0	56.00
57.00	05700	CT SCAN	5,604	5,604	572,946	2,807,287	0	57.00
58.00	05800	MRI	7,727	7,727	793,100	1,766,528	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,329	34,329	747,060	6,358,571	0	59.00
60.00	06000	LABORATORY	29,779	29,779	220,581	8,599,975	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,333	3,333	78,656	1,248,129	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,019	5,019	143,093	5,957,054	0	65.00
66.00	06600	PHYSICAL THERAPY	6,452	6,452	1,888	1,774,101	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,673	1,673	0	770,633	0	67.00
68.00	06800	SPEECH PATHOLOGY	740	740	1,796	340,259	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,586	7,586	148,863	2,309,785	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,615	4,615	123,173	1,088,197	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,232	11,232	18,093	2,971,981	0	74.00
76.00	03560	PULMONARY LABS	3,252	3,252	47,086	404,106	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAPITAL-BLDG INTEREST (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			1.00	1.01	2.00	4.00	5A	
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	1,313	1,313	15,988	718,702	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	12,831	12,831	527,568	2,400,495	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	193,008	0	76.09
76.10	03954	BARIATRICS	0	0	0	473,809	0	76.10
76.11	03955	HEPATOLOGY	10,511	10,511	19,165	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	197,934	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,023	2,023	433	242,264	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	71,929	71,929	77,988	6,103,007	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	5,630	5,630	0	319,674	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	144,017	144,017	2,014,333	22,385,857	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	31,581	31,581	124,229	6,234,321	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	7,637	7,637	12,821	923,784	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	11,983	11,983	32,977	2,137,586	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	3,252	3,001,906	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	9,123	9,123	8,400	1,258,277	0	90.14
90.15	09013	OBT II PCC	9,604	9,604	46,773	1,248,049	0	90.15
90.16	09014	HICKORY HILLS PCC	18,433	18,433	7,744	3,748,861	0	90.16
90.18	09015	DARIEN PCC	5,677	5,677	26,767	760,845	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	9,269	3,273,516	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,640	3,640	4,304	3,261,133	0	90.21
90.22	09018	HOMER GLEN PCC	12,718	12,718	83,621	4,158,083	0	90.22
90.23	09019	OAK PARK PCC	5,291	5,291	11,400	2,868,293	0	90.23
90.24	09020	PARK RIDGE PCC	4,477	4,477	11,819	746,210	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	14,015	2,464,695	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	837	22,034	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	18,277	727,846	0	90.28
90.29	09025	BURR RIDGE PCC	78,308	78,308	509,908	10,700,259	0	90.29
90.30	09026	RIVER FOREST	8,720	8,720	2,174	2,807,979	0	90.30
90.31	09027	NORRIDGE	5,189	5,189	300	157,435	0	90.31
90.32	09028	ELMWOOD PARK	6,336	6,336	0	503,606	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	6,174	6,174	2,738	124,716	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	174,383	0	90.34
91.00	09100	EMERGENCY	19,734	19,734	84,221	14,964,439	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	1,132	1,132	98,719	2,834,442	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	461,530	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	600	600	0	3,698,788	0	105.00
106.00	10600	HEART ACQUISITION	94	94	1,188	741,875	0	106.00
107.00	10700	LIVER ACQUISITION	224	224	0	748,448	0	107.00
108.00	10800	LUNG ACQUISITION	94	94	0	574,709	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,831,828	1,831,828	15,284,488	416,381,963	-239,880,996	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	805	805	0	183,947	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	9,465	816,987	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	699	502,542	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	NEW CAPITAL-BLDG INTEREST (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			1.00	1.01	2.00	4.00	5A	
190.06	19006	DISCONTINUED HHA AND HOSPICE	207	207	0	77,984	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	173,741	173,741	215,001	158,303,072	0	192.01
193.00	19300	NONPAID WORKERS	765	765	0	65,605	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	21,258,646	16,472,929	23,752,135	98,843,320		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.590424	8.206323	1.531442	0.171504		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				14,849		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000026		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY COST)	HOUSEKEEPING (SQUARE FEET)	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	903,130,080					5.00
6.00	00600	MAINTENANCE & REPAIRS	13,544,118	1,836,007				6.00
7.00	00700	OPERATION OF PLANT	30,389,339	561,508	1,274,499			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,887,622	4,491	4,491	184,001		8.00
9.00	00900	HOUSEKEEPING	10,982,216	21,503	21,503	0	1,248,505	9.00
10.00	01000	DIETARY	2,114,167	11,368	11,368	0	11,368	10.00
11.00	01100	CAFETERIA	5,127,434	11,855	11,855	0	11,855	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,354,046	983	983	0	983	12.01
13.00	01300	NURSING ADMINISTRATION	4,094,664	3,155	3,155	0	3,155	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,139,870	11,663	11,663	0	11,663	14.00
15.00	01500	PHARMACY	21,693,307	13,697	13,697	9,182	13,697	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,943,168	22,157	22,157	93	22,157	16.00
17.00	01700	SOCIAL SERVICE	4,865,248	2,084	2,084	1	2,084	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	49,083,679	5,488	5,488	5,150	5,488	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	658,658	2,192	2,192	135	2,192	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	115,925	274	274	0	274	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	776,389	188	188	895	188	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	48,473,356	148,527	148,527	1,433	148,527	30.00
31.00	03100	INTENSIVE CARE UNIT	16,827,319	27,831	27,831	5,281	27,831	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,003,729	11,018	11,018	4,992	11,018	33.00
35.00	02060	NEONATAL INTENSIVE CARE	7,539,270	10,853	10,853	53	10,853	35.00
35.01	02080	PEDIATRIC ICU	2,729,814	3,281	3,281	0	3,281	35.01
35.03	02400	HEART TRANSPLANT ICU	4,049,428	8,217	8,217	0	8,217	35.03
35.04	02401	BONE INTENSIVE CARE	4,072,594	9,732	9,732	0	9,732	35.04
43.00	04300	NURSERY	909,812	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,939,343	60,168	60,168	19,700	60,168	50.00
50.01	05001	AMBULATORY SURGERY CENTER	4,651,638	23,498	23,498	1,980	23,498	50.01
51.00	05100	RECOVERY ROOM	3,745,361	20,279	20,279	9,508	20,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,241,164	6,618	6,618	21	6,618	52.00
53.00	05300	ANESTHESIOLOGY	1,560,508	737	737	169	737	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,661,818	33,577	33,577	178	33,577	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,469,150	925	925	0	925	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,862,187	6,258	6,258	0	6,258	56.00
57.00	05700	CT SCAN	5,905,062	5,604	5,604	0	5,604	57.00
58.00	05800	MRI	3,488,154	7,727	7,727	0	7,727	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,178,839	34,329	34,329	5,175	34,329	59.00
60.00	06000	LABORATORY	22,233,994	29,779	29,779	287	29,779	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,940,278	3,333	3,333	0	3,333	63.00
65.00	06500	RESPIRATORY THERAPY	8,058,613	5,019	5,019	3,267	5,019	65.00
66.00	06600	PHYSICAL THERAPY	2,017,686	6,452	6,452	9,842	6,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	934,697	1,673	1,673	0	1,673	67.00
68.00	06800	SPEECH PATHOLOGY	423,977	740	740	0	740	68.00
69.00	06900	ELECTROCARDIOLOGY	3,282,907	7,586	7,586	0	7,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,719,715	4,615	4,615	608	4,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,794,366	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,103,963	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,339,398	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,910,653	11,232	11,232	46	11,232	74.00
76.00	03560	PULMONARY LABS	634,382	3,252	3,252	0	3,252	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	985,745	1,313	1,313	0	1,313	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY COST)	HOUSEKEEPING (SQUARE FEET)	
			5.00	6.00	7.00	8.00	9.00	
76.07	03340	GASTROINTESTINAL SERVICE	4,053,774	12,831	12,831	0	12,831	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,764,308	0	0	0	0	76.09
76.10	03954	BARIATRICS	802,270	0	0	25	0	76.10
76.11	03955	HEPATOLOGY	227,140	10,511	10,511	0	10,511	76.11
76.97	07697	CARDIAC REHABILITATION	232,035	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	343,355	2,023	2,023	0	2,023	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	13,636,000	71,929	71,929	878	71,929	90.02
90.03	09003	PSYCH SOCIAL REHAB	500,051	5,630	5,630	0	5,630	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	30,916,908	144,017	144,017	1,796	144,017	90.07
90.08	09007	OBT OUTPATIENT CENTER	8,102,094	31,581	31,581	693	31,581	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,548,731	7,637	7,637	24	7,637	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,644,889	11,983	11,983	78	11,983	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,061,967	0	0	1,021	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,515,489	9,123	9,123	34	9,123	90.14
90.15	09013	OBT II PCC	1,886,893	9,604	9,604	161	9,604	90.15
90.16	09014	HICKORY HILLS PCC	3,808,546	18,433	18,433	894	18,433	90.16
90.18	09015	DARIEN PCC	1,220,953	5,677	5,677	0	5,677	90.18
90.20	09016	ORLAND PARK - FP	2,118,801	0	0	771	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	4,118,700	3,640	3,640	493	3,640	90.21
90.22	09018	HOMER GLEN PCC	5,229,722	12,718	12,718	233	12,718	90.22
90.23	09019	OAK PARK PCC	1,351,645	5,291	5,291	0	5,291	90.23
90.24	09020	PARK RIDGE PCC	1,166,980	4,477	4,477	0	4,477	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	3,486,123	0	0	1,521	0	90.25
90.26	09022	WOODRIDGE PCC	58,638	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	2,648,724	0	0	24	0	90.28
90.29	09025	BURR RIDGE PCC	17,169,429	78,308	78,308	195	78,308	90.29
90.30	09026	RIVER FOREST	2,503,240	8,720	8,720	90	8,720	90.30
90.31	09027	NORRIDGE	428,647	5,189	5,189	123	5,189	90.31
90.32	09028	ELMWOOD PARK	934,142	6,336	6,336	0	6,336	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	320,219	6,174	6,174	0	6,174	90.33
90.34	09034	CHICAGO AND BELMONT	304,290	0	0	0	0	90.34
91.00	09100	EMERGENCY	10,293,218	19,734	19,734	8,142	19,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,443,263	1,132	1,132	0	1,132	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	273,517	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	546,922	0	0	329	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,674,176	600	600	1,328	600	105.00
106.00	10600	HEART ACQUISITION	2,206,865	94	94	230	94	106.00
107.00	10700	LIVER ACQUISITION	3,521,282	224	224	0	224	107.00
108.00	10800	LUNG ACQUISITION	2,811,849	94	94	5,891	94	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	675,334,565	1,660,489	1,098,981	102,970	1,072,987	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	295,612	805	805	0	805	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,273,293	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	16,066,668	0	0	169	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	994	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	113,930	207	207	0	207	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	208,938,301	173,741	173,741	80,862	173,741	192.01
193.00	19300	NONPAID WORKERS	106,717	765	765	0	765	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY COST)	HOUSEKEEPING (SQUARE FEET)	
		5.00	6.00	7.00	8.00	9.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	239,880,996	17,141,585	43,703,507	5,116,147	14,837,326	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.265611	9.336340	34.290735	27.804996	11.884074	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,399,627	80,980	11,799,182	151,825	682,366	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005979	0.044107	9.257898	0.825131	0.546546	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	NURSING ADMINISTRATION (RN FTES)	
			10.00	11.00	12.00	12.01	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,593,369					10.00
11.00	01100	CAFETERIA	917,264	9,319,739				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	447,604			12.00
12.01	01201	PATIENT TRANSPORTATION	0	70,844	3,406	196,235		12.01
13.00	01300	NURSING ADMINISTRATION	0	55,054	2,686	0	3,369,687	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	72,654	3,493	0	0	14.00
15.00	01500	PHARMACY	0	192,780	9,588	0	338	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	226,738	10,909	0	19,729	16.00
17.00	01700	SOCIAL SERVICE	0	92,783	4,738	0	0	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	953,632	45,848	0	4,296	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	0	15,610	750	0	1,868	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	2,727	100	0	103	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	21,287	845	0	11	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	400,189	1,174,858	56,484	59,102	1,019,221	30.00
31.00	03100	INTENSIVE CARE UNIT	88,022	301,101	14,476	11,924	284,933	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,647	93,979	4,518	404	86,715	33.00
35.00	02060	NEONATAL INTENSIVE CARE	0	129,268	6,215	229	118,677	35.00
35.01	02080	PEDIATRIC ICU	9,481	46,240	2,223	723	44,072	35.01
35.03	02400	HEART TRANSPLANT ICU	12,953	59,340	2,853	1,543	55,336	35.03
35.04	02401	BONE INTENSIVE CARE	12,736	86,010	4,135	743	78,370	35.04
43.00	04300	NURSERY	0	19,148	921	0	16,053	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	349,303	16,862	29	193,241	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	79,296	3,812	18	51,390	50.01
51.00	05100	RECOVERY ROOM	0	63,256	3,041	16	56,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	53,422	2,568	156	45,784	52.00
53.00	05300	ANESTHESIOLOGY	0	26,129	1,256	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	139,665	6,715	34,013	15,287	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	22,824	1,097	2,172	1,050	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	27,015	1,299	969	1,789	56.00
57.00	05700	CT SCAN	0	64,164	3,085	19,630	5,980	57.00
58.00	05800	MRI	0	35,342	1,699	6,502	3,072	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	113,741	5,468	1,481	67,953	59.00
60.00	06000	LABORATORY	0	270,531	13,006	2,618	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	33,015	1,587	202	6,151	63.00
65.00	06500	RESPIRATORY THERAPY	0	166,111	7,986	2,713	0	65.00
66.00	06600	PHYSICAL THERAPY	0	45,956	2,209	3,455	1,309	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,875	1,004	3,588	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,084	389	0	12	68.00
69.00	06900	ELECTROCARDIOLOGY	0	73,348	3,526	5,729	11,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,959	1,633	0	12	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	92,272	4,436	8,121	32,948	74.00
76.00	03560	PULMONARY LABS	0	9,725	468	0	4,079	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	15,618	751	6,180	0	76.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	NURSING ADMINISTRATION (RN FTES)	
			10.00	11.00	12.00	12.01	13.00	
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	68,375	3,287	6,173	43,161	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	3,700	178	0	200	76.09
76.10	03954	BARIATRICS	0	18,626	895	0	1,992	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	4,269	205	0	4,269	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	6,939	334	26	4,008	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	645	178,411	8,577	2,358	74,399	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	13,978	672	0	3,530	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	4,731	673,011	32,752	4	200,975	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	144,788	6,974	0	39,187	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	33,150	1,594	0	9,995	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	63,009	3,029	0	24,497	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	53,014	2,549	0	15,555	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	24,041	1,156	0	4,063	90.14
90.15	09013	OBT II PCC	0	41,514	1,996	0	21,978	90.15
90.16	09014	HICKORY HILLS PCC	0	79,537	3,824	0	13,845	90.16
90.18	09015	DARIEN PCC	0	28,525	1,371	0	15,702	90.18
90.20	09016	ORLAND PARK - FP	0	55,871	2,686	0	26,788	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	97,055	4,666	0	14,437	90.21
90.22	09018	HOMER GLEN PCC	0	91,433	4,396	0	32,605	90.22
90.23	09019	OAK PARK PCC	0	33,962	1,633	0	9,595	90.23
90.24	09020	PARK RIDGE PCC	0	16,713	804	0	4,853	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	50,862	2,445	0	5,724	90.25
90.26	09022	WOODRIDGE PCC	0	806	39	0	94	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	19,946	959	0	9,786	90.28
90.29	09025	BURR RIDGE PCC	0	271,078	13,033	0	63,076	90.29
90.30	09026	RIVER FOREST	0	59,394	2,855	0	22,409	90.30
90.31	09027	NORRIDGE	0	7,617	366	0	456	90.31
90.32	09028	ELMWOOD PARK	0	19,799	952	0	4,994	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	4,638	223	0	1,239	90.33
90.34	09034	CHICAGO AND BELMONT	0	8,209	395	0	0	90.34
91.00	09100	EMERGENCY	4,665	233,181	11,211	12,758	150,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	85,962	4,133	2,637	80,189	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	10,448	502	0	8,185	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	97,968	881	0	132	105.00
106.00	10600	HEART ACQUISITION	0	17,406	488	19	205	106.00
107.00	10700	LIVER ACQUISITION	0	14,463	763	0	12	107.00
108.00	10800	LUNG ACQUISITION	0	12,524	510	0	284	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,458,333	8,001,926	381,418	196,235	3,141,735	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,036	12,682	610	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	18,807	904	0	1,935	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	13,680	658	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	2,049	99	0	1,160	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	1,268,611	63,820	0	224,857	192.01
193.00	19300	NONPAID WORKERS	0	1,984	95	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	NURSING ADMINISTRATION (RN FTES)	
			10.00	11.00	12.00	12.01	13.00	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,306,764	9,051,047	0	1,837,066	5,410,856	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.075328	0.971170	0.000000	9.361561	1.605744	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	392,524	596,260	0	40,813	134,673	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.246348	0.063978	0.000000	0.207980	0.039966	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	HOSPITAL MEDICAL ADMIN (MED ADMIN COMPENSATI)	
			14.00	15.00	16.00	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	215,323,259					14.00
15.00	01500	PHARMACY	11,167,084	68,590,824				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	181,936	0	1,451,988,432			16.00
17.00	01700	SOCIAL SERVICE	7,336	0	0	127,266		17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	124,319	2,383	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	9,680	0	0	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	1,011	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	1,065	0	0	0	0	23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,214,111	0	222,446,643	87,989	0	30.00
31.00	03100	INTENSIVE CARE UNIT	828,674	0	74,971,476	19,353	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	389,598	0	24,545,877	1,681	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE	72,868	0	31,299,598	7,870	0	35.00
35.01	02080	PEDIATRIC ICU	75,882	0	10,560,475	2,085	0	35.01
35.03	02400	HEART TRANSPLANT ICU	126,417	0	13,144,443	2,848	0	35.03
35.04	02401	BONE INTENSIVE CARE	105,356	0	23,285,949	2,800	0	35.04
43.00	04300	NURSERY	66,649	0	4,081,724	2,640	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,876,049	0	77,926,887	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	797,993	0	74,498	0	0	50.01
51.00	05100	RECOVERY ROOM	206,345	0	28,231,243	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,078	0	12,340,650	0	0	52.00
53.00	05300	ANESTHESIOLOGY	479,200	0	74,741,220	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	246,706	0	41,167,041	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	12,577	0	6,432,022	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,384,841	0	4,230,845	0	0	56.00
57.00	05700	CT SCAN	78,562	0	60,071,083	0	0	57.00
58.00	05800	MRI	43,968	0	17,816,079	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,023,831	0	36,890,481	0	0	59.00
60.00	06000	LABORATORY	7,609,211	0	207,643,340	0	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,285,639	0	32,578,808	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	639,102	0	56,973,425	0	0	65.00
66.00	06600	PHYSICAL THERAPY	68,398	0	12,057,640	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	61	0	6,702,857	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,126	0	2,220,775	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,099	0	24,793,437	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,234	0	5,846,814	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,784,745	0	35,286,619	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,103,965	0	55,040,744	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,339,398	60,330,212	125,217,563	0	0	73.00
74.00	07400	RENAL DIALYSIS	51,056	0	8,440,007	0	0	74.00
76.00	03560	PULMONARY LABS	26,015	0	2,426,074	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	4,150	0	7,608,355	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	HOSPITAL MEDICAL ADMIN (MED ADMIN COMPENSATI)	
			14.00	15.00	16.00	17.00	17.01	
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	194,200	0	6,602,237	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	42	0	2,205,196	0	0	76.09
76.10	03954	BARIATRICS	2,409	0	206	0	0	76.10
76.11	03955	HEPATOLOGY	47	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	549,292	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	20,855	0	5,432	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	4,837,790	1,397,196	239,129	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	16,172	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	245,481	0	3,240,981	0	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	19,105	0	65,324	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	19,826	0	3,472	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	15,894	0	7,685	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	17,420	0	7,028	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	10,789	2,597	3,574	0	0	90.14
90.15	09013	OBT II PCC	17,438	0	9,001	0	0	90.15
90.16	09014	HICKORY HILLS PCC	22,879	0	10,945	0	0	90.16
90.18	09015	DARIEN PCC	4,319	0	3,895	0	0	90.18
90.20	09016	ORLAND PARK - FP	21,887	0	3,056	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	12,061	0	7,221	0	0	90.21
90.22	09018	HOMER GLEN PCC	176,858	38,619	22,229	0	0	90.22
90.23	09019	OAK PARK PCC	9,815	0	4,090	0	0	90.23
90.24	09020	PARK RIDGE PCC	25,628	0	10,224	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	89,431	0	1,967	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	1,093,910	388,191	4,056	0	0	90.28
90.29	09025	BURR RIDGE PCC	2,383,937	864,042	246,161	0	0	90.29
90.30	09026	RIVER FOREST	24,804	0	27,961	0	0	90.30
90.31	09027	NORRIDGE	666	0	297	0	0	90.31
90.32	09028	ELMWOOD PARK	5,026	0	210	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	555	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	588,596	0	53,495,433	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	102,750	0	6,748,091	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	894	0	394,606	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	12,068,861	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	4,304,799	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	8,372,226	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	6,228,855	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	197,591,819	63,023,240	1,451,988,432	127,266	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	59	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	976,066	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	14,995,103	5,523,743	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	618	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	6,419	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	1,759,033	37,422	0	0	0	192.01
193.00	19300	NONPAID WORKERS	561	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	HOSPITAL MEDICAL ADMIN (MED ADMIN COMPENSATI)	
			14.00	15.00	16.00	17.00	17.01	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,223,062	29,033,294	16,605,935	6,363,578	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.033545	0.423282	0.011437	50.002184	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,076,355	1,134,815	807,748	98,402	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004999	0.016545	0.000556	0.773199	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			32,090			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				32,090		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.01	02301	PARAMEDICAL ED-MICU						23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK						23.02
23.03	02303	CLINICAL PASTORAL EDUCATION						23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM						23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	7,494	7,494	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,891	1,891	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	691	691	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE	0	0	197	197	0	35.00
35.01	02080	PEDIATRIC ICU	0	0	327	327	0	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	319	319	0	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	319	319	0	35.04
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4,019	4,019	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	792	792	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	329	329	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,214	3,214	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	870	870	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	290	290	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	623	623	0	56.00
57.00	05700	CT SCAN	0	0	290	290	0	57.00
58.00	05800	MRI	0	0	469	469	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	1,386	1,386	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	234	234	0	74.00
76.00	03560	PULMONARY LABS	0	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	0	465	465	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	5,346	5,346	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	622	622	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	114	114	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	1,789	1,789	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	32,090	32,090	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	63,506,902	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,979.024681	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	518,654	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	16.162481	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	PARAMEDICAL ED-MICU (TIME SPENT)	PARAMEDICAL ED-SOCIAL WORK (TIME SPENT)	CLINICAL PASTORAL EDUCATION (TIME SPENT)	PHARMACY RESIDENCY PROGRAM (PROGRAM FTES)		
			23.01	23.02	23.03	23.04		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMEDICAL ED-MICU	43,680					23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK		0				23.02
23.03	02303	CLINICAL PASTORAL EDUCATION			5,840			23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM				8,320		23.04
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	3,320	1,080		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	240	680		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	320	320		33.00
35.00	02060	NEONATAL INTENSIVE CARE	0	0	0	160		35.00
35.01	02080	PEDIATRIC ICU	0	0	0	680		35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	160		35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0	0		35.04
43.00	04300	NURSERY	0	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	540	0		50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0		60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0		60.02
60.03	03957	LABORATORY-HLA	0	0	0	0		60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,720		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03560	PULMONARY LABS	0	0	0	0		76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0		76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0		76.03
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0		76.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	PARAMEDICAL ED-MICU (TIME SPENT)	PARAMEDICAL ED-SOCIAL WORK (TIME SPENT)	CLINICAL PASTORAL EDUCATION (TIME SPENT)	PHARMACY RESIDENCY PROGRAM (PROGRAM FTES)		
			23.01	23.02	23.03	23.04		
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0		76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	280	0		76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0		76.09
76.10	03954	BARIATRICS	0	0	0	0		76.10
76.11	03955	HEPATOLOGY	0	0	0	0		76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0		90.01
90.02	09002	CANCER CENTER	0	0	0	0		90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0		90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0		90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0		90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	760		90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	0		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0		90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0		90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0		90.13
90.14	09012	WHEATON PCC	0	0	0	0		90.14
90.15	09013	OBT II PCC	0	0	0	0		90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0		90.16
90.18	09015	DARIEN PCC	0	0	0	0		90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0		90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0		90.22
90.23	09019	OAK PARK PCC	0	0	0	0		90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0		90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0		90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0		90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0		90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0		90.29
90.30	09026	RIVER FOREST	0	0	0	0		90.30
90.31	09027	NORRIDGE	0	0	0	0		90.31
90.32	09028	ELMWOOD PARK	0	0	0	0		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0		90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0		90.34
91.00	09100	EMERGENCY	43,680	0	1,140	1,040		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.10	09910	CORF	0	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	400		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	320		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0		112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,680	0	5,840	8,320		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0		190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	0		190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0		190.03
190.04	19004	HOSPITALIST	0	0	0	0		190.04
190.05	19005	STUDENT HEALTH	0	0	0	0		190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0		190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0		192.01
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/30/2017 8:07 am

		Cost Center Description	PARAMEDICAL ED-MICU (TIME SPENT)	PARAMEDICAL ED-SOCIAL WORK (TIME SPENT)	CLINICAL PASTORAL EDUCATION (TIME SPENT)	PHARMACY RESIDENCY PROGRAM (PROGRAM FTES)		
			23.01	23.02	23.03	23.04		
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	977,524	0	164,773	1,038,654		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.379212	0.000000	28.214555	124.838221		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	75,545	0	10,474	12,148		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.729510	0.000000	1.793493	1.460096		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet B-2 | Date/Time Prepared: 11/30/2017 8:07 am

		Description	Worksheet Part	Worksheet Line No.	Amount	
		1.00	2.00	3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	-244,235	5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,007,108		81,007,108	0	81,007,108	30.00
31.00	03100	INTENSIVE CARE UNIT	25,977,460		25,977,460	0	25,977,460	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,760,194		7,760,194	0	7,760,194	33.00
35.00	02060	NEONATAL INTENSIVE CARE	11,237,878		11,237,878	0	11,237,878	35.00
35.01	02080	PEDIATRIC ICU	4,091,605		4,091,605	0	4,091,605	35.01
35.03	02400	HEART TRANSPLANT ICU	6,085,901		6,085,901	0	6,085,901	35.03
35.04	02401	BONE INTENSIVE CARE	6,347,174		6,347,174	0	6,347,174	35.04
43.00	04300	NURSERY	1,376,766		1,376,766	0	1,376,766	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,102,126		41,102,126	0	41,102,126	50.00
50.01	05001	AMBULATORY SURGERY CENTER	7,433,938		7,433,938	0	7,433,938	50.01
51.00	05100	RECOVERY ROOM	6,612,762		6,612,762	0	6,612,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,742,607		4,742,607	0	4,742,607	52.00
53.00	05300	ANESTHESIOLOGY	2,916,873		2,916,873	0	2,916,873	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,789,042		13,789,042	0	13,789,042	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,028,890		2,028,890	0	2,028,890	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,966,749		7,966,749	0	7,966,749	56.00
57.00	05700	CT SCAN	8,729,946		8,729,946	0	8,729,946	57.00
58.00	05800	MRI	5,148,943		5,148,943	0	5,148,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,621,685		15,621,685	0	15,621,685	59.00
60.00	06000	LABORATORY	32,717,943		32,717,943	0	32,717,943	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0		0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0		0	0	0	60.02
60.03	03957	LABORATORY-HLA	0		0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,861,609		10,861,609	0	10,861,609	63.00
65.00	06500	RESPIRATORY THERAPY	11,428,282	0	11,428,282	0	11,428,282	65.00
66.00	06600	PHYSICAL THERAPY	3,404,695	0	3,404,695	0	3,404,695	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,406,358	0	1,406,358	0	1,406,358	67.00
68.00	06800	SPEECH PATHOLOGY	611,042	0	611,042	0	611,042	68.00
69.00	06900	ELECTROCARDIOLOGY	5,004,291		5,004,291	0	5,004,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,549,993		2,549,993	0	2,549,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,196,431		61,196,431	0	61,196,431	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,935,870		44,935,870	0	44,935,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,297,045		108,297,045	0	108,297,045	73.00
74.00	07400	RENAL DIALYSIS	5,646,695		5,646,695	0	5,646,695	74.00
76.00	03560	PULMONARY LABS	1,028,018		1,028,018	0	1,028,018	76.00
76.01	03950	OCCUPATIONAL HEALTH	0		0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0		0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	1,480,635		1,480,635	0	1,480,635	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	6,126,188		6,126,188	0	6,126,188	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,262,064		2,262,064	0	2,262,064	76.09
76.10	03954	BARIATRICS	1,037,428		1,037,428	0	1,037,428	76.10
76.11	03955	HEPATOLOGY	870,951		870,951	0	870,951	76.11
76.97	07697	CARDIAC REHABILITATION	310,949		310,949	0	310,949	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	561,032		561,032	0	561,032	90.00
90.01	09001	CARDIAC REHABILITATION	0		0	0	0	90.01
90.02	09002	CANCER CENTER	22,347,721		22,347,721	0	22,347,721	90.02
90.03	09003	PSYCH SOCIAL REHAB	965,183		965,183	0	965,183	90.03
90.04	09004	WELLNESS ASSESSMENT	0		0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0		0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	48,299,623		48,299,623	0	48,299,623	90.07
90.08	09007	OBT OUTPATIENT CENTER	12,231,392		12,231,392	0	12,231,392	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	2,433,645		2,433,645	0	2,433,645	90.09
90.10	09009	LAGRANGE FAMILY PCC	4,115,909		4,115,909	0	4,115,909	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,715,164		2,715,164	0	2,715,164	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0		0	0	0	90.13
90.14	09012	WHEATON PCC	2,456,766		2,456,766	0	2,456,766	90.14
90.15	09013	OBT II PCC	3,001,975		3,001,975	0	3,001,975	90.15
90.16	09014	HICKORY HILLS PCC	5,968,601		5,968,601	0	5,968,601	90.16
90.18	09015	DARIEN PCC	1,913,495		1,913,495	0	1,913,495	90.18
90.20	09016	ORLAND PARK - FP	2,801,060		2,801,060	0	2,801,060	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	5,546,367		5,546,367	0	5,546,367	90.21
90.22	09018	HOMER GLEN PCC	7,494,951		7,494,951	0	7,494,951	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.23	09019	OAK PARK PCC	2,053,133		2,053,133	0	2,053,133	90.23
90.24	09020	PARK RIDGE PCC	1,750,468		1,750,468	0	1,750,468	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	4,515,976		4,515,976	0	4,515,976	90.25
90.26	09022	WOODRIDGE PCC	75,147		75,147	0	75,147	90.26
90.27	09023	NEUROLOGY - NILES	0		0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	3,589,061		3,589,061	0	3,589,061	90.28
90.29	09025	BURR RIDGE PCC	26,895,271		26,895,271	0	26,895,271	90.29
90.30	09026	RIVER FOREST	3,749,504		3,749,504	0	3,749,504	90.30
90.31	09027	NORRIDGE	842,121		842,121	0	842,121	90.31
90.32	09028	ELMWOOD PARK	1,561,396		1,561,396	0	1,561,396	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	754,512		754,512	0	754,512	90.33
90.34	09034	CHICAGO AND BELMONT	393,085		393,085	0	393,085	90.34
91.00	09100	EMERGENCY	16,717,916		16,717,916	0	16,717,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,556,338		7,556,338		7,556,338	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,738,229		4,738,229	0	4,738,229	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	346,166		346,166	0	346,166	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	729,171		729,171	0	729,171	97.00
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	10,016,141		10,016,141		10,016,141	105.00
106.00	10600	HEART ACQUISITION	2,921,226		2,921,226		2,921,226	106.00
107.00	10700	LIVER ACQUISITION	4,578,825		4,578,825		4,578,825	107.00
108.00	10800	LUNG ACQUISITION	3,851,530		3,851,530		3,851,530	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
200.00		Subtotal (see instructions)	781,642,234	0	781,642,234	0	781,642,234	200.00
201.00		Less Observation Beds	7,556,338		7,556,338		7,556,338	201.00
202.00		Total (see instructions)	774,085,896	0	774,085,896	0	774,085,896	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	222,446,643		222,446,643			30.00
31.00	03100	INTENSIVE CARE UNIT	74,971,476		74,971,476			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	24,545,877		24,545,877			33.00
35.00	02060	NEONATAL INTENSIVE CARE	31,299,598		31,299,598			35.00
35.01	02080	PEDIATRIC ICU	10,560,475		10,560,475			35.01
35.03	02400	HEART TRANSPLANT ICU	13,144,443		13,144,443			35.03
35.04	02401	BONE INTENSIVE CARE	23,285,949		23,285,949			35.04
43.00	04300	NURSERY	4,081,724		4,081,724			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	77,926,887	26,604,896	104,531,783	0.393202	0.000000	50.00
50.01	05001	AMBULATORY SURGERY CENTER	74,498	50,039,843	50,114,341	0.148340	0.000000	50.01
51.00	05100	RECOVERY ROOM	28,231,243	25,062,927	53,294,170	0.124080	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,340,650	1,315,455	13,656,105	0.347288	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	74,741,220	31,601,440	106,342,660	0.027429	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,167,041	53,984,076	95,151,117	0.144917	0.000000	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	6,432,022	19,746,380	26,178,402	0.077502	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,230,845	38,010,807	42,241,652	0.188599	0.000000	56.00
57.00	05700	CT SCAN	60,071,083	87,386,100	147,457,183	0.059203	0.000000	57.00
58.00	05800	MRI	17,816,079	56,336,374	74,152,453	0.069437	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,890,481	79,571,883	116,462,364	0.134135	0.000000	59.00
60.00	06000	LABORATORY	207,643,340	273,867,348	481,510,688	0.067949	0.000000	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0.000000	0.000000	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0.000000	0.000000	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0.000000	0.000000	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,578,808	9,401,262	41,980,070	0.258733	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	56,973,425	1,089,953	58,063,378	0.196824	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,057,640	1,227,923	13,285,563	0.256270	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,702,857	360,746	7,063,603	0.199099	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,220,775	31,120	2,251,895	0.271346	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	24,793,437	28,847,003	53,640,440	0.093293	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,846,814	3,369,432	9,216,246	0.276685	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,286,619	27,281,271	62,567,890	0.978080	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,040,744	33,715,639	88,756,383	0.506283	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,217,563	188,522,797	313,740,360	0.345180	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,440,007	28,583,374	37,023,381	0.152517	0.000000	74.00
76.00	03560	PULMONARY LABS	2,426,074	2,612,900	5,038,974	0.204013	0.000000	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0.000000	0.000000	76.03
76.04	03650	PERIPHERAL VASCULAR	7,608,355	8,276,892	15,885,247	0.093208	0.000000	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000	76.05
76.07	03340	GASTROINTESTINAL SERVICE	6,602,237	36,743,647	43,345,884	0.141333	0.000000	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,205,196	626,270	2,831,466	0.798902	0.000000	76.09
76.10	03954	BARIATRICS	206	456,978	457,184	2.269170	0.000000	76.10
76.11	03955	HEPATOLOGY	0	8,715	8,715	99.937005	0.000000	76.11
76.97	07697	CARDIAC REHABILITATION	549,292	0	549,292	0.566091	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,432	1,114,367	1,119,799	0.501011	0.000000	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	90.01
90.02	09002	CANCER CENTER	239,129	26,048,474	26,287,603	0.850124	0.000000	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	3,527	3,527	273.655515	0.000000	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0.000000	0.000000	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0.000000	0.000000	90.06
90.07	09006	LOC OUTPATIENT CENTER	3,240,981	152,780,600	156,021,581	0.309570	0.000000	90.07
90.08	09007	OBT OUTPATIENT CENTER	65,324	30,475,461	30,540,785	0.400494	0.000000	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	3,472	3,124,388	3,127,860	0.778054	0.000000	90.09
90.10	09009	LAGRANGE FAMILY PCC	7,685	8,518,099	8,525,784	0.482760	0.000000	90.10
90.12	09010	NORTH RIVERSIDE PCC	7,028	4,217,107	4,224,135	0.642774	0.000000	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000	90.13
90.14	09012	WHEATON PCC	3,574	1,240,630	1,244,204	1.974568	0.000000	90.14
90.15	09013	OBT II PCC	9,001	3,745,934	3,754,935	0.799475	0.000000	90.15
90.16	09014	HICKORY HILLS PCC	10,945	13,521,569	13,532,514	0.441056	0.000000	90.16
90.18	09015	DARIEN PCC	3,895	1,334,717	1,338,612	1.429462	0.000000	90.18
90.20	09016	ORLAND PARK - FP	3,056	4,294,023	4,297,079	0.651852	0.000000	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	7,221	20,822,177	20,829,398	0.266276	0.000000	90.21
90.22	09018	HOMER GLEN PCC	22,229	16,898,697	16,920,926	0.442940	0.000000	90.22
90.23	09019	OAK PARK PCC	4,090	1,623,605	1,627,695	1.261375	0.000000	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
90.24	09020	PARK RIDGE PCC	10,224	4,779,244	4,789,468	0.365483	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,967	2,244,713	2,246,680	2.010066	0.000000	90.25
90.26	09022	WOODRIDGE PCC	0	19,872	19,872	3.781552	0.000000	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0.000000	0.000000	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	4,056	4,691,168	4,695,224	0.764407	0.000000	90.28
90.29	09025	BURR RIDGE PCC	246,161	93,646,414	93,892,575	0.286447	0.000000	90.29
90.30	09026	RIVER FOREST	27,961	11,022,675	11,050,636	0.339302	0.000000	90.30
90.31	09027	NORRIDGE	297	1,000,447	1,000,744	0.841495	0.000000	90.31
90.32	09028	ELMWOOD PARK	210	1,133,029	1,133,239	1.377817	0.000000	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	307,134	307,134	2.456622	0.000000	90.33
90.34	09034	CHICAGO AND BELMONT	0	383,312	383,312	1.025496	0.000000	90.34
91.00	09100	EMERGENCY	53,495,433	68,147,127	121,642,560	0.137435	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,344,157	10,561,725	14,905,882	0.506937	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	6,748,091	10,219,375	16,967,466	0.279254	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	394,606	3,197,920	3,592,526	0.202969	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,068,861	1,699,838	13,768,699			105.00
106.00	10600	HEART ACQUISITION	4,304,799	294,129	4,598,928			106.00
107.00	10700	LIVER ACQUISITION	8,372,226	756,333	9,128,559			107.00
108.00	10800	LUNG ACQUISITION	6,228,855	355,247	6,584,102			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
200.00		Subtotal (see instructions)	1,456,332,589	1,618,906,528	3,075,239,117			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,456,332,589	1,618,906,528	3,075,239,117			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
35.00	02060	NEONATAL INTENSIVE CARE		35.00
35.01	02080	PEDIATRIC ICU		35.01
35.03	02400	HEART TRANSPLANT ICU		35.03
35.04	02401	BONE INTENSIVE CARE		35.04
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.393202	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.148340	50.01
51.00	05100	RECOVERY ROOM	0.124080	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347288	52.00
53.00	05300	ANESTHESIOLOGY	0.027429	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144917	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077502	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.188599	56.00
57.00	05700	CT SCAN	0.059203	57.00
58.00	05800	MRI	0.069437	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.134135	59.00
60.00	06000	LABORATORY	0.067949	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0.000000	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	60.02
60.03	03957	LABORATORY-HLA	0.000000	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258733	63.00
65.00	06500	RESPIRATORY THERAPY	0.196824	65.00
66.00	06600	PHYSICAL THERAPY	0.256270	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199099	67.00
68.00	06800	SPEECH PATHOLOGY	0.271346	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.978080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345180	73.00
74.00	07400	RENAL DIALYSIS	0.152517	74.00
76.00	03560	PULMONARY LABS	0.204013	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	76.01
76.03	03951	HYPERALIMENTATION	0.000000	76.03
76.04	03650	PERIPHERAL VASCULAR	0.093208	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.141333	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.798902	76.09
76.10	03954	BARIATRICS	2.269170	76.10
76.11	03955	HEPATOLOGY	99.937005	76.11
76.97	07697	CARDIAC REHABILITATION	0.566091	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.501011	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	90.01
90.02	09002	CANCER CENTER	0.850124	90.02
90.03	09003	PSYCH SOCIAL REHAB	273.655515	90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000	90.04
90.06	09005	HEART FAILURE CLINIC	0.000000	90.06
90.07	09006	LOC OUTPATIENT CENTER	0.309570	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.400494	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.778054	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.482760	90.10
90.12	09010	NORTH RIVERSIDE PCC	0.642774	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	90.13
90.14	09012	WHEATON PCC	1.974568	90.14
90.15	09013	OBT II PCC	0.799475	90.15
90.16	09014	HICKORY HILLS PCC	0.441056	90.16
90.18	09015	DARIEN PCC	1.429462	90.18
90.20	09016	ORLAND PARK - FP	0.651852	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.266276	90.21
90.22	09018	HOMER GLEN PCC	0.442940	90.22
90.23	09019	OAK PARK PCC	1.261375	90.23
90.24	09020	PARK RIDGE PCC	0.365483	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.010066	90.25

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
90.26	09022	WOODRIDGE PCC	3.781552		90.26
90.27	09023	NEUROLOGY - NILES	0.000000		90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.764407		90.28
90.29	09025	BURR RIDGE PCC	0.286447		90.29
90.30	09026	RIVER FOREST	0.339302		90.30
90.31	09027	NORRIDGE	0.841495		90.31
90.32	09028	ELMWOOD PARK	1.377817		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	2.456622		90.33
90.34	09034	CHICAGO AND BELMONT	1.025496		90.34
91.00	09100	EMERGENCY	0.137435		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506937		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.279254		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.202969		97.00
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
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	81,007,108		81,007,108	0	81,007,108	30.00
31.00	03100	INTENSIVE CARE UNIT	25,977,460		25,977,460	0	25,977,460	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,760,194		7,760,194	0	7,760,194	33.00
35.00	02060	NEONATAL INTENSIVE CARE	11,237,878		11,237,878	0	11,237,878	35.00
35.01	02080	PEDIATRIC ICU	4,091,605		4,091,605	0	4,091,605	35.01
35.03	02400	HEART TRANSPLANT ICU	6,085,901		6,085,901	0	6,085,901	35.03
35.04	02401	BONE INTENSIVE CARE	6,347,174		6,347,174	0	6,347,174	35.04
43.00	04300	NURSERY	1,376,766		1,376,766	0	1,376,766	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,102,126		41,102,126	0	41,102,126	50.00
50.01	05001	AMBULATORY SURGERY CENTER	7,433,938		7,433,938	0	7,433,938	50.01
51.00	05100	RECOVERY ROOM	6,612,762		6,612,762	0	6,612,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,742,607		4,742,607	0	4,742,607	52.00
53.00	05300	ANESTHESIOLOGY	2,916,873		2,916,873	0	2,916,873	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,789,042		13,789,042	0	13,789,042	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,028,890		2,028,890	0	2,028,890	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,966,749		7,966,749	0	7,966,749	56.00
57.00	05700	CT SCAN	8,729,946		8,729,946	0	8,729,946	57.00
58.00	05800	MRI	5,148,943		5,148,943	0	5,148,943	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,621,685		15,621,685	0	15,621,685	59.00
60.00	06000	LABORATORY	32,717,943		32,717,943	0	32,717,943	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0		0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0		0	0	0	60.02
60.03	03957	LABORATORY-HLA	0		0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,861,609		10,861,609	0	10,861,609	63.00
65.00	06500	RESPIRATORY THERAPY	11,428,282	0	11,428,282	0	11,428,282	65.00
66.00	06600	PHYSICAL THERAPY	3,404,695	0	3,404,695	0	3,404,695	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,406,358	0	1,406,358	0	1,406,358	67.00
68.00	06800	SPEECH PATHOLOGY	611,042	0	611,042	0	611,042	68.00
69.00	06900	ELECTROCARDIOLOGY	5,004,291		5,004,291	0	5,004,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,549,993		2,549,993	0	2,549,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,196,431		61,196,431	0	61,196,431	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,935,870		44,935,870	0	44,935,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,297,045		108,297,045	0	108,297,045	73.00
74.00	07400	RENAL DIALYSIS	5,646,695		5,646,695	0	5,646,695	74.00
76.00	03560	PULMONARY LABS	1,028,018		1,028,018	0	1,028,018	76.00
76.01	03950	OCCUPATIONAL HEALTH	0		0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0		0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	1,480,635		1,480,635	0	1,480,635	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	6,126,188		6,126,188	0	6,126,188	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,262,064		2,262,064	0	2,262,064	76.09
76.10	03954	BARIATRICS	1,037,428		1,037,428	0	1,037,428	76.10
76.11	03955	HEPATOLOGY	870,951		870,951	0	870,951	76.11
76.97	07697	CARDIAC REHABILITATION	310,949		310,949	0	310,949	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	561,032		561,032	0	561,032	90.00
90.01	09001	CARDIAC REHABILITATION	0		0	0	0	90.01
90.02	09002	CANCER CENTER	22,347,721		22,347,721	0	22,347,721	90.02
90.03	09003	PSYCH SOCIAL REHAB	965,183		965,183	0	965,183	90.03
90.04	09004	WELLNESS ASSESSMENT	0		0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0		0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	48,299,623		48,299,623	0	48,299,623	90.07
90.08	09007	OBT OUTPATIENT CENTER	12,231,392		12,231,392	0	12,231,392	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	2,433,645		2,433,645	0	2,433,645	90.09
90.10	09009	LAGRANGE FAMILY PCC	4,115,909		4,115,909	0	4,115,909	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,715,164		2,715,164	0	2,715,164	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0		0	0	0	90.13
90.14	09012	WHEATON PCC	2,456,766		2,456,766	0	2,456,766	90.14
90.15	09013	OBT II PCC	3,001,975		3,001,975	0	3,001,975	90.15
90.16	09014	HICKORY HILLS PCC	5,968,601		5,968,601	0	5,968,601	90.16
90.18	09015	DARIEN PCC	1,913,495		1,913,495	0	1,913,495	90.18
90.20	09016	ORLAND PARK - FP	2,801,060		2,801,060	0	2,801,060	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	5,546,367		5,546,367	0	5,546,367	90.21
90.22	09018	HOMER GLEN PCC	7,494,951		7,494,951	0	7,494,951	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.23	09019	OAK PARK PCC	2,053,133		2,053,133	0	2,053,133	90.23
90.24	09020	PARK RIDGE PCC	1,750,468		1,750,468	0	1,750,468	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	4,515,976		4,515,976	0	4,515,976	90.25
90.26	09022	WOODRIDGE PCC	75,147		75,147	0	75,147	90.26
90.27	09023	NEUROLOGY - NILES	0		0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	3,589,061		3,589,061	0	3,589,061	90.28
90.29	09025	BURR RIDGE PCC	26,895,271		26,895,271	0	26,895,271	90.29
90.30	09026	RIVER FOREST	3,749,504		3,749,504	0	3,749,504	90.30
90.31	09027	NORRIDGE	842,121		842,121	0	842,121	90.31
90.32	09028	ELMWOOD PARK	1,561,396		1,561,396	0	1,561,396	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	754,512		754,512	0	754,512	90.33
90.34	09034	CHICAGO AND BELMONT	393,085		393,085	0	393,085	90.34
91.00	09100	EMERGENCY	16,717,916		16,717,916	0	16,717,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,556,338		7,556,338		7,556,338	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,738,229		4,738,229	0	4,738,229	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	346,166		346,166	0	346,166	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	729,171		729,171	0	729,171	97.00
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	10,016,141		10,016,141		10,016,141	105.00
106.00	10600	HEART ACQUISITION	2,921,226		2,921,226		2,921,226	106.00
107.00	10700	LIVER ACQUISITION	4,578,825		4,578,825		4,578,825	107.00
108.00	10800	LUNG ACQUISITION	3,851,530		3,851,530		3,851,530	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
200.00		Subtotal (see instructions)	781,642,234	0	781,642,234	0	781,642,234	200.00
201.00		Less Observation Beds	7,556,338		7,556,338		7,556,338	201.00
202.00		Total (see instructions)	774,085,896	0	774,085,896	0	774,085,896	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	222,446,643		222,446,643			30.00
31.00	03100	INTENSIVE CARE UNIT	74,971,476		74,971,476			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	24,545,877		24,545,877			33.00
35.00	02060	NEONATAL INTENSIVE CARE	31,299,598		31,299,598			35.00
35.01	02080	PEDIATRIC ICU	10,560,475		10,560,475			35.01
35.03	02400	HEART TRANSPLANT ICU	13,144,443		13,144,443			35.03
35.04	02401	BONE INTENSIVE CARE	23,285,949		23,285,949			35.04
43.00	04300	NURSERY	4,081,724		4,081,724			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	77,926,887	26,604,896	104,531,783	0.393202	0.000000	50.00
50.01	05001	AMBULATORY SURGERY CENTER	74,498	50,039,843	50,114,341	0.148340	0.000000	50.01
51.00	05100	RECOVERY ROOM	28,231,243	25,062,927	53,294,170	0.124080	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,340,650	1,315,455	13,656,105	0.347288	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	74,741,220	31,601,440	106,342,660	0.027429	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,167,041	53,984,076	95,151,117	0.144917	0.000000	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	6,432,022	19,746,380	26,178,402	0.077502	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,230,845	38,010,807	42,241,652	0.188599	0.000000	56.00
57.00	05700	CT SCAN	60,071,083	87,386,100	147,457,183	0.059203	0.000000	57.00
58.00	05800	MRI	17,816,079	56,336,374	74,152,453	0.069437	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,890,481	79,571,883	116,462,364	0.134135	0.000000	59.00
60.00	06000	LABORATORY	207,643,340	273,867,348	481,510,688	0.067949	0.000000	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0.000000	0.000000	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0.000000	0.000000	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0.000000	0.000000	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,578,808	9,401,262	41,980,070	0.258733	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	56,973,425	1,089,953	58,063,378	0.196824	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,057,640	1,227,923	13,285,563	0.256270	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,702,857	360,746	7,063,603	0.199099	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,220,775	31,120	2,251,895	0.271346	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	24,793,437	28,847,003	53,640,440	0.093293	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,846,814	3,369,432	9,216,246	0.276685	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,286,619	27,281,271	62,567,890	0.978080	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,040,744	33,715,639	88,756,383	0.506283	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,217,563	188,522,797	313,740,360	0.345180	0.000000	73.00
74.00	07400	RENAL DIALYSIS	8,440,007	28,583,374	37,023,381	0.152517	0.000000	74.00
76.00	03560	PULMONARY LABS	2,426,074	2,612,900	5,038,974	0.204013	0.000000	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0.000000	0.000000	76.03
76.04	03650	PERIPHERAL VASCULAR	7,608,355	8,276,892	15,885,247	0.093208	0.000000	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000	76.05
76.07	03340	GASTROINTESTINAL SERVICE	6,602,237	36,743,647	43,345,884	0.141333	0.000000	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,205,196	626,270	2,831,466	0.798902	0.000000	76.09
76.10	03954	BARIATRICS	206	456,978	457,184	2.269170	0.000000	76.10
76.11	03955	HEPATOLOGY	0	8,715	8,715	99.937005	0.000000	76.11
76.97	07697	CARDIAC REHABILITATION	549,292	0	549,292	0.566091	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,432	1,114,367	1,119,799	0.501011	0.000000	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	90.01
90.02	09002	CANCER CENTER	239,129	26,048,474	26,287,603	0.850124	0.000000	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	3,527	3,527	273.655515	0.000000	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0.000000	0.000000	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0.000000	0.000000	90.06
90.07	09006	LOC OUTPATIENT CENTER	3,240,981	152,780,600	156,021,581	0.309570	0.000000	90.07
90.08	09007	OBT OUTPATIENT CENTER	65,324	30,475,461	30,540,785	0.400494	0.000000	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	3,472	3,124,388	3,127,860	0.778054	0.000000	90.09
90.10	09009	LAGRANGE FAMILY PCC	7,685	8,518,099	8,525,784	0.482760	0.000000	90.10
90.12	09010	NORTH RIVERSIDE PCC	7,028	4,217,107	4,224,135	0.642774	0.000000	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000	90.13
90.14	09012	WHEATON PCC	3,574	1,240,630	1,244,204	1.974568	0.000000	90.14
90.15	09013	OBT II PCC	9,001	3,745,934	3,754,935	0.799475	0.000000	90.15
90.16	09014	HICKORY HILLS PCC	10,945	13,521,569	13,532,514	0.441056	0.000000	90.16
90.18	09015	DARIEN PCC	3,895	1,334,717	1,338,612	1.429462	0.000000	90.18
90.20	09016	ORLAND PARK - FP	3,056	4,294,023	4,297,079	0.651852	0.000000	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	7,221	20,822,177	20,829,398	0.266276	0.000000	90.21
90.22	09018	HOMER GLEN PCC	22,229	16,898,697	16,920,926	0.442940	0.000000	90.22
90.23	09019	OAK PARK PCC	4,090	1,623,605	1,627,695	1.261375	0.000000	90.23

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
90.24	09020	PARK RIDGE PCC	10,224	4,779,244	4,789,468	0.365483	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,967	2,244,713	2,246,680	2.010066	0.000000	90.25
90.26	09022	WOODRIDGE PCC	0	19,872	19,872	3.781552	0.000000	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0.000000	0.000000	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	4,056	4,691,168	4,695,224	0.764407	0.000000	90.28
90.29	09025	BURR RIDGE PCC	246,161	93,646,414	93,892,575	0.286447	0.000000	90.29
90.30	09026	RIVER FOREST	27,961	11,022,675	11,050,636	0.339302	0.000000	90.30
90.31	09027	NORRIDGE	297	1,000,447	1,000,744	0.841495	0.000000	90.31
90.32	09028	ELMWOOD PARK	210	1,133,029	1,133,239	1.377817	0.000000	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	307,134	307,134	2.456622	0.000000	90.33
90.34	09034	CHICAGO AND BELMONT	0	383,312	383,312	1.025496	0.000000	90.34
91.00	09100	EMERGENCY	53,495,433	68,147,127	121,642,560	0.137435	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,344,157	10,561,725	14,905,882	0.506937	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	6,748,091	10,219,375	16,967,466	0.279254	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	394,606	3,197,920	3,592,526	0.202969	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	12,068,861	1,699,838	13,768,699			105.00
106.00	10600	HEART ACQUISITION	4,304,799	294,129	4,598,928			106.00
107.00	10700	LIVER ACQUISITION	8,372,226	756,333	9,128,559			107.00
108.00	10800	LUNG ACQUISITION	6,228,855	355,247	6,584,102			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
200.00		Subtotal (see instructions)	1,456,332,589	1,618,906,528	3,075,239,117			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,456,332,589	1,618,906,528	3,075,239,117			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
35.00	02060	NEONATAL INTENSIVE CARE			35.00
35.01	02080	PEDIATRIC ICU			35.01
35.03	02400	HEART TRANSPLANT ICU			35.03
35.04	02401	BONE INTENSIVE CARE			35.04
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0.000000		60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000		60.02
60.03	03957	LABORATORY-HLA	0.000000		60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03560	PULMONARY LABS	0.000000		76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000		76.01
76.03	03951	HYPERALIMENTATION	0.000000		76.03
76.04	03650	PERIPHERAL VASCULAR	0.000000		76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000		76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.000000		76.07
76.09	03953	BONE MARROW PROCUREMENT	0.000000		76.09
76.10	03954	BARIATRICS	0.000000		76.10
76.11	03955	HEPATOLOGY	0.000000		76.11
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CARDIAC REHABILITATION	0.000000		90.01
90.02	09002	CANCER CENTER	0.000000		90.02
90.03	09003	PSYCH SOCIAL REHAB	0.000000		90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000		90.04
90.06	09005	HEART FAILURE CLINIC	0.000000		90.06
90.07	09006	LOC OUTPATIENT CENTER	0.000000		90.07
90.08	09007	OBT OUTPATIENT CENTER	0.000000		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.000000		90.09
90.10	09009	LAGRANGE FAMILY PCC	0.000000		90.10
90.12	09010	NORTH RIVERSIDE PCC	0.000000		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000		90.13
90.14	09012	WHEATON PCC	0.000000		90.14
90.15	09013	OBT II PCC	0.000000		90.15
90.16	09014	HICKORY HILLS PCC	0.000000		90.16
90.18	09015	DARIEN PCC	0.000000		90.18
90.20	09016	ORLAND PARK - FP	0.000000		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.000000		90.21
90.22	09018	HOMER GLEN PCC	0.000000		90.22
90.23	09019	OAK PARK PCC	0.000000		90.23
90.24	09020	PARK RIDGE PCC	0.000000		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.000000		90.25

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
90.26	09022	WOODRIDGE PCC	0.000000		90.26
90.27	09023	NEUROLOGY - NILES	0.000000		90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.000000		90.28
90.29	09025	BURR RIDGE PCC	0.000000		90.29
90.30	09026	RIVER FOREST	0.000000		90.30
90.31	09027	NORRIDGE	0.000000		90.31
90.32	09028	ELMWOOD PARK	0.000000		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000		90.33
90.34	09034	CHICAGO AND BELMONT	0.000000		90.34
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
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
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part I Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,513,691	0	5,513,691	97,041	56.82	30.00
31.00	INTENSIVE CARE UNIT	1,508,026		1,508,026	19,353	77.92	31.00
33.00	BURN INTENSIVE CARE UNIT	457,116		457,116	1,681	271.93	33.00
35.00	NEONATAL INTENSIVE CARE	750,634		750,634	7,870	95.38	35.00
35.01	PEDIATRIC ICU	303,589		303,589	2,085	145.61	35.01
35.03	HEART TRANSPLANT ICU	1,110,651		1,110,651	2,848	389.98	35.03
35.04	BONE INTENSIVE CARE	445,398		445,398	2,800	159.07	35.04
43.00	NURSERY	11,968		11,968	2,640	4.53	43.00
200.00	Total (lines 30-199)	10,101,073		10,101,073	136,318		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	30,582	1,737,669	30.00
31.00	INTENSIVE CARE UNIT	6,716	523,311	31.00
33.00	BURN INTENSIVE CARE UNIT	1,075	292,325	33.00
35.00	NEONATAL INTENSIVE CARE	0	0	35.00
35.01	PEDIATRIC ICU	0	0	35.01
35.03	HEART TRANSPLANT ICU	1,571	612,659	35.03
35.04	BONE INTENSIVE CARE	1,499	238,446	35.04
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	41,443	3,404,410	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,813,316	104,531,783	0.046046	27,075,454	1,246,716	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,028,314	50,114,341	0.020519	18,171	373	50.01
51.00	05100	RECOVERY ROOM	775,012	53,294,170	0.014542	9,071,253	131,914	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	567,995	13,656,105	0.041593	97,319	4,048	52.00
53.00	05300	ANESTHESIOLOGY	454,736	106,342,660	0.004276	26,528,449	113,436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,023,913	95,151,117	0.021271	15,325,362	325,986	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	272,003	26,178,402	0.010390	2,103,862	21,859	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	1,013,407	42,241,652	0.023991	1,616,674	38,786	56.00
57.00	05700	CT SCAN	1,115,561	147,457,183	0.007565	22,327,279	168,906	57.00
58.00	05800	MRI	1,470,693	74,152,453	0.019833	6,384,978	126,633	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,228,667	116,462,364	0.019136	18,579,334	355,534	59.00
60.00	06000	LABORATORY	1,495,573	481,510,688	0.003106	79,437,246	246,732	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0.000000	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0.000000	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0.000000	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	315,376	41,980,070	0.007513	11,278,135	84,733	63.00
65.00	06500	RESPIRATORY THERAPY	460,005	58,063,378	0.007922	20,024,675	158,635	65.00
66.00	06600	PHYSICAL THERAPY	218,698	13,285,563	0.016461	4,940,763	81,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,341	7,063,603	0.008401	2,571,924	21,607	67.00
68.00	06800	SPEECH PATHOLOGY	28,260	2,251,895	0.012549	885,562	11,113	68.00
69.00	06900	ELECTROCARDIOLOGY	485,215	53,640,440	0.009046	11,160,348	100,957	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	337,147	9,216,246	0.036582	1,970,864	72,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	533,280	62,567,890	0.008523	13,018,043	110,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	404,997	88,756,383	0.004563	24,355,721	111,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,752,085	313,740,360	0.005585	41,072,460	229,390	73.00
74.00	07400	RENAL DIALYSIS	386,806	37,023,381	0.010448	3,167,736	33,097	74.00
76.00	03560	PULMONARY LABS	171,331	5,038,974	0.034001	1,095,641	37,253	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0.000000	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	74,545	15,885,247	0.004693	3,527,776	16,556	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0.000000	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	1,211,813	43,345,884	0.027957	2,880,095	80,519	76.07
76.09	03953	BONE MARROW PROCUREMENT	12,025	2,831,466	0.004247	456,093	1,937	76.09
76.10	03954	BARIATRICS	6,114	457,184	0.013373	200	3	76.10
76.11	03955	HEPATOLOGY	331,800	8,715	38.072289	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	2,141	549,292	0.003898	263,118	1,026	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	61,387	1,119,799	0.054820	3,769	207	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0.000000	0	0	90.01
90.02	09002	CANCER CENTER	2,324,746	26,287,603	0.088435	200,221	17,707	90.02
90.03	09003	PSYCH SOCIAL REHAB	165,387	3,527	46.891693	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0.000000	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0.000000	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	7,452,449	156,021,581	0.047766	1,962,861	93,758	90.07
90.08	09007	OBT OUTPATIENT CENTER	1,155,034	30,540,785	0.037819	56,761	2,147	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	250,325	3,127,860	0.080031	3,126	250	90.09
90.10	09009	LAGRANGE FAMILY PCC	414,785	8,525,784	0.048651	7,029	342	90.10
90.12	09010	NORTH RIVERSIDE PCC	22,334	4,224,135	0.005287	5,123	27	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0.000000	0	0	90.13
90.14	09012	WHEATON PCC	285,115	1,244,204	0.229155	3,511	805	90.14
90.15	09013	OBT II PCC	361,813	3,754,935	0.096357	4,382	422	90.15
90.16	09014	HICKORY HILLS PCC	569,245	13,532,514	0.042065	10,696	450	90.16
90.18	09015	DARIEN PCC	213,408	1,338,612	0.159425	3,353	535	90.18
90.20	09016	ORLAND PARK - FP	32,341	4,297,079	0.007526	2,964	22	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	142,828	20,829,398	0.006857	6,043	41	90.21
90.22	09018	HOMER GLEN PCC	532,629	16,920,926	0.031478	20,679	651	90.22
90.23	09019	OAK PARK PCC	179,784	1,627,695	0.110453	3,846	425	90.23
90.24	09020	PARK RIDGE PCC	154,738	4,789,468	0.032308	7,159	231	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	47,557	2,246,680	0.021168	1,921	41	90.25
90.26	09022	WOODRIDGE PCC	1,690	19,872	0.085044	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0.000000	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	57,426	4,695,224	0.012231	3,614	44	90.28
90.29	09025	BURR RIDGE PCC	3,173,360	93,892,575	0.033798	218,639	7,390	90.29
90.30	09026	RIVER FOREST	273,066	11,050,636	0.024710	23,722	586	90.30
90.31	09027	NORRIDGE	152,276	1,000,744	0.152163	284	43	90.31

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
90.32	09028	ELMWOOD PARK	188,586	1,133,239	0.166413	204	34	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	183,316	307,134	0.596860	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	2,349	383,312	0.006128	0	0	90.34
91.00	09100	EMERGENCY	820,349	121,642,560	0.006744	19,790,264	133,466	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	514,315	14,905,882	0.034504	1,798,568	62,058	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	217,789	16,967,466	0.012836	4,507,849	57,863	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	4,771	3,592,526	0.001328	245,039	325	97.00
200.00		Total (lines 50-199)	44,005,367	2,636,822,644		380,126,162	4,313,135	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part III Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	228,497	0	0	228,497	30.00
31.00	03100	INTENSIVE CARE UNIT	0	91,661	0		91,661	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	48,977	0		48,977	33.00
35.00	02060	NEONATAL INTENSIVE CARE	0	19,974	0		19,974	35.00
35.01	02080	PEDIATRIC ICU	0	84,890	0		84,890	35.01
35.03	02400	HEART TRANSPLANT ICU	0	19,974	0		19,974	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0		0	35.04
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	493,973	0		493,973	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	97,041	2.35	30,582	71,868		30.00
31.00	03100	INTENSIVE CARE UNIT	19,353	4.74	6,716	31,834		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,681	29.14	1,075	31,326		33.00
35.00	02060	NEONATAL INTENSIVE CARE	7,870	2.54	0	0		35.00
35.01	02080	PEDIATRIC ICU	2,085	40.71	0	0		35.01
35.03	02400	HEART TRANSPLANT ICU	2,848	7.01	1,571	11,013		35.03
35.04	02401	BONE INTENSIVE CARE	2,800	0.00	1,499	0		35.04
43.00	04300	NURSERY	2,640	0.00	0	0		43.00
200.00		Total (lines 30-199)	136,318		41,443	146,041		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	15,236	0	15,236	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	339,561	0	339,561	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03560	PULMONARY LABS	0	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	7,900	0	7,900	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	0	0	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	94,877	0	94,877	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	0	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	90.32

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	1,139,521	0	1,139,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	21,316	0	21,316	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	1,618,411	0	1,618,411	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV | Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,236	104,531,783	0.000146	0.000146	27,075,454	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	50,114,341	0.000000	0.000000	18,171	50.01
51.00	05100	RECOVERY ROOM	0	53,294,170	0.000000	0.000000	9,071,253	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,656,105	0.000000	0.000000	97,319	52.00
53.00	05300	ANESTHESIOLOGY	0	106,342,660	0.000000	0.000000	26,528,449	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	95,151,117	0.000000	0.000000	15,325,362	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	26,178,402	0.000000	0.000000	2,103,862	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	42,241,652	0.000000	0.000000	1,616,674	56.00
57.00	05700	CT SCAN	0	147,457,183	0.000000	0.000000	22,327,279	57.00
58.00	05800	MRI	0	74,152,453	0.000000	0.000000	6,384,978	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	116,462,364	0.000000	0.000000	18,579,334	59.00
60.00	06000	LABORATORY	0	481,510,688	0.000000	0.000000	79,437,246	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0.000000	0.000000	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0.000000	0.000000	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0.000000	0.000000	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	41,980,070	0.000000	0.000000	11,278,135	63.00
65.00	06500	RESPIRATORY THERAPY	0	58,063,378	0.000000	0.000000	20,024,675	65.00
66.00	06600	PHYSICAL THERAPY	0	13,285,563	0.000000	0.000000	4,940,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,063,603	0.000000	0.000000	2,571,924	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,251,895	0.000000	0.000000	885,562	68.00
69.00	06900	ELECTROCARDIOLOGY	0	53,640,440	0.000000	0.000000	11,160,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,216,246	0.000000	0.000000	1,970,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	62,567,890	0.000000	0.000000	13,018,043	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	88,756,383	0.000000	0.000000	24,355,721	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	339,561	313,740,360	0.001082	0.001082	41,072,460	73.00
74.00	07400	RENAL DIALYSIS	0	37,023,381	0.000000	0.000000	3,167,736	74.00
76.00	03560	PULMONARY LABS	0	5,038,974	0.000000	0.000000	1,095,641	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0.000000	0.000000	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0.000000	0.000000	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	15,885,247	0.000000	0.000000	3,527,776	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0.000000	0.000000	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	7,900	43,345,884	0.000182	0.000182	2,880,095	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	2,831,466	0.000000	0.000000	456,093	76.09
76.10	03954	BARIATRICS	0	457,184	0.000000	0.000000	200	76.10
76.11	03955	HEPATOLOGY	0	8,715	0.000000	0.000000	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	549,292	0.000000	0.000000	263,118	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,119,799	0.000000	0.000000	3,769	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	90.01
90.02	09002	CANCER CENTER	0	26,287,603	0.000000	0.000000	200,221	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	3,527	0.000000	0.000000	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0.000000	0.000000	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0.000000	0.000000	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	94,877	156,021,581	0.000608	0.000608	1,962,861	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	30,540,785	0.000000	0.000000	56,761	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	3,127,860	0.000000	0.000000	3,126	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	8,525,784	0.000000	0.000000	7,029	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	4,224,135	0.000000	0.000000	5,123	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0.000000	0.000000	0	90.13
90.14	09012	WHEATON PCC	0	1,244,204	0.000000	0.000000	3,511	90.14
90.15	09013	OBT II PCC	0	3,754,935	0.000000	0.000000	4,382	90.15
90.16	09014	HICKORY HILLS PCC	0	13,532,514	0.000000	0.000000	10,696	90.16
90.18	09015	DARIEN PCC	0	1,338,612	0.000000	0.000000	3,353	90.18
90.20	09016	ORLAND PARK - FP	0	4,297,079	0.000000	0.000000	2,964	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	20,829,398	0.000000	0.000000	6,043	90.21
90.22	09018	HOMER GLEN PCC	0	16,920,926	0.000000	0.000000	20,679	90.22
90.23	09019	OAK PARK PCC	0	1,627,695	0.000000	0.000000	3,846	90.23
90.24	09020	PARK RIDGE PCC	0	4,789,468	0.000000	0.000000	7,159	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	2,246,680	0.000000	0.000000	1,921	90.25
90.26	09022	WOODRIDGE PCC	0	19,872	0.000000	0.000000	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0.000000	0.000000	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	4,695,224	0.000000	0.000000	3,614	90.28
90.29	09025	BURR RIDGE PCC	0	93,892,575	0.000000	0.000000	218,639	90.29
90.30	09026	RIVER FOREST	0	11,050,636	0.000000	0.000000	23,722	90.30
90.31	09027	NORRIDGE	0	1,000,744	0.000000	0.000000	284	90.31

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
90.32	09028	ELMWOOD PARK	0	1,133,239	0.000000	0.000000	204	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	307,134	0.000000	0.000000	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	383,312	0.000000	0.000000	0	90.34
91.00	09100	EMERGENCY	1,139,521	121,642,560	0.009368	0.009368	19,790,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	21,316	14,905,882	0.001430	0.001430	1,798,568	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	16,967,466	0.000000	0.000000	4,507,849	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	3,592,526	0.000000	0.000000	245,039	97.00
200.00		Total (lines 50-199)	1,618,411	2,636,822,644			380,126,162	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
			11.00	12.00	12.01	13.00	13.01	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,953	5,682,987	0	830	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	9,238,244	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	5,521,906	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,378	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8,220,890	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,410,844	0	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	3,854,558	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	13,366,450	0	0	0	56.00
57.00	05700	CT SCAN	0	27,400,242	0	0	0	57.00
58.00	05800	MRI	0	15,417,061	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,709,073	0	0	0	59.00
60.00	06000	LABORATORY	0	52,033,958	0	0	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,318,686	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	284,174	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	45,703	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	38,193	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	540	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,296,736	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	692,441	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,641,868	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,379,470	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,440	66,377,979	0	71,821	0	73.00
74.00	07400	RENAL DIALYSIS	0	219,947	0	0	0	74.00
76.00	03560	PULMONARY LABS	0	1,015,068	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	3,732,427	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	524	11,618,303	0	2,115	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	85,684	0	0	0	76.09
76.10	03954	BARIATRICS	0	51,957	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	4,832	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	123,880	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	9,097,417	0	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	705	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	1,193	55,063,040	0	33,478	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	5,710,522	0	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	858,036	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	2,991,871	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	438,846	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	312,197	0	0	0	90.14
90.15	09013	OBT II PCC	0	590,665	0	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0	1,530,990	0	0	0	90.16
90.18	09015	DARIEN PCC	0	220,841	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	1,199,389	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	706,970	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	3,234,668	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	495,689	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	2,252,934	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	557,944	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	4,381	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	2,122,745	0	0	0	90.28

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
			11.00	12.00	12.01	13.00	13.01	
90.29	09025	BURR RIDGE PCC	0	23,898,227	0	0	0	90.29
90.30	09026	RIVER FOREST	0	1,618,224	0	0	0	90.30
90.31	09027	NORRIDGE	0	82,741	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	249,194	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	69,362	0	0	0	90.34
91.00	09100	EMERGENCY	185,395	10,969,115	0	102,759	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,572	1,865,105	0	2,667	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	2,771,654	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,848,101	0	0	0	97.00
200.00		Total (lines 50-199)	238,077	439,555,052	0	213,670	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/30/2017 8:07 am

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.) before Geo Reclassification	Charges: PPS Reimbursed Services (see inst.) on/after Geo Reclassification	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			1.00	2.00	2.01	3.00	4.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.393202	5,682,987	0	2	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.148340	9,238,244	0	8,255	0	50.01
51.00	05100	RECOVERY ROOM	0.124080	5,521,906	0	5	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347288	9,378	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027429	8,220,890	0	14	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144917	13,410,844	0	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077502	3,854,558	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.188599	13,366,450	0	0	0	56.00
57.00	05700	CT SCAN	0.059203	27,400,242	0	38	0	57.00
58.00	05800	MRI	0.069437	15,417,061	0	37	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.134135	34,709,073	0	71	0	59.00
60.00	06000	LABORATORY	0.067949	52,033,958	0	34,903	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0.000000	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0.000000	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258733	2,318,686	0	12,213	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.196824	284,174	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.256270	45,703	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199099	38,193	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.271346	540	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093293	10,296,736	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276685	692,441	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.978080	8,641,868	0	23,758	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506283	14,379,470	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345180	66,377,979	0	44,964	1,128,900	73.00
74.00	07400	RENAL DIALYSIS	0.152517	219,947	0	92	0	74.00
76.00	03560	PULMONARY LABS	0.204013	1,015,068	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0.000000	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0.093208	3,732,427	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.141333	11,618,303	0	11	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.798902	85,684	0	13,908	0	76.09
76.10	03954	BARIATRICS	2.269170	51,957	0	1	0	76.10
76.11	03955	HEPATOLOGY	99.937005	4,832	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0.566091	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.501011	123,880	0	0	13,554	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.850124	9,097,417	0	363	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	273.655515	705	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0.000000	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0.309570	55,063,040	0	1,724	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.400494	5,710,522	0	56	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.778054	858,036	0	308	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.482760	2,991,871	0	190	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0.642774	438,846	0	176	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1.974568	312,197	0	151	0	90.14
90.15	09013	OBT II PCC	0.799475	590,665	0	468	0	90.15
90.16	09014	HICKORY HILLS PCC	0.441056	1,530,990	0	276	0	90.16
90.18	09015	DARIEN PCC	1.429462	220,841	0	265	0	90.18
90.20	09016	ORLAND PARK - FP	0.651852	1,199,389	0	262	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.266276	706,970	0	203	0	90.21
90.22	09018	HOMER GLEN PCC	0.442940	3,234,668	0	187	0	90.22
90.23	09019	OAK PARK PCC	1.261375	495,689	0	285	0	90.23
90.24	09020	PARK RIDGE PCC	0.365483	2,252,934	0	58	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.010066	557,944	0	132	0	90.25
90.26	09022	WOODRIDGE PCC	3.781552	4,381	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.764407	2,122,745	0	104	0	90.28

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.) before Geo Reclassification	Charges: PPS Reimbursed Services (see inst.) on/after Geo Reclassification	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			1.00	2.00	2.01	3.00	4.00	
90.29	09025	BURR RIDGE PCC	0.286447	23,898,227	0	213	0	90.29
90.30	09026	RIVER FOREST	0.339302	1,618,224	0	27	0	90.30
90.31	09027	NORRIDGE	0.841495	82,741	0	24	0	90.31
90.32	09028	ELMWOOD PARK	1.377817	249,194	0	133	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	2.456622	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.025496	69,362	0	41	0	90.34
91.00	09100	EMERGENCY	0.137435	10,969,115	0	142	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506937	1,865,105	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.279254	2,771,654	0	21	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.202969	1,848,101	0	0	0	97.00
200.00		Subtotal (see instructions)		439,555,052	0	144,081	1,142,454	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		439,555,052	0	144,081	1,142,454	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: PPS Services (see inst.) before Geo Reclassification	PPS Services (see inst.) on/after Geo Reclassification	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			5.00	5.01	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,234,562	0	1	0		50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,370,401	0	1,225	0		50.01
51.00	05100	RECOVERY ROOM	685,158	0	1	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,257	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	225,491	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,943,459	0	0	0		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	298,736	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	2,520,899	0	0	0		56.00
57.00	05700	CT SCAN	1,622,177	0	2	0		57.00
58.00	05800	MRI	1,070,514	0	3	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	4,655,702	0	10	0		59.00
60.00	06000	LABORATORY	3,535,655	0	2,372	0		60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0		60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0		60.02
60.03	03957	LABORATORY-HLA	0	0	0	0		60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	599,921	0	3,160	0		63.00
65.00	06500	RESPIRATORY THERAPY	55,932	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	11,712	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,604	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	147	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	960,613	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	191,588	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,452,438	0	23,237	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,280,081	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,912,351	0	15,521	389,674		73.00
74.00	07400	RENAL DIALYSIS	33,546	0	14	0		74.00
76.00	03560	PULMONARY LABS	207,087	0	0	0		76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0		76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0		76.03
76.04	03650	PERIPHERAL VASCULAR	347,892	0	0	0		76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0		76.05
76.07	03340	GASTROINTESTINAL SERVICE	1,642,050	0	2	0		76.07
76.09	03953	BONE MARROW PROCUREMENT	68,453	0	11,111	0		76.09
76.10	03954	BARIATRICS	117,899	0	2	0		76.10
76.11	03955	HEPATOLOGY	482,896	0	0	0		76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	62,065	0	0	6,791		90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0		90.01
90.02	09002	CANCER CENTER	7,733,933	0	309	0		90.02
90.03	09003	PSYCH SOCIAL REHAB	192,927	0	0	0		90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0		90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0		90.06
90.07	09006	LOC OUTPATIENT CENTER	17,045,865	0	534	0		90.07
90.08	09007	OBT OUTPATIENT CENTER	2,287,030	0	22	0		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	667,598	0	240	0		90.09
90.10	09009	LAGRANGE FAMILY PCC	1,444,356	0	92	0		90.10
90.12	09010	NORTH RIVERSIDE PCC	282,079	0	113	0		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0		90.13
90.14	09012	WHEATON PCC	616,454	0	298	0		90.14
90.15	09013	OBT II PCC	472,222	0	374	0		90.15
90.16	09014	HICKORY HILLS PCC	675,252	0	122	0		90.16
90.18	09015	DARIEN PCC	315,684	0	379	0		90.18
90.20	09016	ORLAND PARK - FP	781,824	0	171	0		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	188,249	0	54	0		90.21
90.22	09018	HOMER GLEN PCC	1,432,764	0	83	0		90.22
90.23	09019	OAK PARK PCC	625,250	0	359	0		90.23
90.24	09020	PARK RIDGE PCC	823,409	0	21	0		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,121,504	0	265	0		90.25
90.26	09022	WOODRIDGE PCC	16,567	0	0	0		90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0		90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	1,622,641	0	79	0		90.28
90.29	09025	BURR RIDGE PCC	6,845,575	0	61	0		90.29

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Title XVIII | Hospital | PPS

		Cost Center Description	Costs					
			PPS Services (see inst.) before Geo Reclassification	PPS Services (see inst.) on/after Geo Reclassification	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			5.00	5.01	6.00	7.00		
90.30	09026	RIVER FOREST	549,067	0	9	0		90.30
90.31	09027	NORRIDGE	69,626	0	20	0		90.31
90.32	09028	ELMWOOD PARK	343,344	0	183	0		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0		90.33
90.34	09034	CHICAGO AND BELMONT	71,130	0	42	0		90.34
91.00	09100	EMERGENCY	1,507,540	0	20	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	945,491	0	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	773,995	0	6	0		92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES			0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	375,107	0	0	0		97.00
200.00		Subtotal (see instructions)	113,426,769	0	60,517	396,465		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00		Net Charges (line 200 +/- line 201)	113,426,769	0	60,517	396,465		202.00

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Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.) before Geo Reclassification	Charges: PPS Reimbursed Services (see inst.) on/after Geo Reclassification	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			1.00	2.00	2.01	3.00	4.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.393202	1,193,387	0	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.148340	2,545,610	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.124080	1,128,873	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347288	125,806	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027429	1,148,309	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144917	2,258,339	0	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077502	830,519	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.188599	965,431	0	0	0	56.00
57.00	05700	CT SCAN	0.059203	4,250,806	0	0	0	57.00
58.00	05800	MRI	0.069437	1,651,245	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.134135	906,083	0	0	0	59.00
60.00	06000	LABORATORY	0.067949	7,663,176	0	0	0	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0.000000	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0.000000	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258733	437,396	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.196824	103,877	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.256270	63,911	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199099	34,185	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.271346	2,645	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093293	555,949	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276685	143,628	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.978080	660,321	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506283	619,395	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345180	2,919,151	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.152517	264,155	0	0	0	74.00
76.00	03560	PULMONARY LABS	0.204013	65,462	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0.000000	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0.093208	169,602	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.141333	635,668	0	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.798902	18,663	0	0	0	76.09
76.10	03954	BARIATRICS	2.269170	1,805	0	0	0	76.10
76.11	03955	HEPATOLOGY	99.937005	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0.566091	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.501011	82,460	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.850124	531,759	0	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	273.655515	696	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0.000000	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0.309570	3,523,453	0	0	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.400494	1,311,062	0	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.778054	37,457	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.482760	58,229	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0.642774	60,405	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1.974568	14,150	0	0	0	90.14
90.15	09013	OBT II PCC	0.799475	38,104	0	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0.441056	774,749	0	0	0	90.16
90.18	09015	DARIEN PCC	1.429462	13,549	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0.651852	14,281	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.266276	376,942	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0.442940	238,025	0	0	0	90.22
90.23	09019	OAK PARK PCC	1.261375	11,338	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0.365483	29,160	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.010066	22,150	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	3.781552	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.764407	119,922	0	0	0	90.28

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.) before Geo Reclassification	Charges: PPS Reimbursed Services (see inst.) on/after Geo Reclassification	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			1.00	2.00	2.01	3.00	4.00	
90.29	09025	BURR RIDGE PCC	0.286447	1,521,146	0	0	0	90.29
90.30	09026	RIVER FOREST	0.339302	215,138	0	0	0	90.30
90.31	09027	NORRIDGE	0.841495	4,860	0	0	0	90.31
90.32	09028	ELMWOOD PARK	1.377817	10,813	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	2.456622	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.025496	2,700	0	0	0	90.34
91.00	09100	EMERGENCY	0.137435	7,465,122	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506937	1,134,723	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.279254	482,562	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.202969	34,656	0	0	0	97.00
200.00		Subtotal (see instructions)		49,493,008	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		49,493,008	0	0	0	202.00

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Title XIX | Hospital | Cost

		Cost Center Description	Costs					
			PPS Services (see inst.) before Geo Reclassification	PPS Services (see inst.) on/after Geo Reclassification	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			5.00	5.01	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	469,242	0	0	0		50.00
50.01	05001	AMBULATORY SURGERY CENTER	377,616	0	0	0		50.01
51.00	05100	RECOVERY ROOM	140,071	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,691	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	31,497	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	327,272	0	0	0		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	64,367	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	182,079	0	0	0		56.00
57.00	05700	CT SCAN	251,660	0	0	0		57.00
58.00	05800	MRI	114,657	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	121,537	0	0	0		59.00
60.00	06000	LABORATORY	520,705	0	0	0		60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0	0	0	0		60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0		60.02
60.03	03957	LABORATORY-HLA	0	0	0	0		60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	113,169	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	20,445	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	16,378	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,806	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	718	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	51,866	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39,740	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	645,847	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	313,589	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,007,633	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	40,288	0	0	0		74.00
76.00	03560	PULMONARY LABS	13,355	0	0	0		76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0		76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0		76.03
76.04	03650	PERIPHERAL VASCULAR	15,808	0	0	0		76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0		76.05
76.07	03340	GASTROINTESTINAL SERVICE	89,841	0	0	0		76.07
76.09	03953	BONE MARROW PROCUREMENT	14,910	0	0	0		76.09
76.10	03954	BARIATRICS	4,096	0	0	0		76.10
76.11	03955	HEPATOLOGY	0	0	0	0		76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	41,313	0	0	0		90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0		90.01
90.02	09002	CANCER CENTER	452,061	0	0	0		90.02
90.03	09003	PSYCH SOCIAL REHAB	190,464	0	0	0		90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0		90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0		90.06
90.07	09006	LOC OUTPATIENT CENTER	1,090,755	0	0	0		90.07
90.08	09007	OBT OUTPATIENT CENTER	525,072	0	0	0		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	29,144	0	0	0		90.09
90.10	09009	LAGRANGE FAMILY PCC	28,111	0	0	0		90.10
90.12	09010	NORTH RIVERSIDE PCC	38,827	0	0	0		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0		90.13
90.14	09012	WHEATON PCC	27,940	0	0	0		90.14
90.15	09013	OBT II PCC	30,463	0	0	0		90.15
90.16	09014	HICKORY HILLS PCC	341,708	0	0	0		90.16
90.18	09015	DARIEN PCC	19,368	0	0	0		90.18
90.20	09016	ORLAND PARK - FP	9,309	0	0	0		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	100,371	0	0	0		90.21
90.22	09018	HOMER GLEN PCC	105,431	0	0	0		90.22
90.23	09019	OAK PARK PCC	14,301	0	0	0		90.23
90.24	09020	PARK RIDGE PCC	10,657	0	0	0		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	44,523	0	0	0		90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0		90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0		90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	91,669	0	0	0		90.28
90.29	09025	BURR RIDGE PCC	435,728	0	0	0		90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/30/2017 8:07 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs					
			PPS Services (see inst.) before Geo Reclassification	PPS Services (see inst.) on/after Geo Reclassification	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			5.00	5.01	6.00	7.00		
90.30	09026	RIVER FOREST	72,997	0	0	0		90.30
90.31	09027	NORRIDGE	4,090	0	0	0		90.31
90.32	09028	ELMWOOD PARK	14,898	0	0	0		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0		90.33
90.34	09034	CHICAGO AND BELMONT	2,769	0	0	0		90.34
91.00	09100	EMERGENCY	1,025,969	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	575,233	0	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	134,757	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES			0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	7,034	0	0	0		97.00
200.00		Subtotal (see instructions)	10,503,845	0	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00		Net Charges (line 200 +/- line 201)	10,503,845	0	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	97,041	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	97,041	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	87,989	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	30,582	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	81,007,108	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	81,007,108	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	81,007,108	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	834.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	25,528,936	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	25,528,936	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	25,977,460	19,353	1,342.30	6,716	9,014,887	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	7,760,194	1,681	4,616.42	1,075	4,962,652	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE	11,237,878	7,870	1,427.94	0	0	47.00
47.01	PEDIATRIC ICU	4,091,605	2,085	1,962.40	0	0	47.01
47.03	HEART TRANSPLANT ICU	6,085,901	2,848	2,136.90	1,571	3,357,070	47.03
47.04	BONE INTENSIVE CARE	6,347,174	2,800	2,266.85	1,499	3,398,008	47.04

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	82,411,095	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	128,672,648	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,550,451	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	4,551,212	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	8,101,663	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	120,570,985	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	9,052	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	834.77	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	7,556,338	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,513,691	81,007,108	0.068064	7,556,338	514,315	90.00
91.00	Nursing School cost	0	81,007,108	0.000000	7,556,338	0	91.00
92.00	Allied health cost	228,497	81,007,108	0.002821	7,556,338	21,316	92.00
93.00	All other Medical Education	0	81,007,108	0.000000	7,556,338	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		87,616,457		30.00
31.00	03100	INTENSIVE CARE UNIT		28,043,652		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		5,143,483		33.00
35.00	02060	NEONATAL INTENSIVE CARE		0		35.00
35.01	02080	PEDIATRIC ICU		0		35.01
35.03	02400	HEART TRANSPLANT ICU		6,217,717		35.03
35.04	02401	BONE INTENSIVE CARE		6,222,003		35.04
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.393202	27,075,454	10,646,123	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.148340	18,171	2,695	50.01
51.00	05100	RECOVERY ROOM	0.124080	9,071,253	1,125,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347288	97,319	33,798	52.00
53.00	05300	ANESTHESIOLOGY	0.027429	26,528,449	727,649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144917	15,325,362	2,220,905	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077502	2,103,862	163,054	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.188599	1,616,674	304,903	56.00
57.00	05700	CT SCAN	0.059203	22,327,279	1,321,842	57.00
58.00	05800	MRI	0.069437	6,384,978	443,354	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.134135	18,579,334	2,492,139	59.00
60.00	06000	LABORATORY	0.067949	79,437,246	5,397,681	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0.000000	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	0	0	60.02
60.03	03957	LABORATORY-HLA	0.000000	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258733	11,278,135	2,918,026	63.00
65.00	06500	RESPIRATORY THERAPY	0.196824	20,024,675	3,941,337	65.00
66.00	06600	PHYSICAL THERAPY	0.256270	4,940,763	1,266,169	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199099	2,571,924	512,067	67.00
68.00	06800	SPEECH PATHOLOGY	0.271346	885,562	240,294	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093293	11,160,348	1,041,182	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276685	1,970,864	545,309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.978080	13,018,043	12,732,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506283	24,355,721	12,330,887	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345180	41,072,460	14,177,392	73.00
74.00	07400	RENAL DIALYSIS	0.152517	3,167,736	483,134	74.00
76.00	03560	PULMONARY LABS	0.204013	1,095,641	223,525	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	0	0	76.01
76.03	03951	HYPERALIMENTATION	0.000000	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0.093208	3,527,776	328,817	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.141333	2,880,095	407,052	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.798902	456,093	364,374	76.09
76.10	03954	BARIATRICS	2.269170	200	454	76.10
76.11	03955	HEPATOLOGY	99.937005	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0.566091	263,118	148,949	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.501011	3,769	1,888	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	90.01
90.02	09002	CANCER CENTER	0.850124	200,221	170,213	90.02
90.03	09003	PSYCH SOCIAL REHAB	273.655515	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0.000000	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0.309570	1,962,861	607,643	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.400494	56,761	22,732	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.778054	3,126	2,432	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.482760	7,029	3,393	90.10
90.12	09010	NORTH RIVERSIDE PCC	0.642774	5,123	3,293	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	90.13
90.14	09012	WHEATON PCC	1.974568	3,511	6,933	90.14
90.15	09013	OBT II PCC	0.799475	4,382	3,503	90.15
90.16	09014	HICKORY HILLS PCC	0.441056	10,696	4,718	90.16
90.18	09015	DARIEN PCC	1.429462	3,353	4,793	90.18
90.20	09016	ORLAND PARK - FP	0.651852	2,964	1,932	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.266276	6,043	1,609	90.21
90.22	09018	HOMER GLEN PCC	0.442940	20,679	9,160	90.22
90.23	09019	OAK PARK PCC	1.261375	3,846	4,851	90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.24	09020	PARK RIDGE PCC	0.365483	7,159	2,616	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.010066	1,921	3,861	90.25
90.26	09022	WOODRIDGE PCC	3.781552	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.764407	3,614	2,763	90.28
90.29	09025	BURR RIDGE PCC	0.286447	218,639	62,628	90.29
90.30	09026	RIVER FOREST	0.339302	23,722	8,049	90.30
90.31	09027	NORRIDGE	0.841495	284	239	90.31
90.32	09028	ELMWOOD PARK	1.377817	204	281	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	2.456622	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.025496	0	0	90.34
91.00	09100	EMERGENCY	0.137435	19,790,264	2,719,875	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506937	1,798,568	911,761	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.279254	4,507,849	1,258,835	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.202969	245,039	49,735	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		380,126,162	82,411,095	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		380,126,162		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/30/2017 8:07 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		16,366,924		30.00
31.00	03100	INTENSIVE CARE UNIT		6,925,637		31.00
33.00	03300	BURN INTENSIVE CARE UNIT		4,077,677		33.00
35.00	02060	NEONATAL INTENSIVE CARE		11,276,200		35.00
35.01	02080	PEDIATRIC ICU		3,044,760		35.01
35.03	02400	HEART TRANSPLANT ICU		408,869		35.03
35.04	02401	BONE INTENSIVE CARE		1,234,096		35.04
43.00	04300	NURSERY		658,579		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.393202	4,333,182	1,703,816	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.148340	0	0	50.01
51.00	05100	RECOVERY ROOM	0.124080	1,645,278	204,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347288	1,085,459	376,967	52.00
53.00	05300	ANESTHESIOLOGY	0.027429	3,958,825	108,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144917	3,445,502	499,312	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.077502	582,744	45,164	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.188599	212,725	40,120	56.00
57.00	05700	CT SCAN	0.059203	5,252,454	310,961	57.00
58.00	05800	MRI	0.069437	1,448,584	100,585	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.134135	1,383,137	185,527	59.00
60.00	06000	LABORATORY	0.067949	14,985,182	1,018,228	60.00
60.01	03420	LABORATORY-SURGICAL PATHOLOGY	0.000000	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	0	0	60.02
60.03	03957	LABORATORY-HLA	0.000000	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.258733	2,352,450	608,656	63.00
65.00	06500	RESPIRATORY THERAPY	0.196824	6,828,333	1,343,980	65.00
66.00	06600	PHYSICAL THERAPY	0.256270	923,325	236,620	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199099	630,149	125,462	67.00
68.00	06800	SPEECH PATHOLOGY	0.271346	234,458	63,619	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093293	1,388,431	129,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.276685	399,276	110,474	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.978080	2,743,029	2,682,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.506283	2,268,411	1,148,458	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.345180	11,247,330	3,882,353	73.00
74.00	07400	RENAL DIALYSIS	0.152517	688,964	105,079	74.00
76.00	03560	PULMONARY LABS	0.204013	144,988	29,579	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	0	0	76.01
76.03	03951	HYPERALIMENTATION	0.000000	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0.093208	415,630	38,740	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.141333	403,116	56,974	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.798902	76,156	60,841	76.09
76.10	03954	BARIATRICS	2.269170	0	0	76.10
76.11	03955	HEPATOLOGY	99.937005	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0.566091	5,800	3,283	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.501011	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	90.01
90.02	09002	CANCER CENTER	0.850124	3,885	3,303	90.02
90.03	09003	PSYCH SOCIAL REHAB	273.655515	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0.000000	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0.309570	30,754	9,521	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.400494	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.778054	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.482760	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0.642774	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	90.13
90.14	09012	WHEATON PCC	1.974568	0	0	90.14
90.15	09013	OBT II PCC	0.799475	36	29	90.15
90.16	09014	HICKORY HILLS PCC	0.441056	0	0	90.16
90.18	09015	DARIEN PCC	1.429462	0	0	90.18
90.20	09016	ORLAND PARK - FP	0.651852	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.266276	0	0	90.21
90.22	09018	HOMER GLEN PCC	0.442940	0	0	90.22
90.23	09019	OAK PARK PCC	1.261375	194	245	90.23

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/30/2017 8:07 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.24	09020	PARK RIDGE PCC	0.365483	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.010066	0	0	90.25
90.26	09022	WOODRIDGE PCC	3.781552	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.764407	310	237	90.28
90.29	09025	BURR RIDGE PCC	0.286447	9,374	2,685	90.29
90.30	09026	RIVER FOREST	0.339302	827	281	90.30
90.31	09027	NORRIDGE	0.841495	0	0	90.31
90.32	09028	ELMWOOD PARK	1.377817	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	2.456622	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.025496	0	0	90.34
91.00	09100	EMERGENCY	0.137435	5,016,777	689,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.506937	369,079	187,100	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.279254	335,806	93,775	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.202969	0	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		74,849,960	16,206,621	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		74,849,960		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	67,643	834.77	39	32,556	1.00
2.00	INTENSIVE CARE UNIT	43.00	28,595	1,342.30	7	9,396	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	4,616.42	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE	47.00	0	1,427.94	0	0	6.00
6.01	PEDIATRIC ICU	47.01	0	1,962.40	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,136.90	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,266.85	0	0	6.04
7.00	TOTAL (sum of lines 1-6)		96,238		46	41,952	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.393202	142,274	55,942	8.00
8.01	AMBULATORY SURGERY CENTER	50.01	0.148340	9,749	1,446	8.01
9.00	RECOVERY ROOM	51.00	0.124080	127,100	15,771	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.347288	1,089	378	10.00
11.00	ANESTHESIOLOGY	53.00	0.027429	168,234	4,614	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.144917	368,316	53,375	12.00
12.01	RADIOLOGY-ULTRASOUND	54.01	0.077502	121,229	9,395	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.188599	863,163	162,792	14.00
15.00	CT SCAN	57.00	0.059203	684,825	40,544	15.00
16.00	MRI	58.00	0.069437	101,648	7,058	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.134135	199,342	26,739	17.00
18.00	LABORATORY	60.00	0.067949	2,985,761	202,879	18.00
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.000000	0	0	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02	0.000000	0	0	18.02
18.03	LABORATORY-HLA	60.03	0.000000	9,947	0	18.03
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258733	269,366	69,694	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.196824	95,564	18,809	23.00
24.00	PHYSICAL THERAPY	66.00	0.256270	50,763	13,009	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.199099	28,809	5,736	25.00
26.00	SPEECH PATHOLOGY	68.00	0.271346	7,557	2,051	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.093293	635,915	59,326	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.276685	28,113	7,778	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.978080	98,150	95,999	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.506283	97,829	49,529	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.345180	294,082	101,511	31.00
32.00	RENAL DIALYSIS	74.00	0.152517	35	5	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS	76.00	0.204013	5,218	1,065	34.00
34.01	OCCUPATIONAL HEALTH	76.01	0.000000	0	0	34.01
34.03	HYPERALIMENTATION	76.03	0.000000	0	0	34.03
34.04	PERIPHERAL VASCULAR	76.04	0.093208	137,020	12,771	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.141333	214,166	30,269	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.798902	6,823	5,451	34.09
34.10	BARIATRICS	76.10	2.269170	98	222	34.10
34.11	HEPATOLOGY	76.11	99.937005	0	0	34.11
34.97	CARDIAC REHABILITATION	76.97	0.566091	6,406	3,626	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.501011	1,839	921	37.00
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01
37.02	CANCER CENTER	90.02	0.850124	16,167	13,744	37.02
37.03	PSYCH SOCIAL REHAB	90.03	273.655515	0	0	37.03
37.04	WELLNESS ASSESSMENT	90.04	0.000000	0	0	37.04
37.06	HEART FAILURE CLINIC	90.06	0.000000	0	0	37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.309570	59,910	18,546	37.07

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

Kidney | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	OBT OUTPATIENT CENTER	90.08	0.400494	15,996	6,406	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.778054	453	352	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.482760	2,938	1,418	37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.642774	1,003	645	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13
37.14	WHEATON PCC	90.14	1.974568	307	606	37.14
37.15	OBT II PCC	90.15	0.799475	787	629	37.15
37.16	HICKORY HILLS PCC	90.16	0.441056	1,134	500	37.16
37.18	DARIEN PCC	90.18	1.429462	433	619	37.18
37.20	ORLAND PARK - FP	90.20	0.651852	156	102	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.266276	563	150	37.21
37.22	HOMER GLEN PCC	90.22	0.442940	2,493	1,104	37.22
37.23	OAK PARK PCC	90.23	1.261375	518	653	37.23
37.24	PARK RIDGE PCC	90.24	0.365483	1,027	375	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.010066	164	330	37.25
37.26	WOODRIDGE PCC	90.26	3.781552	0	0	37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.764407	270	206	37.28
37.29	BURR RIDGE PCC	90.29	0.286447	16,054	4,599	37.29
37.30	RIVER FOREST	90.30	0.339302	2,461	835	37.30
37.31	NORRIDGE	90.31	0.841495	50	42	37.31
37.32	ELMWOOD PARK	90.32	1.377817	100	138	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	2.456622	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	1.025496	0	0	37.34
38.00	EMERGENCY	91.00	0.137435	104,774	14,400	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.506937	3,981	2,018	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.279254	12,310	3,438	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			8,004,479	1,130,560	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	39	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	7	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE	7.00	0.00	0	0	47.00
47.01	PEDIATRIC ICU	7.01	0.00	0	0	47.01
47.03	HEART TRANSPLANT ICU	7.03	0.00	0	0	47.03
47.04	BONE INTENSIVE CARE	7.04	0.00	0	0	47.04
48.00	TOTAL (sum of lines 42 through 47)			46	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	1,839	0.000000	0	51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01
51.02	CANCER CENTER	23.02	16,167	0.000000	0	51.02
51.03	PSYCH SOCIAL REHAB	23.03	0	0.000000	0	51.03
51.04	WELLNESS ASSESSMENT	23.04	0	0.000000	0	51.04
51.06	HEART FAILURE CLINIC	23.06	0	0.000000	0	51.06
51.07	LOC OUTPATIENT CENTER	23.07	59,910	0.000000	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	15,996	0.000000	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	453	0.000000	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	2,938	0.000000	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	1,003	0.000000	0	51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13
51.14	WHEATON PCC	23.14	307	0.000000	0	51.14
51.15	OBT II PCC	23.15	787	0.000000	0	51.15
51.16	HICKORY HILLS PCC	23.16	1,134	0.000000	0	51.16

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.18	DARIEN PCC	23.18	433	0.000000	0	51.18
51.20	ORLAND PARK - FP	23.20	156	0.000000	0	51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	563	0.000000	0	51.21
51.22	HOMER GLEN PCC	23.22	2,493	0.000000	0	51.22
51.23	OAK PARK PCC	23.23	518	0.000000	0	51.23
51.24	PARK RIDGE PCC	23.24	1,027	0.000000	0	51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	164	0.000000	0	51.25
51.26	WOODRIDGE PCC	23.26	0	0.000000	0	51.26
51.27	NEUROLOGY - NILES	23.27	0	0.000000	0	51.27
51.28	MARJORIE WEINBERG CANCER CENTER	23.28	270	0.000000	0	51.28
51.29	BURR RIDGE PCC	23.29	16,054	0.000000	0	51.29
51.30	RIVER FOREST	23.30	2,461	0.000000	0	51.30
51.31	NORRIDGE	23.31	50	0.000000	0	51.31
51.32	ELMWOOD PARK	23.32	100	0.000000	0	51.32
51.33	OCCUPATIONAL HEALTH CLINIC	23.33	0	0.000000	0	51.33
51.34	CHICAGO AND BELMONT	23.34	0	0.000000	0	51.34
52.00	EMERGENCY	24.00	104,774	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	3,981	0.000000	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	12,310	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		245,888		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	1,172,512		8,100,717		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	10,016,141		11,016,623		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	11,188,653		19,117,340		61.00
62.00	Total Usable Organs (see instructions)		120			62.00
63.00	Medicare Usable Organs (see instructions)		69			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.575000			64.00
65.00	Medicare Cost/Charges (see instructions)	6,433,475		10,992,471		65.00
66.00	Revenue for Organs Sold	50,000		0		66.00
67.00	Subtotal (line 65 minus line 66)	6,383,475		10,992,471		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	6,383,475	0	10,992,471	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	20		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	18	82		73.00
74.00	Total (sum of lines 70 through 73)	18	102		74.00
75.00	Organs Transplanted	18	82	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	20	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	18	102		84.00

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	834.77	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	8,170	1,342.30	2	2,685	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	4,616.42	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE	47.00	0	1,427.94	0	0	6.00
6.01	PEDIATRIC ICU	47.01	0	1,962.40	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,136.90	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,266.85	0	0	6.04
7.00	TOTAL (sum of lines 1-6)		8,170		2	2,685	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.393202	158,251	62,225	8.00
8.01	AMBULATORY SURGERY CENTER	50.01	0.148340	9,172	1,361	8.01
9.00	RECOVERY ROOM	51.00	0.124080	104,912	13,017	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.347288	1,045	363	10.00
11.00	ANESTHESIOLOGY	53.00	0.027429	201,681	5,532	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.144917	562,383	81,499	12.00
12.01	RADIOLOGY-ULTRASOUND	54.01	0.077502	185,610	14,385	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.188599	327,125	61,695	14.00
15.00	CT SCAN	57.00	0.059203	679,380	40,221	15.00
16.00	MRI	58.00	0.069437	494,923	34,366	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.134135	295,441	39,629	17.00
18.00	LABORATORY	60.00	0.067949	2,693,758	183,038	18.00
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.000000	0	0	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02	0.000000	0	0	18.02
18.03	LABORATORY-HLA	60.03	0.000000	7,806	0	18.03
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258733	442,053	114,374	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.196824	167,010	32,872	23.00
24.00	PHYSICAL THERAPY	66.00	0.256270	107,833	27,634	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.199099	56,959	11,340	25.00
26.00	SPEECH PATHOLOGY	68.00	0.271346	8,066	2,189	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.093293	554,092	51,693	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.276685	15,503	4,289	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.978080	4,885	4,778	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.506283	1,375	696	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.345180	3,659	1,263	31.00
32.00	RENAL DIALYSIS	74.00	0.152517	76,908	11,730	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS	76.00	0.204013	6,609	1,348	34.00
34.01	OCCUPATIONAL HEALTH	76.01	0.000000	0	0	34.01
34.03	HYPERALIMENTATION	76.03	0.000000	0	0	34.03
34.04	PERIPHERAL VASCULAR	76.04	0.093208	134,440	12,531	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.141333	195,964	27,696	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.798902	29,777	23,789	34.09
34.10	BARIATRICS	76.10	2.269170	54	123	34.10
34.11	HEPATOLOGY	76.11	99.937005	0	0	34.11
34.97	CARDIAC REHABILITATION	76.97	0.566091	3,908	2,212	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.501011	1,021	512	37.00
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01
37.02	CANCER CENTER	90.02	0.850124	31,626	26,886	37.02
37.03	PSYCH SOCIAL REHAB	90.03	273.655515	0	0	37.03
37.04	WELLNESS ASSESSMENT	90.04	0.000000	0	0	37.04
37.06	HEART FAILURE CLINIC	90.06	0.000000	0	0	37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.309570	73,398	22,722	37.07

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	OBT OUTPATIENT CENTER	90.08	0.400494	5,379	2,154	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.778054	295	230	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.482760	1,782	860	37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.642774	599	385	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13
37.14	WHEATON PCC	90.14	1.974568	221	436	37.14
37.15	OBT II PCC	90.15	0.799475	470	376	37.15
37.16	HICKORY HILLS PCC	90.16	0.441056	780	344	37.16
37.18	DARIEN PCC	90.18	1.429462	270	386	37.18
37.20	ORLAND PARK - FP	90.20	0.651852	137	89	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.266276	676	180	37.21
37.22	HOMER GLEN PCC	90.22	0.442940	2,102	931	37.22
37.23	OAK PARK PCC	90.23	1.261375	402	507	37.23
37.24	PARK RIDGE PCC	90.24	0.365483	541	198	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.010066	118	237	37.25
37.26	WOODRIDGE PCC	90.26	3.781552	0	0	37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.764407	347	265	37.28
37.29	BURR RIDGE PCC	90.29	0.286447	21,562	6,176	37.29
37.30	RIVER FOREST	90.30	0.339302	1,928	654	37.30
37.31	NORRIDGE	90.31	0.841495	29	24	37.31
37.32	ELMWOOD PARK	90.32	1.377817	55	76	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	2.456622	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	1.025496	0	0	37.34
38.00	EMERGENCY	91.00	0.137435	169,293	23,267	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.506937	53,314	27,027	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.279254	51,424	14,360	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			7,948,351	997,170	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE	7.00	0.00	0	0	47.00
47.01	PEDIATRIC ICU	7.01	0.00	0	0	47.01
47.03	HEART TRANSPLANT ICU	7.03	0.00	0	0	47.03
47.04	BONE INTENSIVE CARE	7.04	0.00	0	0	47.04
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	1,021	0.000000	0	51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01
51.02	CANCER CENTER	23.02	31,626	0.000000	0	51.02
51.03	PSYCH SOCIAL REHAB	23.03	0	0.000000	0	51.03
51.04	WELLNESS ASSESSMENT	23.04	0	0.000000	0	51.04
51.06	HEART FAILURE CLINIC	23.06	0	0.000000	0	51.06
51.07	LOC OUTPATIENT CENTER	23.07	73,398	0.000000	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	5,379	0.000000	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	295	0.000000	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	1,782	0.000000	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	599	0.000000	0	51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13
51.14	WHEATON PCC	23.14	221	0.000000	0	51.14
51.15	OBT II PCC	23.15	470	0.000000	0	51.15
51.16	HICKORY HILLS PCC	23.16	780	0.000000	0	51.16

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.18	DARIEN PCC	23.18	270	0.000000	0	51.18
51.20	ORLAND PARK - FP	23.20	137	0.000000	0	51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	676	0.000000	0	51.21
51.22	HOMER GLEN PCC	23.22	2,102	0.000000	0	51.22
51.23	OAK PARK PCC	23.23	402	0.000000	0	51.23
51.24	PARK RIDGE PCC	23.24	541	0.000000	0	51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	118	0.000000	0	51.25
51.26	WOODRIDGE PCC	23.26	0	0.000000	0	51.26
51.27	NEUROLOGY - NILES	23.27	0	0.000000	0	51.27
51.28	MARJORIE WEINBERG CANCER CENTER	23.28	347	0.000000	0	51.28
51.29	BURR RIDGE PCC	23.29	21,562	0.000000	0	51.29
51.30	RIVER FOREST	23.30	1,928	0.000000	0	51.30
51.31	NORRIDGE	23.31	29	0.000000	0	51.31
51.32	ELMWOOD PARK	23.32	55	0.000000	0	51.32
51.33	OCCUPATIONAL HEALTH CLINIC	23.33	0	0.000000	0	51.33
51.34	CHICAGO AND BELMONT	23.34	0	0.000000	0	51.34
52.00	EMERGENCY	24.00	169,293	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	53,314	0.000000	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	51,424	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		417,769		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	999,855		7,956,521		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	4,578,825		7,849,270		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	5,578,680		15,805,791		61.00
62.00	Total Usable Organs (see instructions)		66			62.00
63.00	Medicare Usable Organs (see instructions)		29			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.439394			64.00
65.00	Medicare Cost/Charges (see instructions)	2,451,239		6,944,970		65.00
66.00	Revenue for Organs Sold	20,000		0		66.00
67.00	Subtotal (line 65 minus line 66)	2,431,239		6,944,970		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,431,239	0	6,944,970	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	8		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	58		73.00
74.00	Total (sum of lines 70 through 73)	0	66		74.00
75.00	Organs Transplanted	0	58	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	8	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	66		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	834.77	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,085	1,342.30	1	1,342	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	4,616.42	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE	47.00	0	1,427.94	0	0	6.00
6.01	PEDIATRIC ICU	47.01	0	1,962.40	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,136.90	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,266.85	0	0	6.04
7.00	TOTAL (sum of lines 1-6)		4,085		1	1,342	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.393202	129,312	50,846	8.00
8.01	AMBULATORY SURGERY CENTER	50.01	0.148340	4,865	722	8.01
9.00	RECOVERY ROOM	51.00	0.124080	50,513	6,268	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.347288	1,466	509	10.00
11.00	ANESTHESIOLOGY	53.00	0.027429	130,207	3,571	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.144917	316,285	45,835	12.00
12.01	RADIOLOGY-ULTRASOUND	54.01	0.077502	116,908	9,061	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.188599	19,981	3,768	14.00
15.00	CT SCAN	57.00	0.059203	661,450	39,160	15.00
16.00	MRI	58.00	0.069437	60,824	4,223	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.134135	931,917	125,003	17.00
18.00	LABORATORY	60.00	0.067949	2,212,916	150,365	18.00
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.000000	0	0	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02	0.000000	0	0	18.02
18.03	LABORATORY-HLA	60.03	0.000000	5,545	0	18.03
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258733	230,037	59,518	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.196824	287,189	56,526	23.00
24.00	PHYSICAL THERAPY	66.00	0.256270	132,500	33,956	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.199099	35,960	7,160	25.00
26.00	SPEECH PATHOLOGY	68.00	0.271346	13,914	3,776	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.093293	523,422	48,832	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.276685	66,281	18,339	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.978080	2,442	2,388	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.506283	688	348	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.345180	31,876	11,003	31.00
32.00	RENAL DIALYSIS	74.00	0.152517	13,720	2,093	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS	76.00	0.204013	9,886	2,017	34.00
34.01	OCCUPATIONAL HEALTH	76.01	0.000000	0	0	34.01
34.03	HYPERALIMENTATION	76.03	0.000000	0	0	34.03
34.04	PERIPHERAL VASCULAR	76.04	0.093208	181,899	16,954	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.141333	47,722	6,745	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.798902	2,694	2,152	34.09
34.10	BARIATRICS	76.10	2.269170	71	161	34.10
34.11	HEPATOLOGY	76.11	99.937005	0	0	34.11
34.97	CARDIAC REHABILITATION	76.97	0.566091	25,236	14,286	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.501011	1,333	668	37.00
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01
37.02	CANCER CENTER	90.02	0.850124	9,092	7,729	37.02
37.03	PSYCH SOCIAL REHAB	90.03	273.655515	0	0	37.03
37.04	WELLNESS ASSESSMENT	90.04	0.000000	0	0	37.04
37.06	HEART FAILURE CLINIC	90.06	0.000000	0	0	37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.309570	30,763	9,523	37.07

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

Heart | Hospital | PPS

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	OBT OUTPATIENT CENTER	90.08	0.400494	3,381	1,354	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.778054	344	268	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.482760	2,132	1,029	37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.642774	771	496	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13
37.14	WHEATON PCC	90.14	1.974568	261	515	37.14
37.15	OBT II PCC	90.15	0.799475	626	500	37.15
37.16	HICKORY HILLS PCC	90.16	0.441056	919	405	37.16
37.18	DARIEN PCC	90.18	1.429462	369	527	37.18
37.20	ORLAND PARK - FP	90.20	0.651852	144	94	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.266276	468	125	37.21
37.22	HOMER GLEN PCC	90.22	0.442940	1,709	757	37.22
37.23	OAK PARK PCC	90.23	1.261375	417	526	37.23
37.24	PARK RIDGE PCC	90.24	0.365483	712	260	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.010066	160	322	37.25
37.26	WOODRIDGE PCC	90.26	3.781552	170	643	37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.764407	0	0	37.28
37.29	BURR RIDGE PCC	90.29	0.286447	11,396	3,264	37.29
37.30	RIVER FOREST	90.30	0.339302	1,922	652	37.30
37.31	NORRIDGE	90.31	0.841495	38	32	37.31
37.32	ELMWOOD PARK	90.32	1.377817	72	99	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	2.456622	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	1.025496	0	0	37.34
38.00	EMERGENCY	91.00	0.137435	132,144	18,161	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.506937	53,621	27,182	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.279254	35,517	9,918	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			6,536,207	810,634	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE	7.00	0.00	0	0	47.00
47.01	PEDIATRIC ICU	7.01	0.00	0	0	47.01
47.03	HEART TRANSPLANT ICU	7.03	0.00	0	0	47.03
47.04	BONE INTENSIVE CARE	7.04	0.00	0	0	47.04
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	1,333	0.000000	0	51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01
51.02	CANCER CENTER	23.02	9,092	0.000000	0	51.02
51.03	PSYCH SOCIAL REHAB	23.03	0	0.000000	0	51.03
51.04	WELLNESS ASSESSMENT	23.04	0	0.000000	0	51.04
51.06	HEART FAILURE CLINIC	23.06	0	0.000000	0	51.06
51.07	LOC OUTPATIENT CENTER	23.07	30,763	0.000000	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	3,381	0.000000	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	344	0.000000	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	2,132	0.000000	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	771	0.000000	0	51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13
51.14	WHEATON PCC	23.14	261	0.000000	0	51.14
51.15	OBT II PCC	23.15	626	0.000000	0	51.15
51.16	HICKORY HILLS PCC	23.16	919	0.000000	0	51.16

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.18	DARIEN PCC	23.18	369	0.000000	0	51.18
51.20	ORLAND PARK - FP	23.20	144	0.000000	0	51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	468	0.000000	0	51.21
51.22	HOMER GLEN PCC	23.22	1,709	0.000000	0	51.22
51.23	OAK PARK PCC	23.23	417	0.000000	0	51.23
51.24	PARK RIDGE PCC	23.24	712	0.000000	0	51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	160	0.000000	0	51.25
51.26	WOODRIDGE PCC	23.26	170	0.000000	0	51.26
51.27	NEUROLOGY - NILES	23.27	0	0.000000	0	51.27
51.28	MARJORIE WEINBERG CANCER CENTER	23.28	0	0.000000	0	51.28
51.29	BURR RIDGE PCC	23.29	11,396	0.000000	0	51.29
51.30	RIVER FOREST	23.30	1,922	0.000000	0	51.30
51.31	NORRIDGE	23.31	38	0.000000	0	51.31
51.32	ELMWOOD PARK	23.32	72	0.000000	0	51.32
51.33	OCCUPATIONAL HEALTH CLINIC	23.33	0	0.000000	0	51.33
51.34	CHICAGO AND BELMONT	23.34	0	0.000000	0	51.34
52.00	EMERGENCY	24.00	132,144	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	53,621	0.000000	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	35,517	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		288,481		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	811,976		6,540,292		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,921,226		4,066,848		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,733,202		10,607,140		61.00
62.00	Total Usable Organs (see instructions)		31			62.00
63.00	Medicare Usable Organs (see instructions)		15			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.483871			64.00
65.00	Medicare Cost/Charges (see instructions)	1,806,388		5,132,487		65.00
66.00	Revenue for Organs Sold	7,500		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,798,888		5,132,487		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,798,888	0	5,132,487	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	28		73.00
74.00	Total (sum of lines 70 through 73)	0	31		74.00
75.00	Organs Transplanted	0	28	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	31		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

Lung | Hospital | PPS

	Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	834.77	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	8,170	1,342.30	2	2,685	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	4,616.42	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE	47.00	0	1,427.94	0	0	6.00
6.01	PEDIATRIC ICU	47.01	0	1,962.40	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,136.90	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,266.85	0	0	6.04
7.00	TOTAL (sum of lines 1-6)		8,170		2	2,685	7.00

	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.393202	66,243	26,047	8.00
8.01	AMBULATORY SURGERY CENTER	50.01	0.148340	25	4	8.01
9.00	RECOVERY ROOM	51.00	0.124080	25,975	3,223	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.347288	211	73	10.00
11.00	ANESTHESIOLOGY	53.00	0.027429	66,970	1,837	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.144917	172,144	24,947	12.00
12.01	RADIOLOGY-ULTRASOUND	54.01	0.077502	37,827	2,932	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.188599	202,714	38,232	14.00
15.00	CT SCAN	57.00	0.059203	166,801	9,875	15.00
16.00	MRI	58.00	0.069437	44,206	3,070	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.134135	503,789	67,576	17.00
18.00	LABORATORY	60.00	0.067949	844,021	57,350	18.00
18.01	LABORATORY-SURGICAL PATHOLOGY	60.01	0.000000	0	0	18.01
18.02	LABORATORY-NEUROSURGICAL	60.02	0.000000	0	0	18.02
18.03	LABORATORY-HLA	60.03	0.000000	2,038	0	18.03
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.258733	56,322	14,572	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.196824	94,196	18,540	23.00
24.00	PHYSICAL THERAPY	66.00	0.256270	66,757	17,108	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.199099	12,022	2,394	25.00
26.00	SPEECH PATHOLOGY	68.00	0.271346	7,470	2,027	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.093293	157,780	14,720	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.276685	1,344	372	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.978080	30,690	30,017	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.506283	18,759	9,497	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.345180	2,416	834	31.00
32.00	RENAL DIALYSIS	74.00	0.152517	2,817	430	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS	76.00	0.204013	2,824	576	34.00
34.01	OCCUPATIONAL HEALTH	76.01	0.000000	0	0	34.01
34.03	HYPERALIMENTATION	76.03	0.000000	0	0	34.03
34.04	PERIPHERAL VASCULAR	76.04	0.093208	84,666	7,892	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE	76.07	0.141333	156,518	22,121	34.07
34.09	BONE MARROW PROCUREMENT	76.09	0.798902	3,464	2,767	34.09
34.10	BARIATRICS	76.10	2.269170	22	50	34.10
34.11	HEPATOLOGY	76.11	99.937005	0	0	34.11
34.97	CARDIAC REHABILITATION	76.97	0.566091	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.501011	413	207	37.00
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01
37.02	CANCER CENTER	90.02	0.850124	3,980	3,383	37.02
37.03	PSYCH SOCIAL REHAB	90.03	273.655515	0	0	37.03
37.04	WELLNESS ASSESSMENT	90.04	0.000000	0	0	37.04
37.06	HEART FAILURE CLINIC	90.06	0.000000	0	0	37.06
37.07	LOC OUTPATIENT CENTER	90.07	0.309570	9,725	3,011	37.07

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
37.08	OBT OUTPATIENT CENTER	90.08	0.400494	1,210	485	37.08
37.09	ELMHURST IMMEDIATE CARE	90.09	0.778054	114	89	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.482760	672	324	37.10
37.12	NORTH RIVERSIDE PCC	90.12	0.642774	235	151	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13
37.14	WHEATON PCC	90.14	1.974568	82	162	37.14
37.15	OBT II PCC	90.15	0.799475	183	146	37.15
37.16	HICKORY HILLS PCC	90.16	0.441056	299	132	37.16
37.18	DARIEN PCC	90.18	1.429462	102	146	37.18
37.20	ORLAND PARK - FP	90.20	0.651852	49	32	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.266276	196	52	37.21
37.22	HOMER GLEN PCC	90.22	0.442940	571	253	37.22
37.23	OAK PARK PCC	90.23	1.261375	129	163	37.23
37.24	PARK RIDGE PCC	90.24	0.365483	225	82	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.010066	63	127	37.25
37.26	WOODRIDGE PCC	90.26	3.781552	0	0	37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.764407	66	50	37.28
37.29	BURR RIDGE PCC	90.29	0.286447	4,407	1,262	37.29
37.30	RIVER FOREST	90.30	0.339302	638	216	37.30
37.31	NORRIDGE	90.31	0.841495	11	9	37.31
37.32	ELMWOOD PARK	90.32	1.377817	22	30	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	2.456622	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	1.025496	0	0	37.34
38.00	EMERGENCY	91.00	0.137435	32,420	4,456	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.506937	3,046	1,544	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.279254	3,863	1,079	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			2,893,752	396,674	41.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE	7.00	0.00	0	0	47.00
47.01	PEDIATRIC ICU	7.01	0.00	0	0	47.01
47.03	HEART TRANSPLANT ICU	7.03	0.00	0	0	47.03
47.04	BONE INTENSIVE CARE	7.04	0.00	0	0	47.04
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00

	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	413	0.000000	0	51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01
51.02	CANCER CENTER	23.02	3,980	0.000000	0	51.02
51.03	PSYCH SOCIAL REHAB	23.03	0	0.000000	0	51.03
51.04	WELLNESS ASSESSMENT	23.04	0	0.000000	0	51.04
51.06	HEART FAILURE CLINIC	23.06	0	0.000000	0	51.06
51.07	LOC OUTPATIENT CENTER	23.07	9,725	0.000000	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	1,210	0.000000	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	114	0.000000	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	672	0.000000	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	235	0.000000	0	51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13
51.14	WHEATON PCC	23.14	82	0.000000	0	51.14
51.15	OBT II PCC	23.15	183	0.000000	0	51.15
51.16	HICKORY HILLS PCC	23.16	299	0.000000	0	51.16

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276 | Component CCN: | Period: From 07/01/2016 To 06/30/2017 | Worksheet D-4 | Date/Time Prepared: 11/30/2017 8:07 am

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	Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
51.18	DARIEN PCC	23.18	102	0.000000	0	51.18
51.20	ORLAND PARK - FP	23.20	49	0.000000	0	51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	196	0.000000	0	51.21
51.22	HOMER GLEN PCC	23.22	571	0.000000	0	51.22
51.23	OAK PARK PCC	23.23	129	0.000000	0	51.23
51.24	PARK RIDGE PCC	23.24	225	0.000000	0	51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	63	0.000000	0	51.25
51.26	WOODRIDGE PCC	23.26	0	0.000000	0	51.26
51.27	NEUROLOGY - NILES	23.27	0	0.000000	0	51.27
51.28	MARJORIE WEINBERG CANCER CENTER	23.28	66	0.000000	0	51.28
51.29	BURR RIDGE PCC	23.29	4,407	0.000000	0	51.29
51.30	RIVER FOREST	23.30	638	0.000000	0	51.30
51.31	NORRIDGE	23.31	11	0.000000	0	51.31
51.32	ELMWOOD PARK	23.32	22	0.000000	0	51.32
51.33	OCCUPATIONAL HEALTH CLINIC	23.33	0	0.000000	0	51.33
51.34	CHICAGO AND BELMONT	23.34	0	0.000000	0	51.34
52.00	EMERGENCY	24.00	32,420	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	3,046	0.000000	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	3,863	0.000000	0	53.01
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		62,721		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	399,359		2,901,922		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,851,530		6,232,050		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	4,250,889		9,133,972		61.00
62.00	Total Usable Organs (see instructions)		66			62.00
63.00	Medicare Usable Organs (see instructions)		29			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.439394			64.00
65.00	Medicare Cost/Charges (see instructions)	1,867,815		4,013,412		65.00
66.00	Revenue for Organs Sold	2,500		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,865,315		4,013,412		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,865,315	0	4,013,412	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	1		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	65		73.00
74.00	Total (sum of lines 70 through 73)	0	66		74.00
75.00	Organs Transplanted	0	65	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	1	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	66		84.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E Part A Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	23,384,392	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	69,896,908	256,267	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	0	1.04
2.00	Outlier payments for discharges. (see instructions)	5,621,838	15,445	2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
3.00	Managed Care Simulated Payments	17,131,275	47,064	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	518.55		4.00
	Indirect Medical Education Adjustment			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	300.59		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	6.18		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA 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.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	306.77		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	403.20		10.00
11.00	FTE count for residents in dental and podiatric programs.	14.82		11.00
12.00	Current year allowable FTE (see instructions)	321.59		12.00
13.00	Total allowable FTE count for the prior year.	321.93		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	321.62		14.00
15.00	Sum of lines 12 through 14 divided by 3.	321.71		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	321.71		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.620403		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.653068		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.620403		21.00
22.00	IME payment adjustment (see instructions)	27,188,141	74,693	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	4,993,150	13,717	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	96.43		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	27,188,141	74,693	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	4,993,150	13,717	29.01
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.36		30.00
31.00	Percentage of Medicaid patient days (see instructions)	24.89		31.00
32.00	Sum of lines 30 and 31	29.25		32.00
33.00	Allowable disproportionate share percentage (see instructions)	13.35	13.35	33.00
34.00	Disproportionate share adjustment (see instructions)	3,113,263	8,553	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0276	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 8:07 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000885602	0.000891237	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,673,293	5,327,353	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,426,073	3,984,567	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,410,640		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00

		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	134,615,182	354,958	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	0	48.00

		Amount	
		1.00	
49.00	Total payment for inpatient operating costs (see instructions)	139,977,007	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	10,438,174	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	7,073,706	52.00
53.00	Nursing and Allied Health Managed Care payment	76,972	53.00
54.00	Special add-on payments for new technologies	35,297	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	12,478,917	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	146,041	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	238,077	58.00
59.00	Total (sum of amounts on lines 49 through 58)	170,464,191	59.00
60.00	Primary payer payments	67,558	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	170,396,633	61.00
62.00	Deductibles billed to program beneficiaries	6,157,060	62.00
63.00	Coinsurance billed to program beneficiaries	727,293	63.00
64.00	Allowable bad debts (see instructions)	1,658,141	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,077,792	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,189,553	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	164,590,072	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	RURAL DEMONSTRATION PROJECT	0	70.50
70.88	SCH or MDH volume decrease adjustment	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)	0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	-69,537	70.93
70.94	HRR adjustment amount (see instructions)	-318,670	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0276	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 8:07 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		1,124,733	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		163,077,132	71.00
71.01	Sequestration adjustment (see instructions)		3,261,543	71.01
72.00	Interim payments		157,146,288	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		2,669,301	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,310,644	75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2017 8:07 am

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,384,392	23,384,392		23,384,392	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	70,153,175		70,153,175	70,153,175	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,637,283	1,409,321	4,227,962	5,637,283	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,178,339	4,294,585	12,883,754	17,178,339	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.620403	0.620403	0.620403		5.00
6.00	IME payment adjustment (see instructions)	22.00	27,262,834	6,815,708	20,447,126	27,262,834	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,006,867	1,251,717	3,755,150	5,006,867	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	27,262,834	6,815,708	20,447,126	27,262,834	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,006,867	1,251,717	3,755,150	5,006,867	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1335	0.1335	0.1335		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,121,816	780,454	2,341,362	3,121,816	11.00
11.01	Uncompensated care payments	36.00	5,410,640	1,426,073	3,984,567	5,410,640	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	134,970,140	33,815,948	101,154,192	134,970,140	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	139,977,007	35,067,665	104,909,342	139,977,007	15.00
16.00	Payment for inpatient program capital	50.00	10,438,174	2,609,543	7,828,631	10,438,174	16.00
17.00	Special add-on payments for new technologies	54.00	35,297	8,824	26,473	35,297	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			37,686,032	112,764,446	150,450,478	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2017 8:07 am

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	7,554,365	1,888,591	5,665,774	7,554,365	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	171,037	42,759	128,278	171,037	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2981	0.2981	0.2981		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,251,956	562,989	1,688,967	2,251,956	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0610	0.0610	0.0610		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	460,816	115,204	345,612	460,816	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,438,174	2,609,543	7,828,631	10,438,174	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-69,537	-17,384	-52,153	-69,537	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-318,670	-79,668	-239,002	-318,670	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	1,124,733	1,124,733	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E Part B Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		before Geo Reclassification	on/after Geo Reclassification	
		1.00	1.01	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	456,982		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	113,213,099	0	2.00
3.00	PPS payments	95,712,787	0	3.00
4.00	Outlier payment (see instructions)	903,325	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	0.000	5.00
6.00	Line 2 times line 5	0	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	213,670		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	456,982		11.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12.00	Ancillary service charges	1,286,535		12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0		13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,286,535		14.00
	Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0		15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0		16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)	1,286,535		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	829,553		19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0		20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	456,982		21.00
22.00	Interns and residents (see instructions)	0		22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0		23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	96,829,782		24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25.00	Deductibles and coinsurance (for CAH, see instructions)	11,571		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	18,053,467		26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	79,221,726		27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,709,299		28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0		29.00
30.00	Subtotal (sum of lines 27 through 29)	84,931,025		30.00
31.00	Primary payer payments	12,620		31.00
32.00	Subtotal (line 30 minus line 31)	84,918,405		32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	245,535		33.00
34.00	Allowable bad debts (see instructions)	2,204,801		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,433,121		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,311,546		36.00
37.00	Subtotal (see instructions)	86,597,061		37.00
38.00	MSP-LCC reconciliation amount from PS&R	0		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0		39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	85,274		39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0		39.99
40.00	Subtotal (see instructions)	86,597,061		40.00
40.01	Sequestration adjustment (see instructions)	1,731,941		40.01
41.00	Interim payments	84,589,214		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	275,906		43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	683,711		44.00
	TO BE COMPLETED BY CONTRACTOR			
90.00	Original outlier amount (see instructions)	0		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0		91.00
92.00	The rate used to calculate the Time Value of Money	0.00		92.00
93.00	Time Value of Money (see instructions)	0		93.00
94.00	Total (sum of lines 91 and 93)	0		94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E-1 Part I Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		157,455,650		84,118,316	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/22/2017	123,482	06/22/2017	470,898	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	02/16/2017	432,844		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-309,362		470,898	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		157,146,288		84,589,214	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,669,301		275,906	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		159,815,589		84,865,120	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0276	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/30/2017 8:07 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	21,869	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	41,443	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	8,754	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	124,626	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	3,075,239,117	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	39,161,675	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0276	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2017 8:07 am
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	74,849,960	49,493,008	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	74,849,960	49,493,008	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	74,849,960	49,493,008	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	74,849,960	49,493,008	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet E-4 | Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			322.44	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			6.17	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			7.84	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	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)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			320.77	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			403.20	6.00
7.00	Enter the lesser of line 5 or line 6			320.77	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	130.87	230.30	361.17	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	104.12	183.22	287.34	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		14.82		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	104.12	198.04		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	104.00	199.99		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	101.52	202.86		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	103.21	200.30		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	103.21	200.30		17.00
18.00	Per resident amount	111,584.57	105,660.76		18.00
19.00	Approved amount for resident costs	11,516,643	21,163,850	32,680,493	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			82.43	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			32,680,493	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	41,443	8,754		26.00
27.00	Total Inpatient Days (see instructions)	125,169	125,169		27.00
28.00	Ratio of inpatient days to total inpatient days	0.331096	0.069937		28.00
29.00	Program direct GME amount	10,820,381	2,285,576		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		322,952		30.00
31.00	Net Program direct GME amount			12,783,005	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0276	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/30/2017 8:07 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	37,023,381	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	128,672,648	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	12,478,917	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	67,558	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	141,084,007	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	113,883,751	42.00
43.00	Primary payer payments (see instructions)	12,620	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	113,871,131	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	254,955,138	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.553368	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.446632	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	12,783,005	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	7,073,706	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	5,709,299	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G | Date/Time Prepared: 11/30/2017 8:07 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	5,612,397	0	0	0	1.00
2.00	Temporary investments	192,829,195	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	149,377,852	0	0	0	4.00
5.00	Other receivable	68,338,907	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,655,058	0	0	0	6.00
7.00	Inventory	23,242,000	0	0	0	7.00
8.00	Prepaid expenses	3,355,615	0	0	0	8.00
9.00	Other current assets	55,532,354	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	487,633,262	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	8,850,000	0	0	0	12.00
13.00	Land improvements	284,926	0	0	0	13.00
14.00	Accumulated depreciation	-6,702,526	0	0	0	14.00
15.00	Buildings	407,474,697	0	0	0	15.00
16.00	Accumulated depreciation	-98,762,127	0	0	0	16.00
17.00	Leasehold improvements	53,207,977	0	0	0	17.00
18.00	Accumulated depreciation	-45,774,619	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	217,254,955	0	0	0	23.00
24.00	Accumulated depreciation	-99,884,468	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	435,948,815	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	92,340,226	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	69,605,419	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	161,945,645	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,085,527,722	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	82,516,045	0	0	0	37.00
38.00	Salaries, wages, and fees payable	139,229,798	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	22,085,505	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	243,831,348	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	642,872,257	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	642,872,257	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	886,703,605	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	198,824,117				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	198,824,117	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,085,527,722	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-1 | Date/Time Prepared: 11/30/2017 8:07 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		192,846,496		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		15,123,731				2.00
3.00	Total (sum of line 1 and line 2)		207,970,227		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		207,970,227		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	Other Changes in Fund Balance	9,146,110		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		9,146,110		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		198,824,117		0		19.00

		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	Other Changes in Fund Balance		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/30/2017 8:07 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	228,350,884		228,350,884	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	228,350,884		228,350,884	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	74,804,143		74,804,143	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	24,754,917		24,754,917	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE	30,288,968		30,288,968	15.00
15.01	PEDIATRIC ICU	9,163,881		9,163,881	15.01
15.03	HEART TRANSPLANT ICU	13,136,436		13,136,436	15.03
15.04	BONE INTENSIVE CARE	23,263,966		23,263,966	15.04
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	175,412,311		175,412,311	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	403,763,195		403,763,195	17.00
18.00	Ancillary services	1,052,543,531	937,813,431	1,990,356,962	18.00
19.00	Outpatient services	0	683,848,692	683,848,692	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HOME INFUSION SERVICES	0	10,760,845	10,760,845	27.00
27.01	PROFESSIONAL FEES	0	797,868,588	797,868,588	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,456,306,726	2,430,291,556	3,886,598,282	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,235,309,091		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,235,309,091		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet G-3 | Date/Time Prepared: 11/30/2017 8:07 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,886,598,282	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,784,589,871	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,102,008,411	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,235,309,091	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-133,300,680	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	13,855,407	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	4,274,853	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	418,552	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	37,140	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	52,072	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	99,648,848	24.00
24.01	INCENTIVE REVENUE	16,896,715	24.01
24.03	FACULTY & STRATEGIC SUP CAPITATION	13,240,824	24.03
25.00	Total other income (sum of lines 6-24)	148,424,411	25.00
26.00	Total (line 5 plus line 25)	15,123,731	26.00
27.00	Other expenses specify	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,123,731	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0276
Component CCN: 14-2329

Period:
From 07/01/2016
To 06/30/2017

Worksheet I-1
Date/Time Prepared:
11/30/2017 8:07 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,424,170	HOURS OF SERVICE	35,343.00	16.99	1.00
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	134	HOURS OF SERVICE	1.00	0.00	3.00
4.00	TECHNICIANS	1,197,542	HOURS OF SERVICE	53,650.00	25.79	4.00
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	99,900	HOURS OF SERVICE	3,360.00	1.62	6.00
7.00	PHYSICIANS	0	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	250,235	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	2,971,981				9.00
10.00	EMPLOYEE BENEFITS	0	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	1,663	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	31,334	REQUISITIONS			14.00
15.00	DRUGS	8,909	REQUISITIONS			15.00
16.00	OTHER	148,226	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,162,113				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	211,125	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	27,708	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	509,707	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,038,712	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	623,502	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	1,713	REQUISITIONS			24.00
25.00	PHARMACY	0	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	316,350	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	5,890,930				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0		29.00
30.00	PULMONARY LABS	0	CHARGES	0		30.00
30.01	OCCUPATIONAL HEALTH	0	CHARGES	0		30.01
30.03	HYPERALIMENTATION	0	CHARGES	0		30.03
30.04	PERIPHERAL VASCULAR	0	CHARGES	0		30.04
30.05	PEDIATRIC ENDO NUTRITION	0	CHARGES	0		30.05
30.07	GASTROINTESTINAL SERVICE	0	CHARGES	0		30.07
30.09	BONE MARROW PROCUREMENT	0	CHARGES	0		30.09
30.10	BARIATRICS	0	CHARGES	0		30.10
30.11	HEPATOLOGY	0	CHARGES	0		30.11
30.97	CARDIAC REHABILITATION	0	CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0		30.98
30.99	LITHOTRIPSY	0	CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	5,890,930				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0276 | Component CCN: 14-2329 | Period: From 07/01/2016 To 06/30/2017 | Worksheet I-2 | Date/Time Prepared: 11/30/2017 8:07 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	834,627	29,371	1,424,170	1,297,576	509,707	-235,326	1.00
	MAINTENANCE							
2.00	Hemodialysis	519,560	18,284	886,530	807,720	317,280	-146,484	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	520	18	846	798	309	-143	6.00
7.00	CCPD	1,189	42	2,055	1,862	736	-340	7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	149	5	242	218	88	-41	10.00
11.00	CCPD	230,801	8,122	393,861	358,860	140,965	-65,082	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	82,408	2,900	140,636	128,118	50,329	-23,237	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						244,235	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	834,627	29,371	1,424,170	1,297,576	509,707	-235,327	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	33,047	0	3,893,172	1,753,523	5,646,695		1.00
	MAINTENANCE							
2.00	Hemodialysis	20,571	0	2,423,461	1,091,551	3,515,012		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
	TRAINING							
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	20	0	2,368	1,067	3,435		6.00
7.00	CCPD	48	0	5,592	2,519	8,111		7.00
	HOME							
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	6	0	667	300	967		10.00
11.00	CCPD	9,139	0	1,076,666	484,941	1,561,607		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	3,263	0	384,417	173,145	557,562		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	33,047	0	3,893,171	1,753,523	5,646,694		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					5,646,694		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276 | Component CCN: 14-2329 | Period: From 07/01/2016 To 06/30/2017 | Worksheet I-3 | Date/Time Prepared: 11/30/2017 8:07 am

Renal Dialysis

			Capital Related Costs		Direct Patient Care Salary			
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		834,627	29,371	1,424,170	1,297,576	509,707	1.00
	MAINTENANCE							
2.00	Hemodialysis		6,992	6,992.00	22,000.00	33,395.00	1,849,980	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
	TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		7	7.00	21.00	33.00	1,802	6.00
7.00	CCPD		16	16.00	51.00	77.00	4,290	7.00
	HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		2	2.00	6.00	9.00	515	10.00
11.00	CCPD		3,106	3,106.00	9,774.00	14,837.00	821,937	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	557,562	1,109	1,109.00	3,490.00	5,297.00	293,457	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		11,232	11,232.00	35,342.00	53,648.00	2,971,981	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		74.307959	2.614939	40.296814	24.186848	0.171504	18.00

		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	-235,326	33,047	0	3,893,172	1,753,523		1.00
	MAINTENANCE							
2.00	Hemodialysis	202,499	1,095,278	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
	TRAINING							
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	197	1,067	0				6.00
7.00	CCPD	470	2,540	0				7.00
	HOME							
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	56	305	0				10.00
11.00	CCPD	89,969	486,627	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	32,122	173,741	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	ESAs							14.00
15.00								15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	325,313	1,759,558	0		3,893,171		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-0.723383	0.018781	0.000000		0.450410		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0276 | Component CCN: 14-2329 | Period: From 07/01/2016 To 06/30/2017 | Worksheet I-4 | Date/Time Prepared: 11/30/2017 8:07 am

Rate 0 | Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	24,803	3,515,012	141.72	15,136	2,145,074	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	21	3,435	163.57	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	50	8,111	162.22	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	4	967	241.75	4	967	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	3,252	1,561,607	480.20	1,883	904,217	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	24,874	5,089,132		15,136	3,050,258	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	34,642					12.00

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	7,636,657	504.54		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	0	0.00		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	1,434	358.50		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	647,807	344.03		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	8,285,898			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)				12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet I-5 | Date/Time Prepared: 11/30/2017 8:07 am

		1.00	2.00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,050,258		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	8,285,898	7,906,454	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	8,285,898	7,906,454	2.03
2.04	Outlier payments	21,276		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	790	754	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	790	754	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	930,273	887,672	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	930,273	887,672	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	377,746	377,746	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	377,746	377,746	5.05
6.00	Allowable bad debts (see instructions)	245,535		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	241,394		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	510,680	8.00
9.00	Program payment (see instructions)	6,628,086	6,324,560	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	245,535		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	5,333,367		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	5,089,132		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.954206		14.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 14-0276 | Period: From 07/01/2016 To 06/30/2017 | Worksheet L Parts I-III Date/Time Prepared: 11/30/2017 8:07 am

Title XVIII | Hospital | PPS

		Urban	Rural	
		1.00	1.01	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	7,554,365	0	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	0	1.01
2.00	Capital DRG outlier payments	171,037		2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0		2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	347.99		3.00
4.00	Number of interns & residents (see instructions)	321.71		4.00
5.00	Indirect medical education percentage (see instructions)	29.81		5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	2,251,956		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	4.36		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	24.89		8.00
9.00	Sum of lines 7 and 8	29.25		9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.10		10.00
11.00	Disproportionate share adjustment (see instructions)	460,816		11.00
12.00	Total prospective capital payments (see instructions)	10,438,174		12.00
			1.00	
	PART II - PAYMENT UNDER REASONABLE COST			
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
			1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00