

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 1/29/2021 1:08 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/29/2021 Time: 1:08 pm
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LOYOLA UNIVERSITY MEDICAL CENTER (14-0276) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-178,273	-185,476	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	0		0	6.00
200.00 Total	0	-178,273	-185,476	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 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 1:08 pm
---	--	-----------------------	---	---

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

	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	99914	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	99914		03/31/2004				18.00
19.00	Other									19.00

						From:	To:	
						1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2019	06/30/2020	20.00
21.00	Type of Control (see instructions)					2		21.00
						1.00	2.00	3.00

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.			Y		N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			Y		Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N		N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			N		N		N	22.03
23.00	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.								
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 1:08 pm	
---	--	-----------------------	--	---	--	---	--

	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.	5,626	6,894	74	438	19,323	288	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
							Urban/Rural	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.					2		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		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)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
							Y/N	Y/N	
							1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? 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	N	40.00	
							V	XVIII	XIX
							1.00	2.00	3.00
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	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(b) 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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 1:08 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.03	
		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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 1:08 pm	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
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	317.98	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	1.03	0.000000	
67.01		INTERNAL MEDICINE	1400	0.00	72.32	0.000000	
67.02		INTERNAL MEDICINE-PEDIATRICS	1450	0.00	13.85	0.000000	
67.03		PEDIATRICS	2000	0.00	30.08	0.000000	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 1:08 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			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.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V		
			XIX		
			1.00		
			2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 1:08 pm
			V 1.00	XIX 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N
				Respiratory 4.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	21,281,153	0	0
			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
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00
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.		07/01/2017	130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 1:08 pm	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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	
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.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
161.20	OUTPATIENT PHYSICAL THERAPY			N		N	
161.30	OOT			N		N	
161.40	OSP			N		N	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 1/29/2021 1:08 pm
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part II Date/Time Prepared: 1/29/2021 1:08 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
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				
		1.00	2.00				
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					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 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 1/29/2021 1:08 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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		DAVI D. PALUCK@TRI NI TY-HEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 1/29/2021 1:08 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 07/01/2019
To 06/30/2020

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	345	126,270	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)		345	126,270	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	76	27,816	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	12	4,392	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	50	18,300	0.00	0	12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT	35.01	14	5,124	0.00	0	12.01
12.03 HEART TRANSPLANT ICU	35.03	10	3,660	0.00	0	12.03
12.04 BONE INTENSIVE CARE	35.04	10	3,660	0.00	0	12.04
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		517	189,222	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	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 - OOT	99.30				0	25.30
25.40 CMHC - OSP	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)		517			0	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
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	29,538	3,519	83,369			1.00
2.00 HMO and other (see instructions)	15,522	26,655				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)	29,538	3,519	83,369			7.00
8.00 INTENSIVE CARE UNIT	6,604	1,360	27,816			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	1,202	74	1,660			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	121	5,877			12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT	0	68	1,531			12.01
12.03 HEART TRANSPLANT ICU	1,114	118	2,651			12.03
12.04 BONE INTENSIVE CARE	1,840	180	3,660			12.04
13.00 NURSERY		261	5,865			13.00
14.00 Total (see instructions)	40,298	5,701	132,429	435.27	5,460.11	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	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			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 - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	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)				435.27	5,460.11	27.00
28.00 Observation Bed Days		2,140	9,482			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,438			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	288	288			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-3
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	6,752	4,727	22,068	1.00
2.00 HMO and other (see instructions)			2,252	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 UNIT						12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT						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	6,752	4,727	22,068	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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 - OOT	0.00					25.30
25.40 CMHC - OSP	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			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-3
Part II
Date/Time Prepared:
1/29/2021 1:08 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	568,811,297	0	568,811,297	11,357,024.99	50.08
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		14,212,020	0	14,212,020	102,919.00	138.09
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		19,794,779	0	19,794,779	139,198.00	142.21
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	38,831,911	2,712,361	41,544,272	938,803.04	44.25
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		214,821,513	-2,427,494	212,394,019	1,598,275.16	132.89
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		259,128	0	259,128	6,242.00	41.51
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		41,026,113	0	41,026,113	792,767.00	51.75
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		88,422,737	0	88,422,737		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		18,727,162	0	18,727,162		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,425,302	0	1,425,302		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,952,712	0	1,952,712		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		7,663,929	0	7,663,929		
25.50	Home office wage-related (core)		11,096,557	0	11,096,557		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-3
Part II
Date/Time Prepared:
1/29/2021 1:08 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	424,989	-27,684	397,305	9,803.10	40.53	26.00
27.00	Administrative & General	45,123,249	787,322	45,910,571	1,128,110.66	40.70	27.00
28.00	Administrative & General under contract (see inst.)	7,640,378	0	7,640,378	88,130.00	86.69	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	9,870,483	0	9,870,483	331,382.32	29.79	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	5,314,805	0	5,314,805	325,611.62	16.32	32.00
33.00	Housekeeping under contract (see instructions)	315,125	0	315,125	14,201.00	22.19	33.00
34.00	Dietary	4,213,187	-2,477,979	1,735,208	80,757.96	21.49	34.00
35.00	Dietary under contract (see instructions)	118,118	0	118,118	5,323.00	22.19	35.00
36.00	Cafeteria	0	2,414,111	2,414,111	147,803.07	16.33	36.00
37.00	Maintenance of Personnel	1,018,396	0	1,018,396	63,616.68	16.01	37.00
38.00	Nursing Administration	3,220,727	-34,750	3,185,977	57,741.68	55.18	38.00
39.00	Central Services and Supply	1,651,549	0	1,651,549	83,720.27	19.73	39.00
40.00	Pharmacy	9,286,825	-431,310	8,855,515	205,469.77	43.10	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	3,502,711	-1,211	3,501,500	90,757.81	38.58	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-3
Part III
Date/Time Prepared:
1/29/2021 1:08 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	518,258,228	-2,712,361	515,545,867	10,386,677.95	49.64	1.00
2.00	Excluded area salaries (see instructions)	214,821,513	-2,427,494	212,394,019	1,598,275.16	132.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	303,436,715	-284,867	303,151,848	8,788,402.79	34.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	41,285,241	0	41,285,241	799,009.00	51.67	4.00
5.00	Subtotal wage-related costs (see inst.)	100,944,596	0	100,944,596	0.00	33.30	5.00
6.00	Total (sum of lines 3 thru 5)	445,666,552	-284,867	445,381,685	9,587,411.79	46.45	6.00
7.00	Total overhead cost (see instructions)	91,700,542	228,499	91,929,041	2,632,428.94	34.92	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 1/29/2021 1:08 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		12,414,764	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,887,288	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		51,548,634	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		4,591,567	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		2,235,367	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,816,635	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,912,386	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		29,140,476	17.00
18.00	Medicare Taxes - Employers Portion Only		6,815,111	18.00
19.00	Unemployment Insurance		1,717,830	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		1,111,784	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		118,191,842	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part V Date/Time Prepared: 1/29/2021 1:08 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	259,128	118,191,842	1.00
2.00	Hospital	259,128	118,191,842	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	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 07/01/2019
To 06/30/2020

Worksheet S-5
Date/Time Prepared:
1/29/2021 1:08 pm

		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	151	1	5	0	22	1.00		
2.00	Number of times per week patient receives dialysis	0.00	3.00	3.00	3.00	0.00	3.00	2.00		
3.00	Average patient dialysis time including setup	0.00	4.50	4.50	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	314					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							29	11.00	
12.00	Number of patients transplanted during the cost reporting period							14	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				
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)			0	0	0	0	22.00		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S-5 Date/Time Prepared: 1/29/2021 1:08 pm
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 1/29/2021 1:08 pm
---	-----------------------	---	--

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.246682	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		127,076,043	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		541,458,983	6.00	
7.00	Medicaid cost (line 1 times line 6)		133,568,185	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)		6,492,142	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		364,032	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,492,142	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)	39,511,203	482,348	39,993,551	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,746,703	482,348	10,229,051	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,746,703	482,348	10,229,051	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		36,967,341	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,625,086	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,500,131	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		34,467,210	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		9,377,485	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		19,606,536	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		26,098,678	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period: From 07/01/2019 To 06/30/2020

Worksheet A Date/Time Prepared: 1/29/2021 1:08 pm

Table with columns: Cost Center Description, Salaries, Other, Total (col. 1 + col. 2), Reclassified (See A-6), Reclassified Trial Balance (col. 3 +/- col. 4), and a final column for values. Rows include various medical services like PERIPHERAL VASCULAR, PEDIATRIC ENDO NUTRITION, GASTROINTESTINAL SERVICE, etc., and sub-totals for OUTPATIENT SERVICE COST CENTERS, OTHER REIMBURSABLE COST CENTERS, SPECIAL PURPOSE COST CENTERS, and NONREIMBURSABLE COST CENTERS.

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020	Worksheet A Date/Time Prepared: 1/29/2021 1:08 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	568,811,297	832,373,497	1,401,184,794	0	1,401,184,794	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	628,899	22,924,383	1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	10,972,612	30,565,746	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-151,442	24,771,631	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,179,724	22,128,690	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-50,415,573	287,840,686	5.00
6.00	00600	MAINTENANCE & REPAIRS	-69,689	10,143,243	6.00
7.00	00700	OPERATION OF PLANT	-4,111,242	21,965,409	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	134,214	8.00
9.00	00900	HOUSEKEEPING	0	15,457,584	9.00
10.00	01000	DIETARY	-2,456,724	452,042	10.00
11.00	01100	CAFETERIA	4,171	5,191,264	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	0	1,258,744	12.01
13.00	01300	NURSING ADMINISTRATION	-75,844	4,119,444	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,758,878	14.00
15.00	01500	PHARMACY	-139,199	10,333,389	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,419,173	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	-524	52,304,995	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	-136,355	679,728	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	76,539	76,539	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	686,134	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,442,416	49,358,514	30.00
31.00	03100	INTENSIVE CARE UNIT	-14,910	18,893,700	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	-3,029	4,362,876	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-36,600	7,157,703	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,270,538	35.01
35.03	02400	HEART TRANSPLANT ICU	0	3,001,252	35.03
35.04	02401	BONE INTENSIVE CARE	0	4,165,610	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,011,113	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	22,176,233	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	4,515,460	50.01
51.00	05100	RECOVERY ROOM	-12,905	3,250,627	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,136,084	52.00
53.00	05300	ANESTHESIOLOGY	0	1,141,687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-16,021	5,243,780	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	1,522,816	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,718,553	56.00
57.00	05700	CT SCAN	-13,798	4,718,581	57.00
58.00	05800	MRI	0	1,775,586	58.00
59.00	05900	CARDIAC CATHETERIZATION	-749,206	7,384,466	59.00
60.00	06000	LABORATORY	-1,362,554	23,903,434	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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	8,541,049	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,105,258	65.00
66.00	06600	PHYSICAL THERAPY	-427,179	2,358,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,115,928	67.00
68.00	06800	SPEECH PATHOLOGY	51,874	585,085	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,906,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,563,833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	54,985,142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,522,426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	104,920,705	73.00
74.00	07400	RENAL DIALYSIS	0	2,972,210	74.00
76.00	03560	PULMONARY LABS	0	515,006	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	915,817	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 07/01/2019
To 06/30/2020

Worksheet A
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
76.07	03340	GASTROINTESTINAL SERVICE	6.00	7.00	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	4,406,109	76.09
76.10	03954	BARIATRICS	0	2,593,413	76.10
76.11	03955	HEPATOLOGY	0	609,688	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	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	224,407	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	90.01
90.02	09002	CANCER CENTER	-9,876	7,468,732	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	334,187	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	-509,229	24,670,201	90.07
90.08	09007	OB OUTPATIENT CENTER	-5,735	7,865,637	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	1,244,022	90.09
90.10	09009	LAGRANGE FAMILY PCC	-35,567	1,982,629	90.10
90.12	09010	NORTH RIVERSIDE PCC	-130,476	1,500,392	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	90.13
90.14	09012	WHEATON PCC	-242,831	288,051	90.14
90.15	09013	OB II PCC	0	1,494,092	90.15
90.16	09014	HICKORY HILLS PCC	-143,687	2,803,146	90.16
90.18	09015	DARIEN PCC	-38,070	2,090,971	90.18
90.20	09016	ORLAND PARK - FP	-372,374	2,335,534	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	3,499,043	90.21
90.22	09018	HOMER GLEN PCC	-528,259	5,383,597	90.22
90.23	09019	OAK PARK PCC	0	738,977	90.23
90.24	09020	PARK RIDGE PCC	0	966,313	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	-156,125	2,081,062	90.25
90.26	09022	WOODRIDGE PCC	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	1,489,680	90.28
90.29	09025	BURR RIDGE PCC	-763,503	13,986,467	90.29
90.30	09026	RIVER FOREST	-1,125	2,115,011	90.30
90.31	09027	NORRIDGE	0	428,119	90.31
90.32	09028	ELMWOOD PARK	0	678,364	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	440,326	90.34
91.00	09100	EMERGENCY	-8,582,780	10,050,158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	3,353,785	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	634,198	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	588,892	97.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09931	OOT	0	0	99.30
99.40	09941	OSP	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-331,137	7,116,070	105.00
106.00	10600	HEART ACQUISITION	-476,047	2,573,451	106.00
107.00	10700	LIVER ACQUISITION	-580,023	5,420,837	107.00
108.00	10800	LUNG ACQUISITION	-377,703	4,801,196	108.00
109.00	10900	PANCREAS ACQUISITION	0	207,310	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 through 117)	-65,005,938	1,047,391,883	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	2,251,168	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	43,068,750	190.03
190.04	19004	HOSPITALIST	0	0	190.04
190.05	19005	STUDENT HEALTH	0	23,698	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	243,356,274	192.01
193.00	19300	NONPAID WORKERS	0	87,083	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-65,005,938	1,336,178,856	200.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6
Date/Time Prepared:
1/29/2021 1:08 pm

		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	22,295,484	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,923,073	2.00
	0		0	47,218,557	
E - Pension Employee Benefit					
1.00			0	0	1.00
K - Dietary Shared Cost					
1.00	CAFETERIA	11.00	2,414,111	2,774,342	1.00
	0		2,414,111	2,774,342	
L - Medical Supplies Charged to Patients					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	55,092,654	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
62.00		0.00	0	0	62.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/29/2021 1:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
0			0	55,092,654		
M - Drugs Charged to Patients						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	104,936,315		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
0			0	104,936,315		
N - Implantable Devices						
1.00	RECOVERY ROOM	51.00	0	1,771		1.00
2.00	LABORATORY	60.00	0	17,080		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	37,522,519		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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
			0	37,541,370		
T - Nursery						
1.00	NURSERY	43.00	793,125	217,988		1.00
2.00		0.00	0	0		2.00
			793,125	217,988		
U - Interest Expense						
1.00	NEW CAPITAL-BLDG INTEREST	1.01	0	19,593,134		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
			0	19,593,134		
AB - Transplant Pre vs Post Salary						
1.00	KIDNEY ACQUISITION	105.00	1,501,894	0		1.00
2.00	HEART ACQUISITION	106.00	1,537,525	0		2.00
3.00	LIVER ACQUISITION	107.00	1,478,293	0		3.00
4.00	LUNG ACQUISITION	108.00	1,731,273	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
			6,248,985	0		

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/29/2021 1:08 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AO - Radiology Nursing					
1.00	RADIOLOGY-ULTRASOUND	54.01	236,115	67,795	1.00
2.00	RADIOISOTOPE	56.00	427,108	122,635	2.00
3.00	CT SCAN	57.00	1,096,294	314,778	3.00
4.00	MRI	58.00	17	5	4.00
5.00	OBSERVATION BEDS-DISTINCT	92.01	54	16	5.00
	O		1,759,588	505,229	
AP - Medical Education					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,712,361	1,298,404	1.00
	O		2,712,361	1,298,404	
AQ - Pharmacy Resident Program Preceptor					
1.00	PHARMACY RESIDENCY PROGRAM	23.04	255,037	0	1.00
	O		255,037	0	
AS - HLA to Transplant					
1.00	KIDNEY ACQUISITION	105.00	416,050	1,190,518	1.00
2.00	HEART ACQUISITION	106.00	40,386	115,563	2.00
3.00	LIVER ACQUISITION	107.00	93,726	268,194	3.00
4.00	LUNG ACQUISITION	108.00	67,818	194,059	4.00
	O		617,980	1,768,334	
AT - Living Donors to Transplant					
1.00	KIDNEY ACQUISITION	105.00	90,444	152,965	1.00
	O		90,444	152,965	
AU - Transplant Administrative Costs					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,067,579	457,931	1.00
	O		1,067,579	457,931	
AV - Post Transplant Abdominal Costs					
1.00	OBT OUTPATIENT CENTER	90.08	458,071	77,524	1.00
	O		458,071	77,524	
500.00	Grand Total: Increases		16,417,281	271,634,747	500.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6
Date/Time Prepared:
1/29/2021 1:08 pm

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	47,218,557	9	1.00
2.00		0.00	0	0	9	2.00
	0		0	47,218,557		
E - Pension Employee Benefit						
1.00			0	0		1.00
			0	0		
K - Dietary Shared Cost						
1.00	DIETARY	10.00	2,414,111	2,774,342	0	1.00
	0		2,414,111	2,774,342		
L - Medical Supplies Charged to Patients						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,168	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	282,286	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	83	0	3.00
4.00	OPERATION OF PLANT	7.00	0	20,436	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	102	0	5.00
6.00	HOUSEKEEPING	9.00	0	149,129	0	6.00
7.00	DIETARY	10.00	0	762	0	7.00
8.00	CAFETERIA	11.00	0	1,360	0	8.00
9.00	PATIENT TRANSPORTATION	12.01	0	1,456	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	59,883	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	656,188	0	11.00
12.00	PHARMACY	15.00	0	850,942	0	12.00
13.00	SOCIAL SERVICE	17.00	0	671	0	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	16	0	14.00
15.00	PARAMEDICAL ED-MICU	23.01	0	19,206	0	15.00
16.00	PHARMACY RESIDENCY PROGRAM	23.04	0	8	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	2,908,984	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	2,898,170	0	18.00
19.00	BURN INTENSIVE CARE UNIT	33.00	0	705,536	0	19.00
20.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	333,408	0	20.00
21.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	182,900	0	21.00
22.00	HEART TRANSPLANT ICU	35.03	0	394,490	0	22.00
23.00	BONE INTENSIVE CARE	35.04	0	362,464	0	23.00
24.00	OPERATING ROOM	50.00	0	14,751,104	0	24.00
25.00	AMBULATORY SURGERY CENTER	50.01	0	1,711,806	0	25.00
26.00	RECOVERY ROOM	51.00	0	411,072	0	26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	0	249,837	0	27.00
28.00	ANESTHESIOLOGY	53.00	0	1,488,268	0	28.00
29.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,849,610	0	29.00
30.00	RADIOLOGY-ULTRASOUND	54.01	0	15,654	0	30.00
31.00	RADIOISOTOPE	56.00	0	2,474,248	0	31.00
32.00	CT SCAN	57.00	0	144,931	0	32.00
33.00	MRI	58.00	0	121,435	0	33.00
34.00	CARDIAC CATHETERIZATION	59.00	0	11,116,067	0	34.00
35.00	LABORATORY	60.00	0	191,515	0	35.00
36.00	LABORATORY-HLA	60.03	0	3,299	0	36.00
37.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	578,114	0	37.00
38.00	RESPIRATORY THERAPY	65.00	0	459,212	0	38.00
39.00	PHYSICAL THERAPY	66.00	0	60,290	0	39.00
40.00	OCCUPATIONAL THERAPY	67.00	0	144	0	40.00
41.00	SPEECH PATHOLOGY	68.00	0	20,706	0	41.00
42.00	ELECTROCARDIOLOGY	69.00	0	75,566	0	42.00
43.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,031	0	43.00
44.00	RENAL DIALYSIS	74.00	0	2,080,289	0	44.00
45.00	PULMONARY LABS	76.00	0	188,165	0	45.00
46.00	PERIPHERAL VASCULAR	76.04	0	13,033	0	46.00
47.00	GASTROINTESTINAL SERVICE	76.07	0	1,999,545	0	47.00
48.00	BONE MARROW PROCUREMENT	76.09	0	44	0	48.00
49.00	BARIATRICS	76.10	0	2,239	0	49.00
50.00	CLINIC	90.00	0	22,698	0	50.00
51.00	CANCER CENTER	90.02	0	326,064	0	51.00
52.00	PSYCH SOCIAL REHAB	90.03	0	779	0	52.00
53.00	LOC OUTPATIENT CENTER	90.07	0	1,226,245	0	53.00
54.00	OBT OUTPATIENT CENTER	90.08	0	271,625	0	54.00
55.00	ELMHURST IMMEDIATE CARE	90.09	0	36,105	0	55.00
56.00	LAGRANGE FAMILY PCC	90.10	0	142,921	0	56.00
57.00	NORTH RIVERSIDE PCC	90.12	0	38,989	0	57.00
58.00	WHEATON PCC	90.14	0	4,574	0	58.00
59.00	OBT II PCC	90.15	0	66,232	0	59.00
60.00	HICKORY HILLS PCC	90.16	0	62,377	0	60.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6
Date/Time Prepared:
1/29/2021 1:08 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
61.00	DARIEN PCC	90.18	0	27,355	0	61.00	
62.00	ORLAND PARK - FP	90.20	0	103,718	0	62.00	
63.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	76,503	0	63.00	
64.00	HOMER GLEN PCC	90.22	0	179,391	0	64.00	
65.00	OAK PARK PCC	90.23	0	24,519	0	65.00	
66.00	PARK RIDGE PCC	90.24	0	33,494	0	66.00	
67.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	68,914	0	67.00	
68.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	67,354	0	68.00	
69.00	BURR RIDGE PCC	90.29	0	721,639	0	69.00	
70.00	RIVER FOREST	90.30	0	100,205	0	70.00	
71.00	NORRIDGE	90.31	0	8,650	0	71.00	
72.00	ELMWOOD PARK	90.32	0	18,628	0	72.00	
73.00	CHI CAGO AND BELMONT	90.34	0	7,956	0	73.00	
74.00	EMERGENCY	91.00	0	1,340,168	0	74.00	
75.00	OBSERVATION BEDS-DISTINCT	92.01	0	194,535	0	75.00	
76.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	885	0	76.00	
77.00	KIDNEY ACQUISITION	105.00	0	203	0	77.00	
78.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	66,056	0	78.00	
	0		0	55,092,654			
M - Drugs Charged to Patients							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,702	0	1.00	
2.00	PHARMACY	15.00	0	36,078,276	0	2.00	
3.00	SOCIAL SERVICE	17.00	0	24,594	0	3.00	
4.00	PARAMEDICAL ED-MICU	23.01	0	80,237	0	4.00	
5.00	OPERATING ROOM	50.00	0	3,481	0	5.00	
6.00	AMBULATORY SURGERY CENTER	50.01	0	16,898	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	94,073	0	7.00	
8.00	RADIOLOGY-ULTRASOUND	54.01	0	2,579	0	8.00	
9.00	RADIOISOTOPE	56.00	0	2,255,741	0	9.00	
10.00	CT SCAN	57.00	0	317,844	0	10.00	
11.00	MRI	58.00	0	264,650	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	92,289	0	12.00	
13.00	LABORATORY	60.00	0	12,005	0	13.00	
14.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,596	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	181,431	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	316,335	0	16.00	
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,222	0	17.00	
18.00	RENAL DIALYSIS	74.00	0	764,067	0	18.00	
19.00	PULMONARY LABS	76.00	0	4,666	0	19.00	
20.00	PERIPHERAL VASCULAR	76.04	0	3,149	0	20.00	
21.00	GASTROINTESTINAL SERVICE	76.07	0	8,937	0	21.00	
22.00	BARITRICS	76.10	0	24	0	22.00	
23.00	CLINIC	90.00	0	12,119	0	23.00	
24.00	CANCER CENTER	90.02	0	35,379,969	0	24.00	
25.00	PSYCH SOCIAL REHAB	90.03	0	20,294	0	25.00	
26.00	LOC OUTPATIENT CENTER	90.07	0	4,555,588	0	26.00	
27.00	OBT OUTPATIENT CENTER	90.08	0	443,748	0	27.00	
28.00	ELMHURST IMMEDIATE CARE	90.09	0	239,120	0	28.00	
29.00	LAGRANGE FAMILY PCC	90.10	0	193,772	0	29.00	
30.00	NORTH RIVERSIDE PCC	90.12	0	849,334	0	30.00	
31.00	WHEATON PCC	90.14	0	46,744	0	31.00	
32.00	OBT II PCC	90.15	0	516,364	0	32.00	
33.00	HICKORY HILLS PCC	90.16	0	276,013	0	33.00	
34.00	DARIEN PCC	90.18	0	448,893	0	34.00	
35.00	ORLAND PARK - FP	90.20	0	659,940	0	35.00	
36.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	185,218	0	36.00	
37.00	HOMER GLEN PCC	90.22	0	3,909,332	0	37.00	
38.00	OAK PARK PCC	90.23	0	185,101	0	38.00	
39.00	PARK RIDGE PCC	90.24	0	32,680	0	39.00	
40.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	339,700	0	40.00	
41.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	6,443,061	0	41.00	
42.00	BURR RIDGE PCC	90.29	0	9,158,228	0	42.00	
43.00	RIVER FOREST	90.30	0	78,483	0	43.00	
44.00	NORRIDGE	90.31	0	114,514	0	44.00	
45.00	ELMWOOD PARK	90.32	0	208,574	0	45.00	
46.00	CHI CAGO AND BELMONT	90.34	0	69,711	0	46.00	
47.00	OBSERVATION BEDS-DISTINCT	92.01	0	19	0	47.00	
	0		0	104,936,315			

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
1/29/2021 1:08 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
N - Implantable Devices							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	126,606	0		2.00
3.00	OPERATION OF PLANT	7.00	0	17	0		3.00
4.00	HOUSEKEEPING	9.00	0	23,619	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	365	0		5.00
6.00	PHARMACY	15.00	0	70,205	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	2,519	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	894	0		8.00
9.00	BURN INTENSIVE CARE UNIT	33.00	0	376	0		9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	3,300	0		10.00
11.00	HEART TRANSPLANT ICU	35.03	0	82	0		11.00
12.00	BONE INTENSIVE CARE	35.04	0	186	0		12.00
13.00	OPERATING ROOM	50.00	0	25,611,206	0		13.00
14.00	AMBULATORY SURGERY CENTER	50.01	0	2,552,313	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	456	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	2,071	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	303,068	0		17.00
18.00	CT SCAN	57.00	0	15	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	7,569,825	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	407	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	52,035	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	161	0		22.00
23.00	RENAL DIALYSIS	74.00	0	557	0		23.00
24.00	PULMONARY LABS	76.00	0	7,485	0		24.00
25.00	PERIPHERAL VASCULAR	76.04	0	15	0		25.00
26.00	GASTROINTESTINAL SERVICE	76.07	0	791,811	0		26.00
27.00	BARITRICS	76.10	0	27	0		27.00
28.00	CANCER CENTER	90.02	0	3,828	0		28.00
29.00	PSYCHOSOCIAL REHAB	90.03	0	17	0		29.00
30.00	LOC OUTPATIENT CENTER	90.07	0	346,664	0		30.00
31.00	OBT OUTPATIENT CENTER	90.08	0	7,579	0		31.00
32.00	ELMHURST IMMEDIATE CARE	90.09	0	159	0		32.00
33.00	LAGRANGE FAMILY PCC	90.10	0	37,319	0		33.00
34.00	NORTH RIVERSIDE PCC	90.12	0	190	0		34.00
35.00	OBT II PCC	90.15	0	54	0		35.00
36.00	HICKORY HILLS PCC	90.16	0	1,900	0		36.00
37.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	55	0		37.00
38.00	HOMER GLEN PCC	90.22	0	2,065	0		38.00
39.00	PARK RIDGE PCC	90.24	0	30	0		39.00
40.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	684	0		40.00
41.00	BURR RIDGE PCC	90.29	0	10,915	0		41.00
42.00	RIVER FOREST	90.30	0	81	0		42.00
43.00	NORRIDGE	90.31	0	30	0		43.00
44.00	ELMWOOD PARK	90.32	0	80	0		44.00
45.00	EMERGENCY	91.00	0	2,052	0		45.00
46.00	KIDNEY ACQUISITION	105.00	0	42	0		46.00
47.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	8,000	0		47.00
O			0	37,541,370			
T - Nursery							
1.00	ADULTS & PEDIATRICS	30.00	793,125	126,805	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	91,183	0		2.00
O			793,125	217,988			
U - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,293,006	9		1.00
2.00	OPERATING ROOM	50.00	0	3,763	0		2.00
3.00	DARIEN PCC	90.18	0	154,100	0		3.00
4.00	BURR RIDGE PCC	90.29	0	1,925,738	0		4.00
5.00	RIVER FOREST	90.30	0	216,527	0		5.00
O			0	19,593,134			
AB - Transplant Pre vs Post Salary							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	27,684	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	280,257	0	0		2.00
3.00	DIETARY	10.00	63,868	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	34,750	0	0		4.00
5.00	PHARMACY	15.00	176,273	0	0		5.00
6.00	SOCIAL SERVICE	17.00	1,211	0	0		6.00
7.00	PHARMACY RESIDENCY PROGRAM	23.04	477	0	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	6,437	0	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	166	0	0		9.00
10.00	OPERATING ROOM	50.00	39,661	0	0		10.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	CARDIAC CATHETERIZATION	59.00	3,680	0	0		11.00
12.00	LOC OUTPATIENT CENTER	90.07	135,120	0	0		12.00
13.00	EMERGENCY	91.00	61,778	0	0		13.00
14.00	OBT OUTPATIENT CENTER	90.08	106,615	0	0		14.00
15.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	1,173,444	0	0		15.00
16.00	FACULTY CLINICAL OPERATIONS	192.01	4,137,564	0	0		16.00
	O		6,248,985	0	0		
AO - Radiology Nursing							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,759,588	473,197	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,329	0		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	93	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,610	0		4.00
5.00	O	0.00	0	0	0		5.00
	O		1,759,588	505,229	0		
AP - Medical Education							
1.00	FACULTY CLINICAL OPERATIONS	192.01	2,712,361	1,298,404	0		1.00
	O		2,712,361	1,298,404	0		
AQ - Pharmacy Resident Program Preceptor							
1.00	PHARMACY	15.00	255,037	0	0		1.00
	O		255,037	0	0		
AS - HLA to Transplant							
1.00	LABORATORY-HLA	60.03	617,980	1,768,334	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
	O		617,980	1,768,334	0		
AT - Living Donors to Transplant							
1.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	90,444	152,965			1.00
			90,444	152,965			
AU - Transplant Administrative Costs							
1.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	1,067,579	457,931	0		1.00
	O		1,067,579	457,931	0		
AV - Post Transplant Abdominal Costs							
1.00	INTESTINAL ACQUISITION	110.00	458,071	77,524			1.00
			458,071	77,524			
500.00	Grand Total: Decreases		16,417,281	271,634,747			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-7
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

	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	1.00
2.00	Land Improvements	1,893,896	1,058,237	0	1,058,237	2.00
3.00	Buildings and Fixtures	399,589,280	3,733,579	0	3,733,579	3.00
4.00	Building Improvements	49,738,772	6,011,083	0	6,011,083	4.00
5.00	Fixed Equipment	53,592,767	2,478,225	0	2,478,225	5.00
6.00	Movable Equipment	244,962,167	18,685,749	0	18,685,749	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	758,626,882	31,966,873	0	31,966,873	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	758,626,882	31,966,873	0	31,966,873	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	2,952,133	0			2.00
3.00	Buildings and Fixtures	403,277,000	0			3.00
4.00	Building Improvements	48,316,970	0			4.00
5.00	Fixed Equipment	41,190,449	0			5.00
6.00	Movable Equipment	260,237,427	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	764,823,979	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	764,823,979	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-7
Part II
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
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 07/01/2019
To 06/30/2020

Worksheet A-7
Part III
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	504,586,552	0	504,586,552	0.684224	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	260,237,427	27,365,374	232,872,053	0.315776	0	2.00
3.00	Total (sum of lines 1-2)	764,823,979	27,365,374	737,458,605	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	25,282,773	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	0	0	0	19,593,134	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	24,771,631	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	69,647,538	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	-2,358,390	0	0	0	22,924,383	1.00
1.01	NEW CAPITAL-BLDG INTEREST	10,972,612	0	0	0	30,565,746	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	24,771,631	2.00
3.00	Total (sum of lines 1-2)	8,614,222	0	0	0	78,261,760	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/29/2021 1:08 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-2,358,390	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01	Investment income - NEW CAPITAL-BLDG INTEREST (chapter 2)			NEW CAPITAL-BLDG INTEREST		1.01		1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00	Investment income - other (chapter 2)		0			0.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-283,356	ADMINISTRATIVE & GENERAL		5.00		7.00
8.00	Television and radio service (chapter 21)	A	-17,768	OPERATION OF PLANT		7.00		8.00
9.00	Parking lot (chapter 21)	B	-4,093,474	OPERATION OF PLANT		7.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-22,217,049					10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	5,116,691					12.00
13.00	Laundry and linen service		0			0.00		13.00
14.00	Cafeteria-employees and guests	B	-2,326,652	DIETARY		10.00		14.00
15.00	Rental of quarters to employee and others		0			0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00	Sale of drugs to other than patients		0			0.00		17.00
18.00	Sale of medical records and abstracts		0			0.00		18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		19.00
20.00	Vending machines		0			0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00		26.00
26.01	Depreciation - NEW CAPITAL-BLDG INTEREST			NEW CAPITAL-BLDG INTEREST		1.01		26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP		2.00		27.00
28.00	Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant					0.00		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
1/29/2021 1:08 pm

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
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	-151,442		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
35.00 LOBBYING EXPENSE	A	-120,304		ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.02 DONATIONS	A	-7,000		EMERGENCY	91.00	0	35.02
35.03 DONATIONS	A	-1,053,636		ADMINISTRATIVE & GENERAL	5.00	0	35.03
35.04 DONATIONS	A	-28,000		NURSING ADMINISTRATION	13.00	0	35.04
35.05 DONATIONS	A	-524		I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	35.05
35.06 FLOWERS AND GIFTS	A	-177,525		ADMINISTRATIVE & GENERAL	5.00	0	35.06
35.07 ADVERTISING	A	-135,882		ADMINISTRATIVE & GENERAL	5.00	0	35.07
38.45 OUTSIDE PROGRAM EXPENSE	A	-27,114		ADMINISTRATIVE & GENERAL	5.00	0	38.45
38.74 APN	A	-106,530		ADMINISTRATIVE & GENERAL	5.00	0	38.74
38.75 APN	A	-30,575		NURSING ADMINISTRATION	13.00	0	38.75
38.76 APN	A	-434,160		ADULTS & PEDIATRICS	30.00	0	38.76
38.77 APN	A	-670		INTENSIVE CARE UNIT	31.00	0	38.77
39.00 APN	A	-12,905		RECOVERY ROOM	51.00	0	39.00
39.01 APN	A	-28,750		LOC OUTPATIENT CENTER	90.07	0	39.01
39.07 APN	A	-177		EMERGENCY	91.00	0	39.07
39.09 APN	A	-700		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.09
39.23 OTHER OPERATING REVENUE	B	-69,689		MAINTENANCE & REPAIRS	6.00	0	39.23
39.24 OTHER OPERATING REVENUE	B	-360		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.24
39.27 OTHER OPERATING REVENUE	B	-3,916,902		ADMINISTRATIVE & GENERAL	5.00	0	39.27
39.28 OTHER OPERATING REVENUE	B	-130,072		DIETARY	10.00	0	39.28
39.29 OTHER OPERATING REVENUE	B	4,171		CAFETERIA	11.00	0	39.29
40.00 OTHER OPERATING REVENUE	B	-17,269		NURSING ADMINISTRATION	13.00	0	40.00
42.00 OTHER OPERATING REVENUE	B	-139,199		PHARMACY	15.00	0	42.00
44.00 EMS	B	-136,355		PARAMEDICAL ED-MICU	23.01	0	44.00
45.00 OTHER OPERATING REVENUE	B	-950		ADULTS & PEDIATRICS	30.00	0	45.00
45.01 OTHER OPERATING REVENUE	B	-36,600		NEONATAL INTENSIVE CARE UNIT	35.00	0	45.01
48.00 OTHER OPERATING REVENUE	B	-16,021		RADIOLOGY-DIAGNOSTIC	54.00	0	48.00
49.01 OTHER OPERATING REVENUE	B	-1,362,554		LABORATORY	60.00	0	49.01
49.04 OTHER OPERATING REVENUE	B	-9,876		CANCER CENTER	90.02	0	49.04
49.05 OTHER OPERATING REVENUE	B	-88,662		LOC OUTPATIENT CENTER	90.07	0	49.05
49.06 OTHER OPERATING REVENUE	B	-5,735		OBT OUTPATIENT CENTER	90.08	0	49.06
49.08 OTHER OPERATING REVENUE	B	-34,460		LAGRANGE FAMILY PCC	90.10	0	49.08
49.09 OTHER OPERATING REVENUE	B	-38,070		DARIEN PCC	90.18	0	49.09
49.11 LASCO MGMT FEE	A	-78,815		ADMINISTRATIVE & GENERAL	5.00	0	49.11
49.12 PASTORAL CPE TIME STUDY EXPENSE	A	76,539		CLINICAL PASTORAL EDUCATION	23.03	0	49.12
49.18 OTHER OPERATING REVENUE	B	-13,798		CT SCAN	57.00	0	49.18
49.19 OTHER OPERATING REVENUE	B	-3,554		BURR RIDGE PCC	90.29	0	49.19
49.22 OTHER OPERATING REVENUE	B	-300		EMERGENCY	91.00	0	49.22
49.27 HAIP NET BENEFIT OFFSET	A	-30,491,515		ADMINISTRATIVE & GENERAL	5.00	0	49.27
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-65,005,938					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0276

Period: From 07/01/2019 To 06/30/2020

Worksheet A-8-1

Date/Time Prepared: 1/29/2021 1:08 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE NEW CAPITAL	2,572,680	0
2.00	1.01	NEW CAPITAL-BLDG INTEREST	INTERCOMPANY LOAN AND CAP EX	28,207,356	17,234,744
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN OTHER OPERATING EXPENS	45,912,438	32,297,063
3.01	5.00	ADMINISTRATIVE & GENERAL	THIS OPERATING EXPENSE	51,157,034	52,760,230
3.02	5.00	ADMINISTRATIVE & GENERAL	IC HO PAYROLL	0	12,419,036
3.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	21,281,153	35,241,838
3.04	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMPENSATION	2,912,386	3,825,310
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	DEFINED BENEFIT PENSION	3,887,288	0
3.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS PREMIUM	0	-1,293,496
3.07	5.00	ADMINISTRATIVE & GENERAL	INTEGRATED RISK INSURANCE	583,459	0
3.08	1.00	CAP REL COSTS-BLDG & FIXT	THIS CAPITAL EXPENSE	414,609	0
3.09	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	673,013	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			157,601,416	152,484,725

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

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

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

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

6.00	B		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 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
1/29/2021 1:08 pm

	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	2,572,680	9		1.00
2.00	10,972,612	11		2.00
3.00	13,615,375	9		3.00
3.01	-1,603,196	0		3.01
3.02	-12,419,036	0		3.02
3.03	-13,960,685	0		3.03
3.04	-912,924	0		3.04
3.05	3,887,288	0		3.05
3.06	1,293,496	0		3.06
3.07	583,459	0		3.07
3.08	414,609	9		3.08
3.09	673,013	0		3.09
4.00	0	0		4.00
5.00	5,116,691			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 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
1/29/2021 1:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	8,007,306	8,007,306	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	14,240	14,240	0	0	0	2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	3,029	3,029	0	0	0	3.00
4.00	51.00	RECOVERY ROOM	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	749,206	749,206	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	427,179	427,179	0	0	0	6.00
7.00	68.00	SPEECH PATHOLOGY	-51,874	-51,874	0	0	0	7.00
8.00	90.07	LOC OUTPATIENT CENTER	391,817	391,817	0	0	0	8.00
9.00	90.10	LAGRANGE FAMILY PCC	1,107	1,107	0	0	0	9.00
10.00	90.12	NORTH RIVERSIDE PCC	130,476	130,476	0	0	0	10.00
11.00	90.14	WHEATON PCC	242,831	242,831	0	0	0	11.00
12.00	90.16	HICKORY HILLS PCC	143,687	143,687	0	0	0	12.00
13.00	90.20	ORLAND PARK - FP	372,374	372,374	0	0	0	13.00
14.00	90.22	HOMER GLEN PCC	528,259	528,259	0	0	0	14.00
15.00	90.25	LOYOLA CLINIC AT GOTTLIEB	156,125	156,125	0	0	0	15.00
16.00	90.29	BURR RIDGE PCC	759,949	759,949	0	0	0	16.00
17.00	90.30	RIVER FOREST	1,125	1,125	0	0	0	17.00
18.00	91.00	EMERGENCY	8,575,303	8,575,303	0	0	0	18.00
19.00	107.00	LIVER ACQUISITION	8,571	8,571	0	0	0	19.00
22.00	105.00	KIDNEY ACQUISITION	796,336	132,368	663,968	246,400	3,927	22.00
23.00	106.00	HEART ACQUISITION	1,057,693	-91,255	1,148,948	246,400	4,910	23.00
24.00	107.00	LIVER ACQUISITION	1,083,324	130,326	952,998	246,400	4,321	24.00
25.00	108.00	LUNG ACQUISITION	1,208,948	-80,283	1,289,231	246,400	7,017	25.00
200.00			24,607,011	20,551,866	4,055,145		20,175	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	51.00	RECOVERY ROOM	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	6.00
7.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	7.00
8.00	90.07	LOC OUTPATIENT CENTER	0	0	0	0	0	8.00
9.00	90.10	LAGRANGE FAMILY PCC	0	0	0	0	0	9.00
10.00	90.12	NORTH RIVERSIDE PCC	0	0	0	0	0	10.00
11.00	90.14	WHEATON PCC	0	0	0	0	0	11.00
12.00	90.16	HICKORY HILLS PCC	0	0	0	0	0	12.00
13.00	90.20	ORLAND PARK - FP	0	0	0	0	0	13.00
14.00	90.22	HOMER GLEN PCC	0	0	0	0	0	14.00
15.00	90.25	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	15.00
16.00	90.29	BURR RIDGE PCC	0	0	0	0	0	16.00
17.00	90.30	RIVER FOREST	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	107.00	LIVER ACQUISITION	0	0	0	0	0	19.00
22.00	105.00	KIDNEY ACQUISITION	465,199	23,260	0	0	0	22.00
23.00	106.00	HEART ACQUISITION	581,646	29,082	0	0	0	23.00
24.00	107.00	LIVER ACQUISITION	511,872	25,594	0	0	0	24.00
25.00	108.00	LUNG ACQUISITION	831,245	41,562	0	0	0	25.00
200.00			2,389,962	119,498	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	8,007,306		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	14,240		2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	3,029		3.00
4.00	51.00	RECOVERY ROOM	0	0	0	0		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	749,206		5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	427,179		6.00
7.00	68.00	SPEECH PATHOLOGY	0	0	0	-51,874		7.00
8.00	90.07	LOC OUTPATIENT CENTER	0	0	0	391,817		8.00
9.00	90.10	LAGRANGE FAMILY PCC	0	0	0	1,107		9.00
10.00	90.12	NORTH RIVERSIDE PCC	0	0	0	130,476		10.00
11.00	90.14	WHEATON PCC	0	0	0	242,831		11.00
12.00	90.16	HICKORY HILLS PCC	0	0	0	143,687		12.00
13.00	90.20	ORLAND PARK - FP	0	0	0	372,374		13.00
14.00	90.22	HOMER GLEN PCC	0	0	0	528,259		14.00
15.00	90.25	LOYOLA CLINIC AT GOTTLIEB	0	0	0	156,125		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2
Date/Time Prepared:
1/29/2021 1:08 pm

	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		
16.00	90.29	BURR RIDGE PCC	0	0	0	759,949		16.00
17.00	90.30	RIVER FOREST	0	0	0	1,125		17.00
18.00	91.00	EMERGENCY	0	0	0	8,575,303		18.00
19.00	107.00	LIVER ACQUISITION	0	0	0	8,571		19.00
22.00	105.00	KIDNEY ACQUISITION	0	465,199	198,769	331,137		22.00
23.00	106.00	HEART ACQUISITION	0	581,646	567,302	476,047		23.00
24.00	107.00	LIVER ACQUISITION	0	511,872	441,126	571,452		24.00
25.00	108.00	LUNG ACQUISITION	0	831,245	457,986	377,703		25.00
200.00			0	2,389,962	1,665,183	22,217,049		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	22,924,383	22,924,383			1.00
1.01 00101	NEW CAPITAL-BLDG INTEREST	30,565,746	0	30,565,746		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	24,771,631			24,771,631	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,128,690	9,227	12,302	0	22,150,219
5.00 00500	ADMINISTRATIVE & GENERAL	287,840,686	1,708,714	2,278,279	22,646,801	1,789,043
6.00 00600	MAINTENANCE & REPAIRS	10,143,243	0	0	0	0
7.00 00700	OPERATION OF PLANT	21,965,409	7,210,739	9,614,287	838	384,633
8.00 00800	LAUNDRY & LINEN SERVICE	134,214	1,203	1,604	0	0
9.00 00900	HOUSEKEEPING	15,457,584	287,318	383,090	0	207,107
10.00 01000	DIETARY	452,042	254,290	339,052	3,126	67,618
11.00 01100	CAFETERIA	5,191,264	12,216	16,288	0	94,073
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01 01201	PATIENT TRANSPORTATION	1,258,744	11,481	15,307	0	39,685
13.00 01300	NURSING ADMINISTRATION	4,119,444	40,410	53,880	98,882	124,151
14.00 01400	CENTRAL SERVICES & SUPPLY	5,758,878	174,696	232,928	0	64,358
15.00 01500	PHARMACY	10,333,389	173,750	231,666	16,861	345,082
16.00 01600	MEDICAL RECORDS & LIBRARY	0	244,946	326,594	0	0
17.00 01700	SOCIAL SERVICE	4,419,173	26,885	35,847	0	136,446
17.01 01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	52,304,995	58,104	77,471	1,126	1,618,897
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMEDICAL ED-MICU	679,728	75,447	100,596	0	24,186
23.02 02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0
23.03 02303	CLINICAL PASTORAL EDUCATION	76,539	3,200	4,267	0	0
23.04 02304	PHARMACY RESIDENCY PROGRAM	686,134	2,196	2,928	0	23,272
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	49,358,514	1,577,955	2,103,933	22,856	1,878,599
31.00 03100	INTENSIVE CARE UNIT	18,893,700	320,896	427,859	2,767	606,163
33.00 03300	BURN INTENSIVE CARE UNIT	4,362,876	126,999	169,331	4,896	139,965
35.00 02060	NEONATAL INTENSIVE CARE UNIT	7,157,703	126,754	169,004	0	226,279
35.01 02080	PEDIATRIC INTENSIVE CARE UNIT	2,270,538	38,319	51,092	0	74,490
35.03 02400	HEART TRANSPLANT ICU	3,001,252	91,424	121,899	0	96,279
35.04 02401	BONE INTENSIVE CARE	4,165,610	114,234	152,311	0	129,925
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0
43.00 04300	NURSERY	1,011,113	0	0	0	30,906
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,176,233	721,221	961,625	174,159	473,419
50.01 05001	AMBULATORY SURGERY CENTER	4,515,460	272,894	363,858	17,436	105,386
51.00 05100	RECOVERY ROOM	3,250,627	141,878	189,170	0	104,097
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,136,084	75,587	100,783	4,373	100,107
53.00 05300	ANESTHESIOLOGY	1,141,687	8,608	11,477	40,801	22,351
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,243,780	475,387	633,847	476,474	158,200
54.01 03630	RADIOLOGY-ULTRASOUND	1,522,816	21,198	28,263	0	49,856
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,718,553	76,323	101,764	0	54,244
57.00 05700	CT SCAN	4,718,581	59,213	78,951	182,745	147,233
58.00 05800	MRI	1,775,586	105,743	140,990	36,996	52,950
59.00 05900	CARDIAC CATHETERIZATION	7,384,466	331,395	441,859	272,546	239,372
60.00 06000	LABORATORY	23,903,434	412,939	550,583	49,685	334,519
60.01 03420	LABORATORY - PATHOLOGICAL	0	0	0	0	0
60.02 03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0
60.03 03957	LABORATORY-HLA	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	8,541,049	17,122	22,829	1,685	55,280
65.00 06500	RESPIRATORY THERAPY	8,105,258	58,618	78,156	22,225	250,047
66.00 06600	PHYSICAL THERAPY	2,358,624	818	1,090	0	93,929
67.00 06700	OCCUPATIONAL THERAPY	1,115,928	35,738	47,651	0	37,233
68.00 06800	SPEECH PATHOLOGY	585,085	8,643	11,523	2,689	17,960
69.00 06900	ELECTROCARDIOLOGY	2,906,204	84,977	113,303	105,795	91,745
70.00 07000	ELECTROENCEPHALOGRAPHY	1,563,833	53,899	71,865	38,629	41,963
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,985,142	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	37,522,426	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	104,920,705	0	0	0	0
74.00 07400	RENAL DIALYSIS	2,972,210	130,514	174,018	43,677	130,648
76.00 03560	PULMONARY LABS	515,006	26,897	35,863	27,762	14,229

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

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	
76.01	03950	0	0	0	0	0	76.01
76.03	03951	0	0	0	0	0	76.03
76.04	03650	915,817	14,949	19,932	49,157	28,786	76.04
76.05	03952	0	0	0	0	0	76.05
76.07	03340	4,406,109	145,569	194,091	10,748	128,592	76.07
76.09	03953	2,593,413	0	0	0	7,281	76.09
76.10	03954	609,688	0	0	0	14,084	76.10
76.11	03955	0	122,759	163,679	0	0	76.11
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	224,407	23,825	31,767	0	7,161	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	7,468,732	329,024	438,698	393	232,683	90.02
90.03	09003	334,187	65,753	87,671	0	10,723	90.03
90.04	09004	0	0	0	0	0	90.04
90.06	09005	0	0	0	0	0	90.06
90.07	09006	24,670,201	1,547,718	2,063,617	74,718	787,254	90.07
90.08	09007	7,865,637	432,525	576,698	107,214	190,863	90.08
90.09	09008	1,244,022	89,193	118,924	0	28,500	90.09
90.10	09009	1,982,629	137,697	183,595	46,377	47,066	90.10
90.12	09010	1,500,392	336,487	448,648	1,441	37,048	90.12
90.13	09011	0	0	0	0	0	90.13
90.14	09012	288,051	11,843	15,790	0	17,080	90.14
90.15	09013	1,494,092	76,779	102,371	0	32,807	90.15
90.16	09014	2,803,146	204,758	273,010	6,290	72,704	90.16
90.18	09015	2,090,971	66,302	88,403	518	31,440	90.18
90.20	09016	2,335,534	113,883	151,844	96	51,810	90.20
90.21	09017	3,499,043	198,382	264,508	2,700	108,126	90.21
90.22	09018	5,383,597	132,979	177,304	9,436	138,175	90.22
90.23	09019	738,977	62,331	83,108	1,348	17,091	90.23
90.24	09020	966,313	51,610	68,813	0	18,395	90.24
90.25	09021	2,081,062	0	0	128,106	43,205	90.25
90.26	09022	0	0	0	0	0	90.26
90.27	09023	0	0	0	0	0	90.27
90.28	09024	1,489,680	0	0	0	28,957	90.28
90.29	09025	13,986,467	917,605	1,223,470	12,919	345,882	90.29
90.30	09026	2,115,011	98,957	131,943	0	47,685	90.30
90.31	09027	428,119	33,496	44,661	0	7,625	90.31
90.32	09028	678,364	62,577	83,435	0	14,880	90.32
90.33	09033	0	0	0	0	0	90.33
90.34	09034	440,326	29,887	39,849	0	6,952	90.34
91.00	09100	10,050,158	184,904	246,538	0	614,674	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	3,353,785	105,065	140,087	0	107,561	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	634,198	0	0	0	0	95.00
97.00	09700	588,892	11,340	15,121	0	19,829	97.00
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
105.00	10500	7,116,070	44,065	58,754	179	89,592	105.00
106.00	10600	2,573,451	3,796	5,061	0	69,775	106.00
107.00	10700	5,420,837	13,431	17,908	0	79,356	107.00
108.00	10800	4,801,196	6,751	9,001	0	82,930	108.00
109.00	10900	207,310	5,536	7,381	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
112.00	08600	0	0	0	0	0	112.00
118.00		1,047,391,883	21,492,791	28,656,963	24,747,470	14,242,497	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	13,653	18,204	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	2,251,168	0	0	0	34,264	190.02
190.03	19003	43,068,750	12,286	16,382	1,552	63,755	190.03
190.04	19004	0	0	0	0	0	190.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

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	
190.05 19005 STUDENT HEALTH	23,698	0	0	0	0	190.05
190.06 19006 DISCONTINUED HHA AND HOSPICE	0	2,418	3,223	0	0	190.06
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19202 FACULTY CLINICAL OPERATIONS	243,356,274	1,393,740	1,858,314	22,609	7,806,789	192.01
193.00 19300 NONPAID WORKERS	87,083	9,495	12,660	0	2,914	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 through 201)	1,336,178,856	22,924,383	30,565,746	24,771,631	22,150,219	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

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						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	316,263,523	316,263,523				6.00
7.00	00700	10,143,243	3,145,298	13,288,541			7.00
8.00	00800	39,175,906	12,147,978	4,518,448	55,842,332		8.00
9.00	00900	137,021	42,489	754	4,800	185,064	9.00
10.00	01000	16,335,099	5,065,318	180,041	1,146,389	32	10.00
11.00	01100	1,116,128	346,098	159,345	1,014,606		11.00
12.00	01200	5,313,841	1,647,758	7,655	48,743		12.00
12.01	01201	0	0	0	0		12.01
12.01	01201	1,325,217	410,934	7,194	45,807		12.01
13.00	01300	4,436,767	1,375,788	25,322	161,233		13.00
14.00	01400	6,230,860	1,932,115	109,470	697,032		14.00
15.00	01500	11,100,748	3,442,209	108,877	693,257		15.00
16.00	01600	571,540	177,228	153,490	977,320		16.00
17.00	01700	4,618,351	1,432,095	16,847	107,272		17.00
17.01	01701	0	0	0	0		17.01
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0		20.00
21.00	02100	54,060,593	16,763,541	36,409	231,831		21.00
22.00	02200	0	0	0	0	1,212	22.00
23.00	02300	0	0	0	0		23.00
23.01	02301	879,957	272,864	47,277	301,031		23.01
23.02	02302	0	0	0	0		23.02
23.03	02303	84,006	26,049	2,005	12,768		23.03
23.04	02304	714,530	221,567	1,376	8,761		23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	54,941,857	17,036,811	988,790	6,295,980	82,468	30.00
31.00	03100	20,251,385	6,279,711	201,082	1,280,362	21,890	31.00
33.00	03300	4,804,067	1,489,684	79,581	506,720	4,964	33.00
35.00	02060	7,679,740	2,381,395	79,427	505,742	1,397	35.00
35.01	02080	2,434,439	754,890	24,012	152,892	1,558	35.01
35.03	02400	3,310,854	1,026,656	57,289	364,779	3,498	35.03
35.04	02401	4,562,080	1,414,646	71,582	455,787	9,516	35.04
41.00	04100	0	0	0	0	0	41.00
43.00	04300	1,042,019	323,118	0	0	263	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	24,506,657	7,599,220	451,937	2,877,645	7,030	50.00
50.01	05001	5,275,034	1,635,725	171,003	1,088,839	0	50.01
51.00	05100	3,685,772	1,142,914	88,905	566,088	5,051	51.00
52.00	05200	3,416,934	1,059,550	47,365	301,590	8,767	52.00
53.00	05300	1,224,924	379,834	5,394	34,344	0	53.00
54.00	05400	6,987,688	2,166,798	297,891	1,896,777	3,746	54.00
54.01	03630	1,622,133	503,004	13,283	84,578	1,121	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,950,884	604,946	47,826	304,526	2,026	56.00
57.00	05700	5,186,723	1,608,341	37,105	236,258	538	57.00
58.00	05800	2,112,265	654,988	66,261	421,910	2,188	58.00
59.00	05900	8,669,638	2,688,351	207,661	1,322,254	5,060	59.00
60.00	06000	25,251,160	7,830,082	258,759	1,647,610	0	60.00
60.01	03420	0	0	0	0	0	60.01
60.02	03956	0	0	0	0	0	60.02
60.03	03957	0	0	0	0	0	60.03
62.30	06250	0	0	0	0	0	62.30
63.00	06300	8,637,965	2,678,529	10,729	68,315	1,884	63.00
65.00	06500	8,514,304	2,640,183	36,731	233,882	773	65.00
66.00	06600	2,454,461	761,099	512	3,262	3,353	66.00
67.00	06700	1,236,550	383,439	22,394	142,594	0	67.00
68.00	06800	625,900	194,084	5,416	34,483	0	68.00
69.00	06900	3,302,024	1,023,918	53,249	339,056	0	69.00
70.00	07000	1,770,189	548,914	33,775	215,056	397	70.00
71.00	07100	54,985,142	17,050,233	0	0	0	71.00
72.00	07200	37,522,426	11,635,254	0	0	0	72.00
73.00	07300	104,920,705	32,534,652	0	0	0	73.00
74.00	07400	3,451,067	1,070,134	81,784	520,747	0	74.00
76.00	03560	619,757	192,179	16,854	107,318	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.03	03951	0	0	0	0	0	76.03
76.04	03650	1,028,641	318,969	9,368	59,647	967	76.04
76.05	03952	0	0	0	0	0	76.05
76.07	03340	4,885,109	1,514,814	91,217	580,813	2,040	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
76.09	03953	BONE MARROW PROCUREMENT	2,600,694	806,444	0	0	0	76.09
76.10	03954	BARIATRICS	623,772	193,424	0	0	0	76.10
76.11	03955	HEPATOLOGY	286,438	88,821	76,924	489,805	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	287,160	89,045	14,930	95,063	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	8,469,530	2,626,300	206,176	1,312,795	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	498,334	154,527	41,203	262,354	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	29,143,508	9,037,052	969,843	6,175,336	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	9,172,937	2,844,418	271,032	1,725,757	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,480,639	459,128	55,891	355,879	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,397,364	743,394	86,285	549,405	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,324,016	720,649	210,852	1,342,572	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	332,764	103,186	7,421	47,252	0	90.14
90.15	09013	OBT II PCC	1,706,049	529,025	48,112	306,344	0	90.15
90.16	09014	HICKORY HILLS PCC	3,359,908	1,041,867	128,307	816,978	0	90.16
90.18	09015	DARIEN PCC	2,277,634	706,267	41,547	264,544	0	90.18
90.20	09016	ORLAND PARK - FP	2,653,167	822,715	71,362	454,390	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	4,072,759	1,262,914	124,311	791,535	0	90.21
90.22	09018	HOMER GLEN PCC	5,841,491	1,811,376	83,328	530,579	0	90.22
90.23	09019	OAK PARK PCC	902,855	279,965	39,059	248,700	0	90.23
90.24	09020	PARK RIDGE PCC	1,105,131	342,688	32,340	205,922	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,252,373	698,434	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	1,518,637	470,911	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	16,486,343	5,112,217	574,997	3,661,212	0	90.29
90.30	09026	RIVER FOREST	2,393,596	742,225	62,009	394,836	0	90.30
90.31	09027	NORRIDGE	513,901	159,355	20,989	133,647	0	90.31
90.32	09028	ELMWOOD PARK	839,256	260,243	39,212	249,679	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	517,014	160,320	18,728	119,248	0	90.34
91.00	09100	EMERGENCY	11,096,274	3,440,821	115,866	737,760	13,325	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,706,498	1,149,341	65,837	419,207	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	634,198	196,657	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	635,182	196,962	7,106	45,248	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,308,660	2,266,328	27,613	175,819	0	105.00
106.00	10600	HEART ACQUISITION	2,652,083	822,379	2,379	15,145	0	106.00
107.00	10700	LIVER ACQUISITION	5,531,532	1,715,262	8,416	53,589	0	107.00
108.00	10800	LUNG ACQUISITION	4,899,878	1,519,393	4,230	26,934	0	108.00
109.00	10900	PANCREAS ACQUISITION	220,227	68,290	3,469	22,088	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 through 117)	1,036,119,625	223,218,737	12,391,466	50,130,333	185,064	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,857	9,878	8,555	54,475	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,285,432	708,685	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	43,162,725	13,384,243	7,699	49,022	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	23,698	7,348	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	5,641	1,749	1,515	9,646	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	254,437,726	78,898,106	873,356	5,560,971	0	192.01
193.00	19300	NONPAID WORKERS	112,152	34,777	5,950	37,885	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 through 201)	1,336,178,856	316,263,523	13,288,541	55,842,332	185,064	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

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						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	22,726,879					9.00
10.00	01000	421,619	3,057,796				10.00
11.00	01100	20,255	2,437,407	9,475,659			11.00
12.00	01200	0	0	0	0		12.00
12.01	01201	19,035	0	63,991	0	1,872,178	12.01
13.00	01300	67,000	0	54,645	0	0	13.00
14.00	01400	289,651	0	84,761	0	0	14.00
15.00	01500	288,083	0	206,463	0	0	15.00
16.00	01600	406,128	0	12,321	0	0	16.00
17.00	01700	44,577	0	91,544	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	96,337	0	1,039,128	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	125,093	0	16,929	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	5,306	0	0	0	0	23.03
23.04	02304	3,640	0	22,343	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,616,294	353,274	1,295,519	0	596,849	30.00
31.00	03100	532,054	67,566	374,772	0	113,100	31.00
33.00	03300	210,567	6,090	98,206	0	3,832	33.00
35.00	02060	210,161	0	135,922	0	2,172	35.00
35.01	02080	63,534	7,145	42,213	0	6,858	35.01
35.03	02400	151,584	10,057	60,649	0	0	35.03
35.04	02401	189,402	12,244	95,453	0	7,047	35.04
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	21,703	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,195,804	0	345,010	0	0	50.00
50.01	05001	452,466	0	78,997	0	0	50.01
51.00	05100	235,238	0	65,598	0	275	51.00
52.00	05200	125,326	0	61,939	0	1,480	52.00
53.00	05300	14,271	0	27,266	0	0	53.00
54.00	05400	788,205	0	95,543	0	326,136	54.00
54.01	03630	35,146	0	29,164	0	20,602	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	126,546	0	31,737	0	9,191	56.00
57.00	05700	98,177	0	95,920	0	186,060	57.00
58.00	05800	175,324	0	29,625	0	61,672	58.00
59.00	05900	549,462	0	112,604	0	13,696	59.00
60.00	06000	684,664	0	281,193	0	32,107	60.00
60.01	03420	0	0	0	0	0	60.01
60.02	03956	0	0	0	0	0	60.02
60.03	03957	0	0	0	0	0	60.03
62.30	06250	0	0	0	0	0	62.30
63.00	06300	28,388	0	41,679	0	1,916	63.00
65.00	06500	97,189	0	181,022	0	25,733	65.00
66.00	06600	1,356	0	50,237	0	32,771	66.00
67.00	06700	59,255	0	25,533	0	34,033	67.00
68.00	06800	14,330	0	11,454	0	0	68.00
69.00	06900	140,895	0	76,516	0	54,340	69.00
70.00	07000	89,366	0	32,303	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	216,396	0	109,565	0	77,028	74.00
76.00	03560	44,596	0	8,679	0	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.03	03951	0	0	0	0	0	76.03
76.04	03650	24,786	0	16,478	0	58,618	76.04
76.05	03952	0	0	0	0	0	76.05
76.07	03340	241,357	0	95,230	0	58,552	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

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	4,058	0	0	76.09
76.10	03954	BARIATRICS	0	0	13,049	0	0	76.10
76.11	03955	HEPATOLOGY	203,538	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	39,503	0	5,769	0	247	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	545,531	1,982	172,409	0	22,366	90.02
90.03	09003	PSYCH SOCIAL REHAB	109,021	0	11,423	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	2,566,158	2,299	638,138	0	218	90.07
90.08	09007	OBST OUTPATIENT CENTER	717,138	0	149,515	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	147,885	0	26,377	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	228,305	0	44,632	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	557,905	0	33,865	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	19,635	0	7,351	0	0	90.14
90.15	09013	OBSTETRIC PCC	127,301	0	34,238	0	0	90.15
90.16	09014	HICKORY HILLS PCC	339,495	0	57,813	0	0	90.16
90.18	09015	DARIEN PCC	109,931	0	29,033	0	0	90.18
90.20	09016	ORLAND PARK - FP	188,821	0	36,141	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	328,922	0	81,753	0	0	90.21
90.22	09018	HOMER GLEN PCC	220,482	0	99,655	0	0	90.22
90.23	09019	OAK PARK PCC	103,347	0	17,446	0	0	90.23
90.24	09020	PARK RIDGE PCC	85,571	0	13,485	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	45,623	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	21,548	0	0	90.28
90.29	09025	BURR RIDGE PCC	1,521,415	0	262,276	0	0	90.29
90.30	09026	RIVER FOREST	164,074	0	41,188	0	0	90.30
90.31	09027	NORRIDGE	55,537	0	8,453	0	0	90.31
90.32	09028	ELMWOOD PARK	103,754	0	15,942	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	49,553	0	7,995	0	0	90.34
91.00	09100	EMERGENCY	306,576	1,563	247,915	0	118,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	174,201	0	81,522	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	18,803	0	11,982	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	73,062	0	54,916	0	0	105.00
106.00	10600	HEART ACQUISITION	6,293	0	40,979	0	0	106.00
107.00	10700	LIVER ACQUISITION	22,269	0	39,608	0	0	107.00
108.00	10800	LUNG ACQUISITION	11,193	0	44,911	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	9,179	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 through 117)	20,353,261	2,899,627	8,020,862	0	1,865,586	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,637	158,169	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	19,401	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	20,371	0	38,433	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	4,008	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	2,310,859	0	1,394,895	0	6,592	192.01
193.00	19300	NONPAID WORKERS	15,743	0	2,068	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 through 201)	22,726,879	3,057,796	9,475,659	0	1,872,178	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

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						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
12.01	01201						12.01
13.00	01300	6,120,755					13.00
14.00	01400	38	9,343,927				14.00
15.00	01500	395	36,995	15,877,027			15.00
16.00	01600	1,677	0	0	2,299,711		16.00
17.00	01700	408	162	0	0	6,311,256	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	6,947	1,805	705	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	4,823	986	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	11	63	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,937,996	49,077	189	375,327	3,973,172	30.00
31.00	03100	612,289	26,666	0	135,221	1,325,645	31.00
33.00	03300	155,626	5,451	2	38,855	79,112	33.00
35.00	02060	209,999	4,756	6	33,003	280,084	35.00
35.01	02080	71,275	1,892	37	13,510	72,964	35.01
35.03	02400	97,830	4,171	6	20,201	126,340	35.03
35.04	02401	148,060	8,295	5	45,622	174,427	35.04
41.00	04100	0	0	0	0	0	41.00
43.00	04300	31,965	2,293	0	5,734	279,512	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	324,991	260,217	20	109,317	0	50.00
50.01	05001	94,099	40,071	4	139	0	50.01
51.00	05100	104,981	5,265	2	46,501	0	51.00
52.00	05200	91,536	4,527	4	16,891	0	52.00
53.00	05300	0	13,968	19	99,493	0	53.00
54.00	05400	55,746	11,227	692	46,730	0	54.00
54.01	03630	0	557	187	9,001	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	1,904	348	2,856	0	56.00
57.00	05700	9	6,718	869	60,314	0	57.00
58.00	05800	0	2,700	0	16,784	0	58.00
59.00	05900	130,578	32,399	0	44,609	0	59.00
60.00	06000	0	302,744	0	229,762	0	60.00
60.01	03420	0	0	0	0	0	60.01
60.02	03956	0	0	0	0	0	60.02
60.03	03957	0	0	0	0	0	60.03
62.30	06250	0	0	0	0	0	62.30
63.00	06300	10,580	228,595	0	34,636	0	63.00
65.00	06500	128	15,922	0	77,905	0	65.00
66.00	06600	83	243	0	18,739	0	66.00
67.00	06700	0	0	0	11,624	0	67.00
68.00	06800	0	10	24	4,808	0	68.00
69.00	06900	19,459	908	0	26,727	0	69.00
70.00	07000	0	6,010	0	10,789	0	70.00
71.00	07100	0	1,824,792	0	39,294	0	71.00
72.00	07200	0	1,245,257	0	68,731	0	72.00
73.00	07300	0	3,482,140	14,023,282	160,903	0	73.00
74.00	07400	61,141	8,253	0	14,526	0	74.00
76.00	03560	6,380	1,842	1	2,112	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.03	03951	0	0	0	0	0	76.03
76.04	03650	0	358	0	9,561	0	76.04
76.05	03952	0	0	0	0	0	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.07	03340	GASTROINTESTINAL SERVICE	97,254	17,749	0	13,563	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	78,819	0	3,784	0	76.09
76.10	03954	BARIATRICS	1,479	134	7	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	6,354	311	0	8	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	130,455	15,914	25	261	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	4,977	140	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	324,625	35,559	156	5,326	0	90.07
90.08	09007	OBSTETRIC OUTPATIENT CENTER	70,637	11,832	0	54	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	14,966	1,142	10	4	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	31,848	3,749	0	19	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	18,097	1,295	0	7	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	3,087	15	0	0	0	90.14
90.15	09013	OBSTETRIC PCC	13,252	1,472	0	12	0	90.15
90.16	09014	HICKORY HILLS PCC	19,160	2,522	0	8	0	90.16
90.18	09015	DARIEN PCC	19,504	752	0	9	0	90.18
90.20	09016	ORLAND PARK - FP	25,968	761	0	2	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	15,435	579	0	7	0	90.21
90.22	09018	HOMER GLEN PCC	51,539	10,595	10	13	0	90.22
90.23	09019	OAK PARK PCC	9,249	595	0	4	0	90.23
90.24	09020	PARK RIDGE PCC	8,040	1,744	0	19	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	11,547	1,044	0	1	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	14,270	7,544	0	38	0	90.28
90.29	09025	BURR RIDGE PCC	96,582	39,581	0	252	0	90.29
90.30	09026	RIVER FOREST	31,243	7,278	2	25	0	90.30
90.31	09027	NORRIDGE	2,897	253	0	1	0	90.31
90.32	09028	ELMWOOD PARK	10,127	368	0	1	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1,346	0	0	0	0	90.34
91.00	09100	EMERGENCY	246,501	19,350	49	63,942	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	133,065	3,259	16	8,623	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	17,119	32	0	469	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	26,153	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	6,140	0	106.00
107.00	10700	LIVER ACQUISITION	221	0	0	19,413	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	13,316	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	830	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 through 117)	5,609,894	7,903,627	14,026,677	1,992,529	6,311,256	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	5,652	32,357	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	1,348,865	1,826,986	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	617	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	505,209	58,461	23,364	307,182	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,120,755	9,343,927	15,877,027	2,299,711	6,311,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				17.01	19.00	
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	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0			72,237,296	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	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
23.04 02304	PHARMACY RESIDENCY PROGRAM	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	16,869,625	284 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	4,256,800	71 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	1,555,499	26 33.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	443,464	7 35.00
35.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	736,105	12 35.01
35.03 02400	HEART TRANSPLANT ICU	0	0	0	718,096	12 35.03
35.04 02401	BONE INTENSIVE CARE	0	0	0	718,096	12 35.04
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	9,047,108	152 50.00
50.01 05001	AMBULATORY SURGERY CENTER	0	0	0	1,782,859	30 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	740,607	12 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	7,234,985	121 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,958,443	33 54.00
54.01 03630	RADIOLOGY-ULTRASOUND	0	0	0	652,814	11 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	1,402,426	24 56.00
57.00 05700	CT SCAN	0	0	0	652,814	11 57.00
58.00 05800	MRI	0	0	0	1,055,759	18 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	3,120,003	52 60.00
60.01 03420	LABORATORY - PATHOLOGICAL	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	526,754	9 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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

76.04	03650	PERIPHERAL VASCULAR	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		76.04			
						17.01	19.00		20.00	21.00	22.00
76.05	03952	PEDIATRIC ENDO NUTRI TION	0	0	0	0	0	0	76.05		
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	0	0	0	76.07		
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	0	76.09		
76.10	03954	BARIATRICS	0	0	0	0	0	0	76.10		
76.11	03955	HEPATOLOGY	0	0	0	0	0	0	76.11		
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98		
76.99	07699	LI THOTRI PSY	0	0	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC	0	0	0	0	0	0	90.00		
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	0	90.01		
90.02	09002	CANCER CENTER	0	0	0	1,046,754	18	0	90.02		
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	0	0	90.03		
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	0	90.04		
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	0	90.06		
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	12,034,297	202	0	90.07		
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	1,400,174	23	0	90.08		
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	0	90.09		
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	0	90.10		
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	0	90.12		
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	0	90.13		
90.14	09012	WHEATON PCC	0	0	0	0	0	0	90.14		
90.15	09013	OBT II PCC	0	0	0	256,624	4	0	90.15		
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	0	90.16		
90.18	09015	DARIEN PCC	0	0	0	0	0	0	90.18		
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	0	90.20		
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	0	90.21		
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	0	90.22		
90.23	09019	OAK PARK PCC	0	0	0	0	0	0	90.23		
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	0	90.24		
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	0	90.25		
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	0	90.26		
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	0	90.27		
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	0	90.28		
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	0	90.29		
90.30	09026	RIVER FOREST	0	0	0	0	0	0	90.30		
90.31	09027	NORRIDGE	0	0	0	0	0	0	90.31		
90.32	09028	ELMWOOD PARK	0	0	0	0	0	0	90.32		
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	0	90.33		
90.34	09034	CHI CAGO AND BELMONT	0	0	0	0	0	0	90.34		
91.00	09100	EMERGENCY	0	0	0	4,027,190	68	0	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00		
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	92.01		
OTHER REIMBURSABLE COST CENTERS											
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00		
99.10	09910	CORF	0	0	0	0	0	0	99.10		
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	99.20		
99.30	09931	OOT	0	0	0	0	0	0	99.30		
99.40	09941	OSP	0	0	0	0	0	0	99.40		
SPECIAL PURPOSE COST CENTERS											
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00		
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00		
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00		
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00		
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00		
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00		
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	0	112.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	72,237,296	1,212	0	118.00		
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00		
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	0	190.01		
190.02	19002	HOME INFUSION THERAPY	0	0	0	0	0	0	190.02		
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0	0	0	190.03		
190.04	19004	HOSPITALIST	0	0	0	0	0	0	190.04		
190.05	19005	STUDENT HEALTH	0	0	0	0	0	0	190.05		
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	0	0	190.06		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00		
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0	0	0	192.01		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
						17.01	19.00		20.00
193.00	19300	NONPAID WORKERS	0	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	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	72,237,296	1,212	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part I Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MI CU	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-MI CU		1,648,960				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				130,134		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					972,291	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	50,652	85,476	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	8,254	61,436	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	8,254	10,685	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	77,463	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	11,355	32,054	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	0	85,476	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0	0	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	8,254	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 - PATHOLOGICAL	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	288,482	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MI CU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	8,254	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	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 FAI LURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	0	106,845	90.07
90.08	09007	OB T 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	OB T I I PCC	0	0	0	0	0	90.15
90.16	09014	HI CKORY HI LLS 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	CHI CAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	1,648,960	0	14,455	106,845	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	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	48,080	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	20,656	69,449	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 through 117)	0	1,648,960	0	130,134	972,291	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 through 201)	0	1,648,960	0	130,134	972,291	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part I Date/Time Prepared: 1/29/2021 1:08 pm
---	--	-----------------------	---	---

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	PARAMEDICAL 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	107,549,640	-16,869,909	90,679,731	30.00
31.00	03100	INTENSIVE CARE UNIT	35,548,304	-4,256,871	31,291,433	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,057,221	-1,555,525	7,501,696	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,044,738	-443,471	11,601,267	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,426,745	-736,117	3,690,628	35.01
35.03	02400	HEART TRANSPLANT ICU	6,037,498	-718,108	5,319,390	35.03
35.04	02401	BONE INTENSIVE CARE	7,912,274	-718,108	7,194,166	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	1,706,607	0	1,706,607	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,733,362	-9,047,260	37,686,102	50.00
50.01	05001	AMBULATORY SURGERY CENTER	10,619,266	-1,782,889	8,836,377	50.01
51.00	05100	RECOVERY ROOM	5,946,590	0	5,946,590	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,876,528	-740,619	5,135,909	52.00
53.00	05300	ANESTHESIOLOGY	9,034,619	-7,235,106	1,799,513	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,635,655	-1,958,476	12,677,179	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,971,601	-652,825	2,318,776	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,485,240	-1,402,450	3,082,790	56.00
57.00	05700	CT SCAN	8,169,857	-652,825	7,517,032	57.00
58.00	05800	MRI	4,599,494	-1,055,777	3,543,717	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,776,312	0	13,776,312	59.00
60.00	06000	LABORATORY	39,638,136	-3,120,055	36,518,081	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	11,743,216	0	11,743,216	63.00
65.00	06500	RESPIRATORY THERAPY	11,823,772	0	11,823,772	65.00
66.00	06600	PHYSICAL THERAPY	3,326,116	0	3,326,116	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,915,422	0	1,915,422	67.00
68.00	06800	SPEECH PATHOLOGY	890,509	0	890,509	68.00
69.00	06900	ELECTROCARDIOLOGY	5,037,092	0	5,037,092	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,706,799	0	2,706,799	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,899,461	0	73,899,461	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,471,668	0	50,471,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	155,410,164	0	155,410,164	73.00
74.00	07400	RENAL DIALYSIS	6,137,404	-526,763	5,610,641	74.00
76.00	03560	PULMONARY LABS	999,718	0	999,718	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.04	03650	PERIPHERAL VASCULAR	1,527,393	0	1,527,393	76.04
76.05	03952	PEDIATRIC ENDO NUTRI TION	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	7,605,952	0	7,605,952	76.07
76.09	03953	BONE MARROW PROCUREMENT	3,493,799	0	3,493,799	76.09
76.10	03954	BARIATRICS	831,865	0	831,865	76.10
76.11	03955	HEPATOLOGY	1,145,526	0	1,145,526	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	538,390	0	538,390	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	90.01
90.02	09002	CANCER CENTER	14,550,516	-1,046,772	13,503,744	90.02
90.03	09003	PSYCH SOCIAL REHAB	1,081,979	0	1,081,979	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	61,039,562	-12,034,499	49,005,063	90.07
90.08	09007	OBT OUTPATIENT CENTER	16,363,517	-1,400,197	14,963,320	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	2,541,921	0	2,541,921	90.09
90.10	09009	LAGRANGE FAMILY PCC	4,085,001	0	4,085,001	90.10
90.12	09010	NORTH RIVERSIDE PCC	5,209,258	0	5,209,258	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	90.13
90.14	09012	WHEATON PCC	520,711	0	520,711	90.14
90.15	09013	OBT II PCC	3,022,433	-256,628	2,765,805	90.15
90.16	09014	HICKORY HILLS PCC	5,766,058	0	5,766,058	90.16
90.18	09015	DARIEN PCC	3,449,221	0	3,449,221	90.18
90.20	09016	ORLAND PARK - FP	4,253,327	0	4,253,327	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,678,215	0	6,678,215	90.21
90.22	09018	HOMER GLEN PCC	8,649,068	0	8,649,068	90.22
90.23	09019	OAK PARK PCC	1,601,220	0	1,601,220	90.23
90.24	09020	PARK RIDGE PCC	1,794,940	0	1,794,940	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	3,009,022	0	3,009,022	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	2,032,948	0	2,032,948	90.28
90.29	09025	BURR RIDGE PCC	27,754,875	0	27,754,875	90.29
90.30	09026	RIVER FOREST	3,836,476	0	3,836,476	90.30
90.31	09027	NORRIDGE	895,033	0	895,033	90.31
90.32	09028	ELMWOOD PARK	1,518,582	0	1,518,582	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	90.33
90.34	09034	CHI CAGO AND BELMONT	874,204	0	874,204	90.34
91.00	09100	EMERGENCY	22,206,147	-4,027,258	18,178,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	5,741,569	0	5,741,569	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	830,855	0	830,855	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	932,903	0	932,903	97.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09931	OOT	0	0	0	99.30
99.40	09941	OSP	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	9,932,551	0	9,932,551	105.00
106.00	10600	HEART ACQUISITION	3,593,478	0	3,593,478	106.00
107.00	10700	LIVER ACQUISITION	7,390,310	0	7,390,310	107.00
108.00	10800	LUNG ACQUISITION	6,609,960	0	6,609,960	108.00
109.00	10900	PANCREAS ACQUISITION	324,083	0	324,083	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 through 117)	928,363,896	-72,238,508	856,125,388	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	285,571	0	285,571	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	3,051,527	0	3,051,527	190.02
190.03	19003	OP HOSPITAL PHARMACY	59,838,344	0	59,838,344	190.03
190.04	19004	HOSPITALIST	0	0	0	190.04
190.05	19005	STUDENT HEALTH	31,663	0	31,663	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	22,559	0	22,559	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	344,376,721	0	344,376,721	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
193.00	19300	NONPAID WORKERS	208,575	0	208,575	193.00
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 through 201)	1,336,178,856	-72,238,508	1,263,940,348	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
		1.00	1.01	2.00		
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	0	9,227	12,302	0	21,529
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,708,714	2,278,279	22,646,801	26,633,794
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	7,210,739	9,614,287	838	16,825,864
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,203	1,604	0	2,807
9.00 00900	HOUSEKEEPING	0	287,318	383,090	0	670,408
10.00 01000	DIETARY	0	254,290	339,052	3,126	596,468
11.00 01100	CAFETERIA	0	12,216	16,288	0	28,504
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01 01201	PATIENT TRANSPORTATION	0	11,481	15,307	0	26,788
13.00 01300	NURSING ADMINISTRATION	0	40,410	53,880	98,882	193,172
14.00 01400	CENTRAL SERVICES & SUPPLY	0	174,696	232,928	0	407,624
15.00 01500	PHARMACY	0	173,750	231,666	16,861	422,277
16.00 01600	MEDICAL RECORDS & LIBRARY	0	244,946	326,594	0	571,540
17.00 01700	SOCIAL SERVICE	0	26,885	35,847	0	62,732
17.01 01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	58,104	77,471	1,126	136,701
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMEDICAL ED-MICU	0	75,447	100,596	0	176,043
23.02 02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0
23.03 02303	CLINICAL PASTORAL EDUCATION	0	3,200	4,267	0	7,467
23.04 02304	PHARMACY RESIDENCY PROGRAM	0	2,196	2,928	0	5,124
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,577,955	2,103,933	22,856	3,704,744
31.00 03100	INTENSIVE CARE UNIT	0	320,896	427,859	2,767	751,522
33.00 03300	BURN INTENSIVE CARE UNIT	0	126,999	169,331	4,896	301,226
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	126,754	169,004	0	295,758
35.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	38,319	51,092	0	89,411
35.03 02400	HEART TRANSPLANT ICU	0	91,424	121,899	0	213,323
35.04 02401	BONE INTENSIVE CARE	0	114,234	152,311	0	266,545
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	721,221	961,625	174,159	1,857,005
50.01 05001	AMBULATORY SURGERY CENTER	0	272,894	363,858	17,436	654,188
51.00 05100	RECOVERY ROOM	0	141,878	189,170	0	331,048
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	75,587	100,783	4,373	180,743
53.00 05300	ANESTHESIOLOGY	0	8,608	11,477	40,801	60,886
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	475,387	633,847	476,474	1,585,708
54.01 03630	RADIOLOGY-ULTRASOUND	0	21,198	28,263	0	49,461
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	76,323	101,764	0	178,087
57.00 05700	CT SCAN	0	59,213	78,951	182,745	320,909
58.00 05800	MRI	0	105,743	140,990	36,996	283,729
59.00 05900	CARDIAC CATHETERIZATION	0	331,395	441,859	272,546	1,045,800
60.00 06000	LABORATORY	0	412,939	550,583	49,685	1,013,207
60.01 03420	LABORATORY - PATHOLOGICAL	0	0	0	0	0
60.02 03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0
60.03 03957	LABORATORY-HLA	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	17,122	22,829	1,685	41,636
65.00 06500	RESPIRATORY THERAPY	0	58,618	78,156	22,225	158,999
66.00 06600	PHYSICAL THERAPY	0	818	1,090	0	1,908
67.00 06700	OCCUPATIONAL THERAPY	0	35,738	47,651	0	83,389
68.00 06800	SPEECH PATHOLOGY	0	8,643	11,523	2,689	22,855
69.00 06900	ELECTROCARDIOLOGY	0	84,977	113,303	105,795	304,075
70.00 07000	ELECTROENCEPHALOGRAPHY	0	53,899	71,865	38,629	164,393
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	130,514	174,018	43,677	348,209
76.00 03560	PULMONARY LABS	0	26,897	35,863	27,762	90,522
76.01 03950	OCCUPATIONAL HEALTH	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part II
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			1.00	1.01	2.00		
		0				2A	
76.03	03951	HYPERALIMENTATION	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	14,949	19,932	49,157	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	145,569	194,091	10,748	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	76.09
76.10	03954	BIATRICS	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	122,759	163,679	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	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	23,825	31,767	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	329,024	438,698	393	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	65,753	87,671	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	1,547,718	2,063,617	74,718	90.07
90.08	09007	OB OUTPATIENT CENTER	0	432,525	576,698	107,214	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	89,193	118,924	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	137,697	183,595	46,377	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	336,487	448,648	1,441	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	11,843	15,790	0	90.14
90.15	09013	OB II PCC	0	76,779	102,371	0	90.15
90.16	09014	HICKORY HILLS PCC	0	204,758	273,010	6,290	90.16
90.18	09015	DARIEN PCC	0	66,302	88,403	518	90.18
90.20	09016	ORLAND PARK - FP	0	113,883	151,844	96	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	198,382	264,508	2,700	90.21
90.22	09018	HOMER GLEN PCC	0	132,979	177,304	9,436	90.22
90.23	09019	OAK PARK PCC	0	62,331	83,108	1,348	90.23
90.24	09020	PARK RIDGE PCC	0	51,610	68,813	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	128,106	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	917,605	1,223,470	12,919	90.29
90.30	09026	RIVER FOREST	0	98,957	131,943	0	90.30
90.31	09027	NORRIDGE	0	33,496	44,661	0	90.31
90.32	09028	ELMWOOD PARK	0	62,577	83,435	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	29,887	39,849	0	90.34
91.00	09100	EMERGENCY	0	184,904	246,538	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	105,065	140,087	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	11,340	15,121	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	09931	OOT	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	44,065	58,754	179	105.00
106.00	10600	HEART ACQUISITION	0	3,796	5,061	0	106.00
107.00	10700	LIVER ACQUISITION	0	13,431	17,908	0	107.00
108.00	10800	LUNG ACQUISITION	0	6,751	9,001	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,536	7,381	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 through 117)	0	21,492,791	28,656,963	24,747,470	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,653	18,204	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	12,286	16,382	1,552	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	2,418	3,223	0	190.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part II
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
		1.00	1.01	2.00		
	0				2A	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19202 FACULTY CLINICAL OPERATIONS	0	1,393,740	1,858,314	22,609	3,274,663	192.01
193.00 19300 NONPAID WORKERS	0	9,495	12,660	0	22,155	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 through 201)	0	22,924,383	30,565,746	24,771,631	78,261,760	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 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	21,529				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,745	26,635,539			5.00
6.00	00600	MAINTENANCE & REPAIRS	0	264,891	264,891		6.00
7.00	00700	OPERATION OF PLANT	375	1,023,079	90,072	17,939,390	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,578	15	1,542	7,942
9.00	00900	HOUSEKEEPING	202	426,591	3,589	368,278	1
10.00	01000	DIETARY	66	29,148	3,176	325,943	0
11.00	01100	CAFETERIA	92	138,771	153	15,659	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01	01201	PATIENT TRANSPORTATION	39	34,608	143	14,716	0
13.00	01300	NURSING ADMINISTRATION	121	115,866	505	51,796	0
14.00	01400	CENTRAL SERVICES & SUPPLY	63	162,719	2,182	223,922	0
15.00	01500	PHARMACY	337	289,896	2,170	222,709	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,926	3,060	313,967	0
17.00	01700	SOCIAL SERVICE	133	120,608	336	34,461	0
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,579	1,411,792	726	74,476	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	52
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMEDICAL ED-MICU	24	22,980	942	96,707	0
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0
23.03	02303	CLINICAL PASTORAL EDUCATION	0	2,194	40	4,102	0
23.04	02304	PHARMACY RESIDENCY PROGRAM	23	18,660	27	2,814	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,832	1,434,807	19,710	2,022,587	3,539
31.00	03100	INTENSIVE CARE UNIT	591	528,865	4,008	411,317	939
33.00	03300	BURN INTENSIVE CARE UNIT	136	125,458	1,586	162,784	213
35.00	02060	NEONATAL INTENSIVE CARE UNIT	221	200,556	1,583	162,470	60
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	73	63,575	479	49,117	67
35.03	02400	HEART TRANSPLANT ICU	94	86,463	1,142	117,186	150
35.04	02401	BONE INTENSIVE CARE	127	119,139	1,427	146,422	408
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	30	27,212	0	0	11
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	462	639,991	9,009	924,446	302
50.01	05001	AMBULATORY SURGERY CENTER	103	137,758	3,409	349,790	0
51.00	05100	RECOVERY ROOM	102	96,254	1,772	181,856	217
52.00	05200	DELIVERY ROOM & LABOR ROOM	98	89,233	944	96,886	376
53.00	05300	ANESTHESIOLOGY	22	31,989	108	11,033	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	154	182,483	5,938	609,341	161
54.01	03630	RADIOLOGY-ULTRASOUND	49	42,362	265	27,171	48
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	53	50,947	953	97,829	87
57.00	05700	CT SCAN	144	135,451	740	75,898	23
58.00	05800	MRI	52	55,162	1,321	135,539	94
59.00	05900	CARDIAC CATHETERIZATION	233	226,408	4,139	424,775	217
60.00	06000	LABORATORY	326	659,434	5,158	529,296	0
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0	0
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0	0
60.03	03957	LABORATORY-HLA	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	54	225,580	214	21,946	81
65.00	06500	RESPIRATORY THERAPY	244	222,351	732	75,135	33
66.00	06600	PHYSICAL THERAPY	92	64,098	10	1,048	144
67.00	06700	OCCUPATIONAL THERAPY	36	32,293	446	45,808	0
68.00	06800	SPEECH PATHOLOGY	18	16,345	108	11,078	0
69.00	06900	ELECTROCARDIOLOGY	89	86,232	1,061	108,922	0
70.00	07000	ELECTROENCEPHALOGRAPHY	41	46,228	673	69,087	17
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,435,937	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	979,898	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,740,004	0	0	0
74.00	07400	RENAL DIALYSIS	127	90,125	1,630	167,290	0
76.00	03560	PULMONARY LABS	14	16,185	336	34,476	0
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	0
76.03	03951	HYPERALIMENTATION	0	0	0	0	0
76.04	03650	PERIPHERAL VASCULAR	28	26,863	187	19,162	42
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
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	
76.07	03340	GASTROINTESTINAL SERVICE	125	127,575	1,818	186,587	88	76.07
76.09	03953	BONE MARROW PROCUREMENT	7	67,917	0	0	0	76.09
76.10	03954	BARITRICS	14	16,290	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	7,480	1,533	157,350	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	7	7,499	298	30,539	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	227	221,182	4,110	421,736	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	10	13,014	821	84,281	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	768	761,083	19,333	1,983,831	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	186	239,551	5,403	554,401	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	28	38,667	1,114	114,326	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	46	62,607	1,720	176,497	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	36	60,692	4,203	431,302	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	17	8,690	148	15,180	0	90.14
90.15	09013	OBT II PCC	32	44,553	959	98,413	0	90.15
90.16	09014	HICKORY HILLS PCC	71	87,744	2,558	262,455	0	90.16
90.18	09015	DARIEN PCC	31	59,480	828	84,985	0	90.18
90.20	09016	ORLAND PARK - FP	51	69,287	1,423	145,973	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	105	106,360	2,478	254,281	0	90.21
90.22	09018	HOMER GLEN PCC	135	152,551	1,661	170,449	0	90.22
90.23	09019	OAK PARK PCC	17	23,578	779	79,895	0	90.23
90.24	09020	PARK RIDGE PCC	18	28,860	645	66,153	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	42	58,821	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	28	39,659	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	337	430,541	11,462	1,176,167	0	90.29
90.30	09026	RIVER FOREST	47	62,509	1,236	126,841	0	90.30
90.31	09027	NORRIDGE	7	13,421	418	42,934	0	90.31
90.32	09028	ELMWOOD PARK	15	21,917	782	80,210	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	7	13,502	373	38,308	0	90.34
91.00	09100	EMERGENCY	599	289,779	2,310	237,006	572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	105	96,795	1,312	134,671	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	16,562	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	19	16,588	142	14,536	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	87	190,866	550	56,482	0	105.00
106.00	10600	HEART ACQUISITION	68	69,259	47	4,865	0	106.00
107.00	10700	LIVER ACQUISITION	77	144,456	168	17,216	0	107.00
108.00	10800	LUNG ACQUISITION	81	127,960	84	8,653	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,751	69	7,096	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 through 117)	13,894	18,799,039	247,009	16,104,406	7,942	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	832	171	17,500	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	33	59,684	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	62	1,127,195	153	15,748	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	619	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	147	30	3,099	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	7,537	6,645,094	17,409	1,786,466	0	192.01
193.00	19300	NONPAID WORKERS	3	2,929	119	12,171	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 through 201)	21,529	26,635,539	264,891	17,939,390	7,942	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
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	1,469,069					9.00
10.00	01000	DIETARY	27,254	982,055				10.00
11.00	01100	CAFETERIA	1,309	782,808	967,296			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	1,230	0	6,532	0	84,056	12.01
13.00	01300	NURSING ADMINISTRATIVE	4,331	0	5,578	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,723	0	8,653	0	0	14.00
15.00	01500	PHARMACY	18,622	0	21,076	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,252	0	1,258	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,881	0	9,345	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	6,227	0	106,077	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 PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	8,086	0	1,728	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	343	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	235	0	2,281	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	169,120	113,459	132,249	0	26,796	30.00
31.00	03100	INTENSIVE CARE UNIT	34,392	21,700	38,258	0	5,078	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,611	1,956	10,025	0	172	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,585	0	13,875	0	98	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,107	2,295	4,309	0	308	35.01
35.03	02400	HEART TRANSPLANT ICU	9,798	3,230	6,191	0	0	35.03
35.04	02401	BONE INTENSIVE CARE	12,243	3,932	9,744	0	316	35.04
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	2,216	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,297	0	35,219	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	29,248	0	8,064	0	0	50.01
51.00	05100	RECOVERY ROOM	15,206	0	6,696	0	12	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,101	0	6,323	0	66	52.00
53.00	05300	ANESTHESIOLOGY	923	0	2,783	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,950	0	9,753	0	14,643	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,272	0	2,977	0	925	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8,180	0	3,240	0	413	56.00
57.00	05700	CT SCAN	6,346	0	9,792	0	8,354	57.00
58.00	05800	MRI	11,333	0	3,024	0	2,769	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,517	0	11,495	0	615	59.00
60.00	06000	LABORATORY	44,257	0	28,705	0	1,442	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	1,835	0	4,255	0	86	63.00
65.00	06500	RESPIRATORY THERAPY	6,282	0	18,479	0	1,155	65.00
66.00	06600	PHYSICAL THERAPY	88	0	5,128	0	1,471	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,830	0	2,606	0	1,528	67.00
68.00	06800	SPEECH PATHOLOGY	926	0	1,169	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,107	0	7,811	0	2,440	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,777	0	3,298	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	13,988	0	11,185	0	3,458	74.00
76.00	03560	PULMONARY LABS	2,883	0	886	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	1,602	0	1,682	0	2,632	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	15,601	0	9,721	0	2,629	76.07

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
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	414	0	0	76.09
76.10	03954	BARIATRICS	0	0	1,332	0	0	76.10
76.11	03955	HEPATOLOGY	13,157	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	2,553	0	589	0	11	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	35,263	637	17,600	0	1,004	90.02
90.03	09003	PSYCH SOCIAL REHAB	7,047	0	1,166	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	165,877	738	65,143	0	10	90.07
90.08	09007	OB OUTPATIENT CENTER	46,356	0	15,263	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	9,559	0	2,693	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	14,758	0	4,556	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	36,063	0	3,457	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,269	0	750	0	0	90.14
90.15	09013	OB IT PCC	8,229	0	3,495	0	0	90.15
90.16	09014	HICKORY HILLS PCC	21,945	0	5,902	0	0	90.16
90.18	09015	DARIEN PCC	7,106	0	2,964	0	0	90.18
90.20	09016	ORLAND PARK - FP	12,205	0	3,689	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	21,262	0	8,345	0	0	90.21
90.22	09018	HOMER GLEN PCC	14,252	0	10,173	0	0	90.22
90.23	09019	OAK PARK PCC	6,680	0	1,781	0	0	90.23
90.24	09020	PARK RIDGE PCC	5,531	0	1,377	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	4,657	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	2,200	0	0	90.28
90.29	09025	BURR RIDGE PCC	98,345	0	26,774	0	0	90.29
90.30	09026	RIVER FOREST	10,606	0	4,205	0	0	90.30
90.31	09027	NORRIDGE	3,590	0	863	0	0	90.31
90.32	09028	ELMWOOD PARK	6,707	0	1,627	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	3,203	0	816	0	0	90.34
91.00	09100	EMERGENCY	19,817	502	25,308	0	5,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	11,260	0	8,322	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	1,215	0	1,223	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,723	0	5,606	0	0	105.00
106.00	10600	HEART ACQUISITION	407	0	4,183	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,439	0	4,043	0	0	107.00
108.00	10800	LUNG ACQUISITION	723	0	4,585	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	593	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 through 117)	1,315,638	931,257	818,787	0	83,760	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,463	50,798	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	1,981	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	1,317	0	3,923	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	259	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	149,374	0	142,394	0	296	192.01
193.00	19300	NONPAID WORKERS	1,018	0	211	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 through 201)	1,469,069	982,055	967,296	0	84,056	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
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	371,369					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2	823,888				14.00
15.00	01500	PHARMACY	24	3,262	980,373			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	102	0	0	931,105		16.00
17.00	01700	SOCIAL SERVICE	25	14	0	0	230,535	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	421	159	44	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	293	87	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	0	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	1	6	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	117,583	4,327	12	152,265	145,130	30.00
31.00	03100	INTENSIVE CARE UNIT	37,150	2,351	0	54,726	48,423	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,442	481	0	15,726	2,890	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,741	419	0	13,357	10,231	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,325	167	2	5,468	2,665	35.01
35.03	02400	HEART TRANSPLANT ICU	5,936	368	0	8,176	4,615	35.03
35.04	02401	BONE INTENSIVE CARE	8,983	731	0	18,464	6,371	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,939	202	0	2,321	10,210	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,718	22,943	1	44,243	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	5,709	3,533	0	56	0	50.01
51.00	05100	RECOVERY ROOM	6,370	464	0	18,820	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,554	399	0	6,836	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,232	1	40,267	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,382	990	43	18,912	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	49	12	3,643	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	168	22	1,156	0	56.00
57.00	05700	CT SCAN	1	592	54	24,410	0	57.00
58.00	05800	MRI	0	238	0	6,793	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,923	2,857	0	18,054	0	59.00
60.00	06000	LABORATORY	0	26,692	0	92,990	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	642	20,155	0	14,018	0	63.00
65.00	06500	RESPIRATORY THERAPY	8	1,404	0	31,530	0	65.00
66.00	06600	PHYSICAL THERAPY	5	21	0	7,584	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,705	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1	1	1,946	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,181	80	0	10,817	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	530	0	4,367	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	160,887	0	15,903	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	109,791	0	27,817	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	307,072	865,908	65,121	0	73.00
74.00	07400	RENAL DIALYSIS	3,710	728	0	5,879	0	74.00
76.00	03560	PULMONARY LABS	387	162	0	855	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	32	0	3,870	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.07	03340	GASTROINTESTINAL SERVICE	5,901	1,565	0	5,489	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	6,949	0	1,531	0	76.09
76.10	03954	BARITRICS	90	12	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	386	27	0	3	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	7,915	1,403	2	105	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	302	12	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	19,696	3,135	10	2,155	0	90.07
90.08	09007	OB OUTPATIENT CENTER	4,286	1,043	0	22	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	908	101	1	2	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,932	331	0	8	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,098	114	0	3	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	187	1	0	0	0	90.14
90.15	09013	OB II PCC	804	130	0	5	0	90.15
90.16	09014	HICKORY HILLS PCC	1,163	222	0	3	0	90.16
90.18	09015	DARIEN PCC	1,183	66	0	4	0	90.18
90.20	09016	ORLAND PARK - FP	1,576	67	0	1	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	936	51	0	3	0	90.21
90.22	09018	HOMER GLEN PCC	3,127	934	1	5	0	90.22
90.23	09019	OAK PARK PCC	561	52	0	2	0	90.23
90.24	09020	PARK RIDGE PCC	488	154	0	8	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	701	92	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	866	665	0	15	0	90.28
90.29	09025	BURR RIDGE PCC	5,860	3,490	0	102	0	90.29
90.30	09026	RIVER FOREST	1,896	642	0	10	0	90.30
90.31	09027	NORRIDGE	176	22	0	0	0	90.31
90.32	09028	ELMWOOD PARK	614	32	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	82	0	0	0	0	90.34
91.00	09100	EMERGENCY	14,956	1,706	3	25,879	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	8,074	287	1	3,490	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	1,039	3	0	190	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	10,585	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	2,485	0	106.00
107.00	10700	LIVER ACQUISITION	13	0	0	7,857	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	5,389	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	336	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 through 117)	340,373	696,902	866,118	806,782	230,535	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	343	2,853	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	118,925	112,812	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	54	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	30,653	5,154	1,443	124,323	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	371,369	823,888	980,373	931,105	230,535	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm
-------------------------------------	-----------------------	---	--

Cost Center Description	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				17.01	19.00	
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			1,738,202	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	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 UNIT	0				35.00
35.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0				35.01
35.03 02400	HEART TRANSPLANT ICU	0				35.03
35.04 02401	BONE INTENSIVE CARE	0				35.04
41.00 04100	SUBPROVIDER - IRF	0				41.00
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 - PATHOLOGICAL	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part II
Date/Time Prepared:
1/29/2021 1:08 pm

76.04	03650	PERIPHERAL VASCULAR	HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		76.04			
						17.01	19.00		20.00	SERVICES-SALAR	SERVICES-OTHER
										Y & FRINGS APPRV	PRGM COSTS APPRV
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	LI THOTRI PSY	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	0					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	09931	OOT	0					99.30			
99.40	09941	OSP	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 through 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			

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B
Part II
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
						17.01	19.00		20.00
193.00	19300	NONPAID WORKERS	0						193.00
200.00		Cross Foot Adjustments		0	0	1,738,202		52	200.00
201.00		Negative Cost Centers	0	0	0	0		0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	1,738,202		52	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MI CU	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-MI CU		306,890				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				14,146		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					29,171	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 UNIT						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.03	02400	HEART TRANSPLANT ICU						35.03
35.04	02401	BONE INTENSIVE CARE						35.04
41.00	04100	SUBPROVIDER - IRF						41.00
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 - PATHOLOGICAL						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

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MI CU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
76.07	03340	GASTROINTESTINAL SERVICE						76.07
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	OBST 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	OBST I 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	09931	OOT						99.30
99.40	09941	OSP						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 through 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	306,890	0	14,146	29,171	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	306,890	0	14,146	29,171	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm
-------------------------------------	--	-----------------------	---	--

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	8,048,160	0	8,048,160	30.00
31.00	03100	INTENSIVE CARE UNIT	1,939,320	0	1,939,320	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	645,706	0	645,706	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	724,954	0	724,954	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	226,368	0	226,368	35.01
35.03	02400	HEART TRANSPLANT ICU	456,672	0	456,672	35.03
35.04	02401	BONE INTENSIVE CARE	594,852	0	594,852	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	44,141	0	44,141	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,630,636	0	3,630,636	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,191,858	0	1,191,858	50.01
51.00	05100	RECOVERY ROOM	658,817	0	658,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,559	0	395,559	52.00
53.00	05300	ANESTHESIOLOGY	149,244	0	149,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,482,458	0	2,482,458	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	129,234	0	129,234	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	341,135	0	341,135	56.00
57.00	05700	CT SCAN	582,714	0	582,714	57.00
58.00	05800	MRI	500,054	0	500,054	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,778,033	0	1,778,033	59.00
60.00	06000	LABORATORY	2,401,507	0	2,401,507	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	330,502	0	330,502	63.00
65.00	06500	RESPIRATORY THERAPY	516,352	0	516,352	65.00
66.00	06600	PHYSICAL THERAPY	81,597	0	81,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	174,641	0	174,641	67.00
68.00	06800	SPEECH PATHOLOGY	54,447	0	54,447	68.00
69.00	06900	ELECTROCARDIOLOGY	531,815	0	531,815	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	294,411	0	294,411	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,612,727	0	1,612,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,117,506	0	1,117,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,978,105	0	3,978,105	73.00
74.00	07400	RENAL DIALYSIS	646,329	0	646,329	74.00
76.00	03560	PULMONARY LABS	146,706	0	146,706	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.04	03650	PERIPHERAL VASCULAR	140,138	0	140,138	76.04
76.05	03952	PEDIATRIC ENDO NUTRI TION	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	707,507	0	707,507	76.07
76.09	03953	BONE MARROW PROCUREMENT	76,818	0	76,818	76.09
76.10	03954	BARIATRICS	17,738	0	17,738	76.10
76.11	03955	HEPATOLOGY	465,958	0	465,958	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	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	97,504	0	97,504	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	90.01
90.02	09002	CANCER CENTER	1,479,299	0	1,479,299	90.02
90.03	09003	PSYCH SOCIAL REHAB	260,077	0	260,077	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	6,707,832	0	6,707,832	90.07
90.08	09007	OBSTETRIC CENTER	1,982,948	0	1,982,948	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	375,516	0	375,516	90.09
90.10	09009	LAGRANGE FAMILY PCC	630,124	0	630,124	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,323,544	0	1,323,544	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	90.13
90.14	09012	WHEATON PCC	53,875	0	53,875	90.14
90.15	09013	OBSTETRIC PCC	335,770	0	335,770	90.15
90.16	09014	HICKORY HILLS PCC	866,121	0	866,121	90.16
90.18	09015	DARIEN PCC	311,870	0	311,870	90.18
90.20	09016	ORLAND PARK - FP	500,095	0	500,095	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	859,411	0	859,411	90.21
90.22	09018	HOMER GLEN PCC	673,007	0	673,007	90.22
90.23	09019	OAK PARK PCC	260,132	0	260,132	90.23
90.24	09020	PARK RIDGE PCC	223,657	0	223,657	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	192,419	0	192,419	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	43,433	0	43,433	90.28
90.29	09025	BURR RIDGE PCC	3,907,072	0	3,907,072	90.29
90.30	09026	RIVER FOREST	438,892	0	438,892	90.30
90.31	09027	NORRIDGE	139,588	0	139,588	90.31
90.32	09028	ELMWOOD PARK	257,916	0	257,916	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	126,027	0	126,027	90.34
91.00	09100	EMERGENCY	1,055,208	0	1,055,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	509,469	0	509,469	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	16,562	0	16,562	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	61,416	0	61,416	97.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09931	OOT	0	0	0	99.30
99.40	09941	OSP	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	371,897	0	371,897	105.00
106.00	10600	HEART ACQUISITION	90,171	0	90,171	106.00
107.00	10700	LIVER ACQUISITION	206,608	0	206,608	107.00
108.00	10800	LUNG ACQUISITION	163,227	0	163,227	108.00
109.00	10900	PANCREAS ACQUISITION	26,762	0	26,762	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 through 117)	62,362,168	0	62,362,168	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	102,621	0	102,621	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	64,894	0	64,894	190.02
190.03	19003	OP HOSPITAL PHARMACY	1,410,355	0	1,410,355	190.03
190.04	19004	HOSPITALIST	0	0	0	190.04
190.05	19005	STUDENT HEALTH	673	0	673	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	9,176	0	9,176	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	12,184,806	0	12,184,806	192.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part II Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
			24.00	25.00	26.00			
193.00	19300	NONPAID WORKERS	38,606	0	38,606			193.00
200.00		Cross Foot Adjustments	2,088,461	0	2,088,461			200.00
201.00		Negative Cost Centers	0	0	0			201.00
202.00		TOTAL (sum lines 118 through 201)	78,261,760	0	78,261,760			202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	NEW CAPITAL-BLDG INTEREST (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,962,851				1.00
1.01 00101	NEW CAPITAL-BLDG INTEREST	0	1,962,851			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			15,816,903		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	790	790	0	568,413,992	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	146,305	146,305	14,460,181	45,910,571	-316,263,523
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	617,404	617,404	535	9,870,483	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	103	103	0	0	8.00
9.00 00900	HOUSEKEEPING	24,601	24,601	0	5,314,805	9.00
10.00 01000	DIETARY	21,773	21,773	1,996	1,735,208	10.00
11.00 01100	CAFETERIA	1,046	1,046	0	2,414,111	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01 01201	PATIENT TRANSPORTATION	983	983	0	1,018,396	12.01
13.00 01300	NURSING ADMINISTRATION	3,460	3,460	63,137	3,185,977	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,958	14,958	0	1,651,549	14.00
15.00 01500	PHARMACY	14,877	14,877	10,766	8,855,515	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	20,973	20,973	0	0	16.00
17.00 01700	SOCIAL SERVICE	2,302	2,302	0	3,501,500	17.00
17.01 01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	4,975	4,975	719	41,544,272	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMEDICAL ED-MICU	6,460	6,460	0	620,659	23.01
23.02 02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	23.02
23.03 02303	CLINICAL PASTORAL EDUCATION	274	274	0	0	23.03
23.04 02304	PHARMACY RESIDENCY PROGRAM	188	188	0	597,209	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	135,109	135,109	14,594	48,208,756	30.00
31.00 03100	INTENSIVE CARE UNIT	27,476	27,476	1,767	15,555,412	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	10,874	10,874	3,126	3,591,782	33.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	10,853	10,853	0	5,806,803	35.00
35.01 02080	PEDIATRIC INTENSIVE CARE UNIT	3,281	3,281	0	1,911,560	35.01
35.03 02400	HEART TRANSPLANT ICU	7,828	7,828	0	2,470,712	35.03
35.04 02401	BONE INTENSIVE CARE	9,781	9,781	0	3,334,151	35.04
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	793,125	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	61,753	61,753	111,202	12,148,905	50.00
50.01 05001	AMBULATORY SURGERY CENTER	23,366	23,366	11,133	2,704,424	50.01
51.00 05100	RECOVERY ROOM	12,148	12,148	0	2,671,342	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,472	6,472	2,792	2,568,949	52.00
53.00 05300	ANESTHESIOLOGY	737	737	26,052	573,567	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	40,704	40,704	304,233	4,059,738	54.00
54.01 03630	RADIOLOGY-ULTRASOUND	1,815	1,815	0	1,279,406	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	6,535	6,535	0	1,392,008	56.00
57.00 05700	CT SCAN	5,070	5,070	116,684	3,778,295	57.00
58.00 05800	MRI	9,054	9,054	23,622	1,358,805	58.00
59.00 05900	CARDIAC CATHETERIZATION	28,375	28,375	174,023	6,142,788	59.00
60.00 06000	LABORATORY	35,357	35,357	31,724	8,584,449	60.00
60.01 03420	LABORATORY - PATHOLOGICAL	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.	1,466	1,466	1,076	1,418,597	63.00
65.00 06500	RESPIRATORY THERAPY	5,019	5,019	14,191	6,416,735	65.00
66.00 06600	PHYSICAL THERAPY	70	70	0	2,410,424	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,060	3,060	0	955,470	67.00
68.00 06800	SPEECH PATHOLOGY	740	740	1,717	460,882	68.00
69.00 06900	ELECTROCARDIOLOGY	7,276	7,276	67,551	2,354,380	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,615	4,615	24,665	1,076,850	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	11,175	11,175	27,888	3,352,699	74.00
76.00 03560	PULMONARY LABS	2,303	2,303	17,726	365,136	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	NEW CAPITAL-BLDG INTEREST (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
76.01	03950	0	0	0	0	0	76.01
76.03	03951	0	0	0	0	0	76.03
76.04	03650	1,280	1,280	31,387	738,705	0	76.04
76.05	03952	0	0	0	0	0	76.05
76.07	03340	12,464	12,464	6,863	3,299,937	0	76.07
76.09	03953	0	0	0	186,857	0	76.09
76.10	03954	0	0	0	361,436	0	76.10
76.11	03955	10,511	10,511	0	0	0	76.11
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,040	2,040	0	183,761	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	28,172	28,172	251	5,971,133	0	90.02
90.03	09003	5,630	5,630	0	275,187	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.06	09005	0	0	0	0	0	90.06
90.07	09006	132,520	132,520	47,708	20,202,581	0	90.07
90.08	09007	37,034	37,034	68,457	4,897,941	0	90.08
90.09	09008	7,637	7,637	0	731,369	0	90.09
90.10	09009	11,790	11,790	29,612	1,207,815	0	90.10
90.12	09010	28,811	28,811	920	950,725	0	90.12
90.13	09011	0	0	0	0	0	90.13
90.14	09012	1,014	1,014	0	438,305	0	90.14
90.15	09013	6,574	6,574	0	841,908	0	90.15
90.16	09014	17,532	17,532	4,016	1,865,734	0	90.16
90.18	09015	5,677	5,677	331	806,821	0	90.18
90.20	09016	9,751	9,751	61	1,329,554	0	90.20
90.21	09017	16,986	16,986	1,724	2,774,731	0	90.21
90.22	09018	11,386	11,386	6,025	3,545,870	0	90.22
90.23	09019	5,337	5,337	861	438,603	0	90.23
90.24	09020	4,419	4,419	0	472,063	0	90.24
90.25	09021	0	0	81,797	1,108,740	0	90.25
90.26	09022	0	0	0	0	0	90.26
90.27	09023	0	0	0	0	0	90.27
90.28	09024	0	0	0	743,099	0	90.28
90.29	09025	78,568	78,568	8,249	8,876,064	0	90.29
90.30	09026	8,473	8,473	0	1,223,685	0	90.30
90.31	09027	2,868	2,868	0	195,683	0	90.31
90.32	09028	5,358	5,358	0	381,840	0	90.32
90.33	09033	0	0	0	0	0	90.33
90.34	09034	2,559	2,559	0	178,391	0	90.34
91.00	09100	15,832	15,832	0	15,773,812	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	8,996	8,996	0	2,760,241	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
97.00	09700	971	971	0	508,845	0	97.00
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09931	0	0	0	0	0	99.30
99.40	09941	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
105.00	10500	3,773	3,773	114	2,299,114	0	105.00
106.00	10600	325	325	0	1,790,571	0	106.00
107.00	10700	1,150	1,150	0	2,036,442	0	107.00
108.00	10800	578	578	0	2,128,148	0	108.00
109.00	10900	474	474	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
112.00	08600	0	0	0	0	0	112.00
118.00		1,840,274	1,840,274	15,801,476	365,492,116	-316,263,523	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,169	1,169	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	0	0	879,276	0	190.02
190.03	19003	1,052	1,052	991	1,636,082	0	190.03
190.04	19004	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	NEW CAPITAL-BLDG INTEREST (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
190.05 19005 STUDENT HEALTH	0	0	0	0	0	190.05
190.06 19006 DISCONTINUED HHA AND HOSPICE	207	207	0	0	0	190.06
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19202 FACULTY CLINICAL OPERATIONS	119,336	119,336	14,436	200,331,740	0	192.01
193.00 19300 NONPAID WORKERS	813	813	0	74,778	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)	22,924,383	30,565,746	24,771,631	22,150,219		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.679125	15.572117	1.566149	0.038968		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				21,529		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000038		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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	1,019,915,333				5.00	
6.00	00600	MAINTENANCE & REPAIRS	10,143,243	1,815,756			6.00	
7.00	00700	OPERATION OF PLANT	39,175,906	617,404	1,198,352		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	137,021	103	103	3,083,108	8.00	
9.00	00900	HOUSEKEEPING	16,335,099	24,601	24,601	541	1,173,648	9.00
10.00	01000	DIETARY	1,116,128	21,773	21,773	0	21,773	10.00
11.00	01100	CAFETERIA	5,313,841	1,046	1,046	0	1,046	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,325,217	983	983	0	983	12.01
13.00	01300	NURSING ADMINISTRATION	4,436,767	3,460	3,460	0	3,460	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,230,860	14,958	14,958	0	14,958	14.00
15.00	01500	PHARMACY	11,100,748	14,877	14,877	0	14,877	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	571,540	20,973	20,973	0	20,973	16.00
17.00	01700	SOCIAL SERVICE	4,618,351	2,302	2,302	0	2,302	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	54,060,593	4,975	4,975	0	4,975	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	20,193	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	879,957	6,460	6,460	0	6,460	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	84,006	274	274	0	274	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	714,530	188	188	0	188	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,941,857	135,109	135,109	1,373,867	135,109	30.00
31.00	03100	INTENSIVE CARE UNIT	20,251,385	27,476	27,476	364,684	27,476	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,804,067	10,874	10,874	82,700	10,874	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,679,740	10,853	10,853	23,271	10,853	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,434,439	3,281	3,281	25,959	3,281	35.01
35.03	02400	HEART TRANSPLANT ICU	3,310,854	7,828	7,828	58,276	7,828	35.03
35.04	02401	BONE INTENSIVE CARE	4,562,080	9,781	9,781	158,538	9,781	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	1,042,019	0	0	4,386	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,506,657	61,753	61,753	117,115	61,753	50.00
50.01	05001	AMBULATORY SURGERY CENTER	5,275,034	23,366	23,366	0	23,366	50.01
51.00	05100	RECOVERY ROOM	3,685,772	12,148	12,148	84,144	12,148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,416,934	6,472	6,472	146,050	6,472	52.00
53.00	05300	ANESTHESIOLOGY	1,224,924	737	737	0	737	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,987,688	40,704	40,704	62,414	40,704	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,622,133	1,815	1,815	18,682	1,815	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,950,884	6,535	6,535	33,754	6,535	56.00
57.00	05700	CT SCAN	5,186,723	5,070	5,070	8,962	5,070	57.00
58.00	05800	MRI	2,112,265	9,054	9,054	36,447	9,054	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,669,638	28,375	28,375	84,294	28,375	59.00
60.00	06000	LABORATORY	25,251,160	35,357	35,357	0	35,357	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	8,637,965	1,466	1,466	31,394	1,466	63.00
65.00	06500	RESPIRATORY THERAPY	8,514,304	5,019	5,019	12,870	5,019	65.00
66.00	06600	PHYSICAL THERAPY	2,454,461	70	70	55,859	70	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,236,550	3,060	3,060	0	3,060	67.00
68.00	06800	SPEECH PATHOLOGY	625,900	740	740	0	740	68.00
69.00	06900	ELECTROCARDIOLOGY	3,302,024	7,276	7,276	0	7,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,770,189	4,615	4,615	6,612	4,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,985,142	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,522,426	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,920,705	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,451,067	11,175	11,175	0	11,175	74.00
76.00	03560	PULMONARY LABS	619,757	2,303	2,303	0	2,303	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	1,028,641	1,280	1,280	16,118	1,280	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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	4,885,109	12,464	12,464	33,990	12,464	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,600,694	0	0	0	0	76.09
76.10	03954	BARITRICS	623,772	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	286,438	10,511	10,511	0	10,511	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	287,160	2,040	2,040	0	2,040	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	8,469,530	28,172	28,172	0	28,172	90.02
90.03	09003	PSYCH SOCIAL REHAB	498,334	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	29,143,508	132,520	132,520	0	132,520	90.07
90.08	09007	OBSTETRIC OUTPATIENT CENTER	9,172,937	37,034	37,034	0	37,034	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,480,639	7,637	7,637	0	7,637	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,397,364	11,790	11,790	0	11,790	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,324,016	28,811	28,811	0	28,811	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	332,764	1,014	1,014	0	1,014	90.14
90.15	09013	OBSTETRIC PCC	1,706,049	6,574	6,574	0	6,574	90.15
90.16	09014	HICKORY HILLS PCC	3,359,908	17,532	17,532	0	17,532	90.16
90.18	09015	DARIEN PCC	2,277,634	5,677	5,677	0	5,677	90.18
90.20	09016	ORLAND PARK - FP	2,653,167	9,751	9,751	0	9,751	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	4,072,759	16,986	16,986	0	16,986	90.21
90.22	09018	HOMER GLEN PCC	5,841,491	11,386	11,386	0	11,386	90.22
90.23	09019	OAK PARK PCC	902,855	5,337	5,337	0	5,337	90.23
90.24	09020	PARK RIDGE PCC	1,105,131	4,419	4,419	0	4,419	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2,252,373	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	1,518,637	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	16,486,343	78,568	78,568	0	78,568	90.29
90.30	09026	RIVER FOREST	2,393,596	8,473	8,473	0	8,473	90.30
90.31	09027	NORRIDGE	513,901	2,868	2,868	0	2,868	90.31
90.32	09028	ELMWOOD PARK	839,256	5,358	5,358	0	5,358	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	517,014	2,559	2,559	0	2,559	90.34
91.00	09100	EMERGENCY	11,096,274	15,832	15,832	221,988	15,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,706,498	8,996	8,996	0	8,996	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	634,198	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	635,182	971	971	0	971	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,308,660	3,773	3,773	0	3,773	105.00
106.00	10600	HEART ACQUISITION	2,652,083	325	325	0	325	106.00
107.00	10700	LIVER ACQUISITION	5,531,532	1,150	1,150	0	1,150	107.00
108.00	10800	LUNG ACQUISITION	4,899,878	578	578	0	578	108.00
109.00	10900	PANCREAS ACQUISITION	220,227	474	474	0	474	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 through 117)	719,856,102	1,693,179	1,075,775	3,083,108	1,051,071	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,857	1,169	1,169	0	1,169	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,285,432	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	43,162,725	1,052	1,052	0	1,052	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	23,698	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	5,641	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	254,437,726	119,336	119,336	0	119,336	192.01
193.00	19300	NONPAID WORKERS	112,152	813	813	0	813	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 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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)	316,263,523	13,288,541	55,842,332	185,064	22,726,879	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.310088	7.318462	46.599273	0.060025	19.364306	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,635,539	264,891	17,939,390	7,942	1,469,069	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.026115	0.145885	14.970051	0.002576	1.251712	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet B-1 Date/Time Prepared: 1/29/2021 1:08 pm	
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	3,199,275					10.00
11.00	01100	CAFETERIA	2,550,182	8,540,798				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
12.01	01201	PATIENT TRANSPORTATION	0	57,678	0	197,381		12.01
13.00	01300	NURSING ADMINISTRATION	0	49,254	0	0	3,241,450	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	76,399	0	0	20	14.00
15.00	01500	PHARMACY	0	186,094	0	0	209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,105	0	0	888	16.00
17.00	01700	SOCIAL SERVICE	0	82,512	0	0	216	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	936,609	0	0	3,679	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	15,259	0	0	2,554	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	20,139	0	0	6	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	369,619	1,167,704	0	62,925	1,026,332	30.00
31.00	03100	INTENSIVE CARE UNIT	70,692	337,797	0	11,924	324,258	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,372	88,517	0	404	82,417	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	122,512	0	229	111,212	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,476	38,048	0	723	37,746	35.01
35.03	02400	HEART TRANSPLANT ICU	10,522	54,665	0	0	51,809	35.03
35.04	02401	BONE INTENSIVE CARE	12,811	86,036	0	743	78,410	35.04
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	19,562	0	0	16,928	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	310,972	0	0	172,110	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	71,203	0	0	49,833	50.01
51.00	05100	RECOVERY ROOM	0	59,126	0	29	55,596	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	55,828	0	156	48,476	52.00
53.00	05300	ANESTHESIOLOGY	0	24,576	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	86,117	0	34,384	29,522	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	26,287	0	2,172	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	28,606	0	969	0	56.00
57.00	05700	CT SCAN	0	86,457	0	19,616	5	57.00
58.00	05800	MRI	0	26,702	0	6,502	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	101,495	0	1,444	69,152	59.00
60.00	06000	LABORATORY	0	253,451	0	3,385	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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	37,567	0	202	5,603	63.00
65.00	06500	RESPIRATORY THERAPY	0	163,163	0	2,713	68	65.00
66.00	06600	PHYSICAL THERAPY	0	45,281	0	3,455	44	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,014	0	3,588	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,324	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	68,967	0	5,729	10,305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,116	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	98,755	0	8,121	32,379	74.00
76.00	03560	PULMONARY LABS	0	7,823	0	0	3,379	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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	
76.04	03650	PERIPHERAL VASCULAR	0	14,852	0	6,180	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	85,835	0	6,173	51,504	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	3,658	0	0	0	76.09
76.10	03954	BARITRICS	0	11,762	0	0	783	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	5,200	0	26	3,365	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	2,074	155,399	0	2,358	69,087	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	10,296	0	0	2,636	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	2,405	575,180	0	23	171,916	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	134,764	0	0	37,408	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	23,775	0	0	7,926	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	40,229	0	0	16,866	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	30,524	0	0	9,584	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	6,626	0	0	1,635	90.14
90.15	09013	OBTL PCC	0	30,860	0	0	7,018	90.15
90.16	09014	HICKORY HILLS PCC	0	52,109	0	0	10,147	90.16
90.18	09015	DARIEN PCC	0	26,169	0	0	10,329	90.18
90.20	09016	ORLAND PARK - FP	0	32,575	0	0	13,752	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	73,687	0	0	8,174	90.21
90.22	09018	HOMER GLEN PCC	0	89,823	0	0	27,294	90.22
90.23	09019	OAK PARK PCC	0	15,725	0	0	4,898	90.23
90.24	09020	PARK RIDGE PCC	0	12,155	0	0	4,258	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	41,122	0	0	6,115	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	19,422	0	0	7,557	90.28
90.29	09025	BURR RIDGE PCC	0	236,400	0	0	51,148	90.29
90.30	09026	RIVER FOREST	0	37,124	0	0	16,546	90.30
90.31	09027	NORRIDGE	0	7,619	0	0	1,534	90.31
90.32	09028	ELMWOOD PARK	0	14,369	0	0	5,363	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	7,206	0	0	713	90.34
91.00	09100	EMERGENCY	1,635	223,456	0	12,513	130,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	73,479	0	0	70,469	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	10,800	0	0	9,066	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	49,498	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	36,936	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	35,700	0	0	117	107.00
108.00	10800	LUNG ACQUISITION	0	40,480	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 through 117)	3,033,788	7,229,534	0	196,686	2,970,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	165,487	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	17,487	0	0	2,993	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	34,641	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	1,257,272	0	695	267,550	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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	
193.00	19300 NONPAID WORKERS	0	1,864	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)	3,057,796	9,475,659	0	1,872,178	6,120,755	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.955778	1.109458	0.000000	9.485097	1.888277	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	982,055	967,296	0	84,056	371,369	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.306962	0.113256	0.000000	0.425857	0.114569	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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 COMPENSATION)	
			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	281,549,741					14.00
15.00	01500	PHARMACY	1,114,743	118,789,540				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,011,090,765			16.00
17.00	01700	SOCIAL SERVICE	4,875		0	132,429		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	54,378	5,275	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	29,707	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	0	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	1,903	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,478,812	1,411	328,936,832	83,369	0	30.00
31.00	03100	INTENSIVE CARE UNIT	803,517	0	118,199,778	27,816	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	164,256	18	33,964,515	1,660	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	143,308	45	28,848,738	5,877	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	57,011	274	11,809,515	1,531	0	35.01
35.03	02400	HEART TRANSPLANT ICU	125,671	46	17,658,298	2,651	0	35.03
35.04	02401	BONE INTENSIVE CARE	249,956	37	39,879,354	3,660	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	69,092	2	5,011,939	5,865	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,840,944	147	95,556,859	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,207,425	29	121,202	0	0	50.01
51.00	05100	RECOVERY ROOM	158,650	12	40,648,152	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	136,415	31	14,764,757	0	0	52.00
53.00	05300	ANESTHESIOLOGY	420,889	145	86,969,505	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	338,302	5,176	40,847,542	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	16,786	1,400	7,868,189	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	57,378	2,607	2,496,418	0	0	56.00
57.00	05700	CT SCAN	202,426	6,501	52,721,634	0	0	57.00
58.00	05800	MRI	81,354	0	14,671,269	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	976,256	0	38,993,660	0	0	59.00
60.00	06000	LABORATORY	9,122,363	0	200,841,285	0	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	6,888,090	0	30,276,547	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	479,769	0	68,098,823	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,329	0	16,380,132	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	0	10,161,036	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	296	178	4,203,233	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,362	0	23,363,030	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	181,090	0	9,430,990	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	54,985,139	0	34,348,109	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,522,426	0	60,079,321	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,920,702	104,920,113	140,649,573	0	0	73.00
74.00	07400	RENAL DIALYSIS	248,671	0	12,697,384	0	0	74.00
76.00	03560	PULMONARY LABS	55,511	7	1,846,019	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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	
76.04	03650	PERIPHERAL VASCULAR	10,802	0	8,357,535	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	534,813	0	11,855,506	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,374,985	0	3,307,264	0	0	76.09
76.10	03954	BARITRICS	4,030	55	118	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	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,363	0	7,111	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	479,518	190	227,760	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	4,217	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	1,071,481	1,164	4,655,383	0	0	90.07
90.08	09007	OB T OUTPATIENT CENTER	356,531	0	47,024	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	34,412	73	3,871	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	112,963	0	16,550	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	39,009	0	6,460	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	463	0	346	0	0	90.14
90.15	09013	OB T I PCC	44,349	0	10,485	0	0	90.15
90.16	09014	HICKORY HILLS PCC	75,979	0	6,806	0	0	90.16
90.18	09015	DARIEN PCC	22,654	0	8,296	0	0	90.18
90.20	09016	ORLAND PARK - FP	22,936	0	1,726	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	17,450	0	6,298	0	0	90.21
90.22	09018	HOMER GLEN PCC	319,244	76	11,311	0	0	90.22
90.23	09019	OAK PARK PCC	17,939	0	3,340	0	0	90.23
90.24	09020	PARK RIDGE PCC	52,564	0	16,231	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	31,452	0	1,046	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	227,329	0	33,174	0	0	90.28
90.29	09025	BURR RIDGE PCC	1,192,669	0	220,430	0	0	90.29
90.30	09026	RIVER FOREST	219,303	18	22,217	0	0	90.30
90.31	09027	NORRIDGE	7,633	0	863	0	0	90.31
90.32	09028	ELMWOOD PARK	11,097	0	571	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	295	0	0	90.34
91.00	09100	EMERGENCY	583,045	370	55,893,360	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	98,212	120	7,537,839	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	951	0	409,919	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	09931	OOT	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	22,861,255	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,366,748	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	16,969,136	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	11,639,426	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	725,915	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 through 117)	238,150,203	104,945,520	1,742,575,253	132,429	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	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	974,996	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	40,644,367	13,669,212	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	18,600	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	1,761,575	174,808	268,515,512	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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	
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)	9,343,927	15,877,027	2,299,711	6,311,256	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.033187	0.133657	0.001144	47.657658	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	823,888	980,373	931,105	230,535	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002926	0.008253	0.000463	1.740820	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			19.00	20.00	
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 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 UNIT	0	0	197	197	0 35.00
35.01 02080 PEDIATRIC INTENSIVE CARE UNIT	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
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0 41.00
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 - PATHOLOGICAL	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00		
76.01 03950 OCCUPATIONAL HEALTH	0	0	0	0	0	76.01
76.03 03951 HYPERTENSION	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 LI THOTRI PSY	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 OB 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 OB 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	0	0	0	0	0	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 09931 OOT	0	0	0	0	0	99.30
99.40 09941 OSP	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 through 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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00		
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						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	72,237,296	1,212	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	2,251.084325	0.037769	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	1,738,202	52	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	54.166469	0.001620	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0		0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description		PARAMEDICAL ED-MI CU (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					1.00
1.01	00101					1.01
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
12.01	01201					12.01
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
17.01	01701					17.01
19.00	01900					19.00
20.00	02000					20.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301	451,064				23.01
23.02	02302		0			23.02
23.03	02303			3,358		23.03
23.04	02304				14,560	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	1,307	1,280	30.00
31.00	03100	0	0	213	920	31.00
33.00	03300	0	0	213	160	33.00
35.00	02060	0	0	0	1,160	35.00
35.01	02080	0	0	293	480	35.01
35.03	02400	0	0	0	1,280	35.03
35.04	02401	0	0	0	0	35.04
41.00	04100	0	0	0	0	41.00
43.00	04300	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	213	0	50.00
50.01	05001	0	0	0	0	50.01
51.00	05100	0	0	0	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	0	0	54.00
54.01	03630	0	0	0	0	54.01
55.00	05500	0	0	0	0	55.00
56.00	05600	0	0	0	0	56.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	0	0	60.00
60.01	03420	0	0	0	0	60.01
60.02	03956	0	0	0	0	60.02
60.03	03957	0	0	0	0	60.03
62.30	06250	0	0	0	0	62.30
63.00	06300	0	0	0	0	63.00
65.00	06500	0	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	4,320	73.00
74.00	07400	0	0	0	0	74.00
76.00	03560	0	0	0	0	76.00
76.01	03950	0	0	0	0	76.01
76.03	03951	0	0	0	0	76.03
76.04	03650	0	0	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

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	213	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 LI THOTRI PSY	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	1,600		90.07
90.08	09007 OB 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 OB 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 CHI CAGO AND BELMONT	0	0	0	0		90.34
91.00	09100 EMERGENCY	451,064	0	373	1,600		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	09931 OOT	0	0	0	0		99.30
99.40	09941 OSP	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	720		106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800 LUNG ACQUISITION	0	0	533	1,040		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 through 117)	451,064	0	3,358	14,560		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
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description		PARAMEDICAL ED-MI CU (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	
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,648,960	0	130,134	972,291	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.655712	0.000000	38.753425	66.778228	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	306,890	0	14,146	29,171	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.680369	0.000000	4.212627	2.003503	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

Provider CCN: 14-0276

Period:
 From 07/01/2019
 To 06/30/2020

Worksheet B-2
 Date/Time Prepared:
 1/29/2021 1:08 pm

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet C
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	90,679,731		90,679,731	0	90,679,731	30.00
31.00	03100 INTENSIVE CARE UNIT	31,291,433		31,291,433	0	31,291,433	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	7,501,696		7,501,696	0	7,501,696	33.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	11,601,267		11,601,267	0	11,601,267	35.00
35.01	02080 PEDIATRIC INTENSIVE CARE UNIT	3,690,628		3,690,628	0	3,690,628	35.01
35.03	02400 HEART TRANSPLANT ICU	5,319,390		5,319,390	0	5,319,390	35.03
35.04	02401 BONE INTENSIVE CARE	7,194,166		7,194,166	0	7,194,166	35.04
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
43.00	04300 NURSERY	1,706,607		1,706,607	0	1,706,607	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	37,686,102		37,686,102	0	37,686,102	50.00
50.01	05001 AMBULATORY SURGERY CENTER	8,836,377		8,836,377	0	8,836,377	50.01
51.00	05100 RECOVERY ROOM	5,946,590		5,946,590	0	5,946,590	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,135,909		5,135,909	0	5,135,909	52.00
53.00	05300 ANESTHESIOLOGY	1,799,513		1,799,513	0	1,799,513	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,677,179		12,677,179	0	12,677,179	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	2,318,776		2,318,776	0	2,318,776	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	3,082,790		3,082,790	0	3,082,790	56.00
57.00	05700 CT SCAN	7,517,032		7,517,032	0	7,517,032	57.00
58.00	05800 MRI	3,543,717		3,543,717	0	3,543,717	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,776,312		13,776,312	0	13,776,312	59.00
60.00	06000 LABORATORY	36,518,081		36,518,081	0	36,518,081	60.00
60.01	03420 LABORATORY - PATHOLOGICAL	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.	11,743,216		11,743,216	0	11,743,216	63.00
65.00	06500 RESPIRATORY THERAPY	11,823,772	0	11,823,772	0	11,823,772	65.00
66.00	06600 PHYSICAL THERAPY	3,326,116	0	3,326,116	0	3,326,116	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,915,422	0	1,915,422	0	1,915,422	67.00
68.00	06800 SPEECH PATHOLOGY	890,509	0	890,509	0	890,509	68.00
69.00	06900 ELECTROCARDIOLOGY	5,037,092		5,037,092	0	5,037,092	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,706,799		2,706,799	0	2,706,799	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	73,899,461		73,899,461	0	73,899,461	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	50,471,668		50,471,668	0	50,471,668	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	155,410,164		155,410,164	0	155,410,164	73.00
74.00	07400 RENAL DIALYSIS	5,610,641		5,610,641	0	5,610,641	74.00
76.00	03560 PULMONARY LABS	999,718		999,718	0	999,718	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	1,527,393		1,527,393	0	1,527,393	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION	0		0	0	0	76.05
76.07	03340 GASTROINTESTINAL SERVICE	7,605,952		7,605,952	0	7,605,952	76.07
76.09	03953 BONE MARROW PROCUREMENT	3,493,799		3,493,799	0	3,493,799	76.09
76.10	03954 BARIATRICS	831,865		831,865	0	831,865	76.10
76.11	03955 HEPATOLOGY	1,145,526		1,145,526	0	1,145,526	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 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	538,390		538,390	0	538,390	90.00
90.01	09001 CARDIAC REHABILITATION	0		0	0	0	90.01
90.02	09002 CANCER CENTER	13,503,744		13,503,744	0	13,503,744	90.02
90.03	09003 PSYCH SOCIAL REHAB	1,081,979		1,081,979	0	1,081,979	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	49,005,063		49,005,063	0	49,005,063	90.07
90.08	09007 OBT OUTPATIENT CENTER	14,963,320		14,963,320	0	14,963,320	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	2,541,921		2,541,921	0	2,541,921	90.09
90.10	09009 LAGRANGE FAMILY PCC	4,085,001		4,085,001	0	4,085,001	90.10
90.12	09010 NORTH RIVERSIDE PCC	5,209,258		5,209,258	0	5,209,258	90.12
90.13	09011 GLENDALE HEIGHTS PCC	0		0	0	0	90.13
90.14	09012 WHEATON PCC	520,711		520,711	0	520,711	90.14
90.15	09013 OBT II PCC	2,765,805		2,765,805	0	2,765,805	90.15
90.16	09014 HICKORY HILLS PCC	5,766,058		5,766,058	0	5,766,058	90.16
90.18	09015 DARIEN PCC	3,449,221		3,449,221	0	3,449,221	90.18
90.20	09016 ORLAND PARK - FP	4,253,327		4,253,327	0	4,253,327	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	6,678,215		6,678,215	0	6,678,215	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet C
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

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	
90.22	09018	HOMER GLEN PCC	8,649,068		8,649,068	0	8,649,068	90.22
90.23	09019	OAK PARK PCC	1,601,220		1,601,220	0	1,601,220	90.23
90.24	09020	PARK RIDGE PCC	1,794,940		1,794,940	0	1,794,940	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	3,009,022		3,009,022	0	3,009,022	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	2,032,948		2,032,948	0	2,032,948	90.28
90.29	09025	BURR RIDGE PCC	27,754,875		27,754,875	0	27,754,875	90.29
90.30	09026	RIVER FOREST	3,836,476		3,836,476	0	3,836,476	90.30
90.31	09027	NORRIDGE	895,033		895,033	0	895,033	90.31
90.32	09028	ELMWOOD PARK	1,518,582		1,518,582	0	1,518,582	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0		0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	874,204		874,204	0	874,204	90.34
91.00	09100	EMERGENCY	18,178,889		18,178,889	0	18,178,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,260,311		9,260,311		9,260,311	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	5,741,569		5,741,569	0	5,741,569	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	830,855		830,855	0	830,855	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	932,903		932,903	0	932,903	97.00
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09931	OOT	0		0		0	99.30
99.40	09941	OSP	0		0		0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,932,551		9,932,551		9,932,551	105.00
106.00	10600	HEART ACQUISITION	3,593,478		3,593,478		3,593,478	106.00
107.00	10700	LIVER ACQUISITION	7,390,310		7,390,310		7,390,310	107.00
108.00	10800	LUNG ACQUISITION	6,609,960		6,609,960		6,609,960	108.00
109.00	10900	PANCREAS ACQUISITION	324,083		324,083		324,083	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)	865,385,699	0	865,385,699	0	865,385,699	200.00
201.00		Less Observation Beds	9,260,311		9,260,311		9,260,311	201.00
202.00		Total (see instructions)	856,125,388	0	856,125,388	0	856,125,388	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet C Part I Date/Time Prepared: 1/29/2021 1:08 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
				Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	321,491,152		321,491,152			30.00	
31.00	03100	INTENSIVE CARE UNIT	118,199,778		118,199,778			31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	33,964,515		33,964,515			33.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,848,738		28,848,738			35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,809,515		11,809,515			35.01	
35.03	02400	HEART TRANSPLANT ICU	17,658,298		17,658,298			35.03	
35.04	02401	BONE INTENSIVE CARE	39,879,354		39,879,354			35.04	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	5,011,939		5,011,939			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	95,556,859	32,872,165	128,429,024	0.293439	0.000000	50.00	
50.01	05001	AMBULATORY SURGERY CENTER	121,202	58,252,873	58,374,075	0.151375	0.000000	50.01	
51.00	05100	RECOVERY ROOM	40,648,152	34,788,197	75,436,349	0.078829	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,764,757	1,109,736	15,874,493	0.323532	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	86,969,505	31,007,483	117,976,988	0.015253	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,847,542	51,899,237	92,746,779	0.136686	0.000000	54.00	
54.01	03630	RADIOLOGY-ULTRASOUND	7,868,189	18,595,981	26,464,170	0.087619	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,496,418	43,277,367	45,773,785	0.067348	0.000000	56.00	
57.00	05700	CT SCAN	52,721,634	68,281,370	121,003,004	0.062123	0.000000	57.00	
58.00	05800	MRI	14,671,269	41,314,201	55,985,470	0.063297	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	38,993,660	76,537,239	115,530,899	0.119244	0.000000	59.00	
60.00	06000	LABORATORY	200,841,285	241,360,722	442,202,007	0.082582	0.000000	60.00	
60.01	03420	LABORATORY - PATHOLOGICAL	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.	30,276,547	11,532,332	41,808,879	0.280879	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	68,098,823	1,529,046	69,627,869	0.169814	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	16,380,132	1,683,772	18,063,904	0.184131	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	10,161,036	550,240	10,711,276	0.178823	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	4,203,233	99,124	4,302,357	0.206982	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	23,363,030	24,447,382	47,810,412	0.105356	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	9,430,990	4,140,908	13,571,898	0.199441	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,348,109	25,925,042	60,273,151	1.226076	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,079,321	28,144,697	88,224,018	0.572085	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	140,649,573	282,772,742	423,422,315	0.367033	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	12,697,384	36,523,362	49,220,746	0.113989	0.000000	74.00	
76.00	03560	PULMONARY LABS	1,846,019	3,925,496	5,771,515	0.173216	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	8,357,535	9,118,774	17,476,309	0.087398	0.000000	76.04	
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000	76.05	
76.07	03340	GASTROINTESTINAL SERVICE	11,855,506	72,293,402	84,148,908	0.090387	0.000000	76.07	
76.09	03953	BONE MARROW PROCUREMENT	3,307,264	792,751	4,100,015	0.852143	0.000000	76.09	
76.10	03954	BARITRICS	118	200,387	200,505	4.148849	0.000000	76.10	
76.11	03955	HEPATOLOGY	0	49,826	49,826	22.990527	0.000000	76.11	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	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	7,111	1,502,802	1,509,913	0.356570	0.000000	90.00	
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	90.01	
90.02	09002	CANCER CENTER	227,760	26,884,745	27,112,505	0.498063	0.000000	90.02	
90.03	09003	PSYCH SOCIAL REHAB	0	16,741	16,741	64.630488	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	4,655,383	169,701,501	174,356,884	0.281062	0.000000	90.07	
90.08	09007	OBT OUTPATIENT CENTER	47,024	28,355,295	28,402,319	0.526834	0.000000	90.08	
90.09	09008	ELMHURST IMMEDIATE CARE	3,871	2,065,087	2,068,958	1.228600	0.000000	90.09	
90.10	09009	LAGRANGE FAMILY PCC	16,550	7,570,405	7,586,955	0.538424	0.000000	90.10	
90.12	09010	NORTH RIVERSIDE PCC	6,460	2,432,250	2,438,710	2.136071	0.000000	90.12	
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000	90.13	
90.14	09012	WHEATON PCC	346	141,143	141,489	3.680222	0.000000	90.14	
90.15	09013	OBT II PCC	10,485	4,401,296	4,411,781	0.626913	0.000000	90.15	
90.16	09014	HICKORY HILLS PCC	6,806	10,243,718	10,250,524	0.562513	0.000000	90.16	
90.18	09015	DARIEN PCC	8,296	1,613,251	1,621,547	2.127117	0.000000	90.18	
90.20	09016	ORLAND PARK - FP	1,726	3,525,934	3,527,660	1.205708	0.000000	90.20	
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,298	22,236,441	22,242,739	0.300242	0.000000	90.21	
90.22	09018	HOMER GLEN PCC	11,311	8,842,807	8,854,118	0.976841	0.000000	90.22	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 1/29/2021 1:08 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
90.23 09019 OAK PARK PCC	3,340	1,130,273	1,133,613	1.412493	0.000000	90.23
90.24 09020 PARK RIDGE PCC	16,231	3,933,074	3,949,305	0.454495	0.000000	90.24
90.25 09021 LOYOLA CLINIC AT GOTTLIEB	1,046	2,401,271	2,402,317	1.252550	0.000000	90.25
90.26 09022 WOODRIDGE PCC	0	0	0	0.000000	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	33,174	4,108,484	4,141,658	0.490854	0.000000	90.28
90.29 09025 BURR RIDGE PCC	220,430	94,294,897	94,515,327	0.293655	0.000000	90.29
90.30 09026 RIVER FOREST	22,217	8,401,632	8,423,849	0.455430	0.000000	90.30
90.31 09027 NORRIDGE	863	739,144	740,007	1.209493	0.000000	90.31
90.32 09028 ELMWOOD PARK	571	972,491	973,062	1.560622	0.000000	90.32
90.33 09033 OCCUPATIONAL HEALTH CLINIC	0	0	0	0.000000	0.000000	90.33
90.34 09034 CHICAGO AND BELMONT	295	498,412	498,707	1.752941	0.000000	90.34
91.00 09100 EMERGENCY	55,893,360	78,088,769	133,982,129	0.135681	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	7,445,680	15,596,242	23,041,922	0.401890	0.000000	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	7,537,839	11,821,364	19,359,203	0.296581	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	409,919	4,080,273	4,490,192	0.207765	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 09931 OOT	0	0	0			99.30
99.40 09941 OSP	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	22,861,255	6,302,658	29,163,913			105.00
106.00 10600 HEART ACQUISITION	5,366,748	611,797	5,978,545			106.00
107.00 10700 LIVER ACQUISITION	16,969,136	1,419,830	18,388,966			107.00
108.00 10800 LUNG ACQUISITION	11,639,426	1,027,356	12,666,782			108.00
109.00 10900 PANCREAS ACQUISITION	725,915	0	725,915			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)	1,742,575,253	1,727,987,237	3,470,562,490		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	1,742,575,253	1,727,987,237	3,470,562,490		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 1/29/2021 1:08 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
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 UNIT			35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.03	02400	HEART TRANSPLANT ICU			35.03
35.04	02401	BONE INTENSIVE CARE			35.04
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293439		50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.151375		50.01
51.00	05100	RECOVERY ROOM	0.078829		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323532		52.00
53.00	05300	ANESTHESIOLOGY	0.015253		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136686		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.087619		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.067348		56.00
57.00	05700	CT SCAN	0.062123		57.00
58.00	05800	MRI	0.063297		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119244		59.00
60.00	06000	LABORATORY	0.082582		60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	0.280879		63.00
65.00	06500	RESPIRATORY THERAPY	0.169814		65.00
66.00	06600	PHYSICAL THERAPY	0.184131		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.178823		67.00
68.00	06800	SPEECH PATHOLOGY	0.206982		68.00
69.00	06900	ELECTROCARDIOLOGY	0.105356		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199441		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.226076		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.572085		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367033		73.00
74.00	07400	RENAL DIALYSIS	0.113989		74.00
76.00	03560	PULMONARY LABS	0.173216		76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000		76.01
76.03	03951	HYPERALIMENTATION	0.000000		76.03
76.04	03650	PERIPHERAL VASCULAR	0.087398		76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000		76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.090387		76.07
76.09	03953	BONE MARROW PROCUREMENT	0.852143		76.09
76.10	03954	BARITRICS	4.148849		76.10
76.11	03955	HEPATOLOGY	22.990527		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	0.356570		90.00
90.01	09001	CARDIAC REHABILITATION	0.000000		90.01
90.02	09002	CANCER CENTER	0.498063		90.02
90.03	09003	PSYCH SOCIAL REHAB	64.630488		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	0.281062		90.07
90.08	09007	OBT OUTPATIENT CENTER	0.526834		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.228600		90.09
90.10	09009	LAGRANGE FAMILY PCC	0.538424		90.10
90.12	09010	NORTH RIVERSIDE PCC	2.136071		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000		90.13
90.14	09012	WHEATON PCC	3.680222		90.14
90.15	09013	OBT II PCC	0.626913		90.15
90.16	09014	HICKORY HILLS PCC	0.562513		90.16
90.18	09015	DARIEN PCC	2.127117		90.18
90.20	09016	ORLAND PARK - FP	1.205708		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.300242		90.21
90.22	09018	HOMER GLEN PCC	0.976841		90.22
90.23	09019	OAK PARK PCC	1.412493		90.23
90.24	09020	PARK RIDGE PCC	0.454495		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet C
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1.252550			90.25
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	0.490854			90.28
90.29	09025	BURR RIDGE PCC	0.293655			90.29
90.30	09026	RIVER FOREST	0.455430			90.30
90.31	09027	NORRIDGE	1.209493			90.31
90.32	09028	ELMWOOD PARK	1.560622			90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000			90.33
90.34	09034	CHICAGO AND BELMONT	1.752941			90.34
91.00	09100	EMERGENCY	0.135681			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.401890			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.296581			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.207765			97.00
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09931	OOT				99.30
99.40	09941	OSP				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 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 1/29/2021 1:08 pm
			Title XIX	Hospital	Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	90,679,731		90,679,731	0	90,679,731 30.00
31.00 03100 INTENSIVE CARE UNIT	31,291,433		31,291,433	0	31,291,433 31.00
33.00 03300 BURN INTENSIVE CARE UNIT	7,501,696		7,501,696	0	7,501,696 33.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	11,601,267		11,601,267	0	11,601,267 35.00
35.01 02080 PEDIATRIC INTENSIVE CARE UNIT	3,690,628		3,690,628	0	3,690,628 35.01
35.03 02400 HEART TRANSPLANT ICU	5,319,390		5,319,390	0	5,319,390 35.03
35.04 02401 BONE INTENSIVE CARE	7,194,166		7,194,166	0	7,194,166 35.04
41.00 04100 SUBPROVIDER - I RF	0		0	0	0 41.00
43.00 04300 NURSERY	1,706,607		1,706,607	0	1,706,607 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	37,686,102		37,686,102	0	37,686,102 50.00
50.01 05001 AMBULATORY SURGERY CENTER	8,836,377		8,836,377	0	8,836,377 50.01
51.00 05100 RECOVERY ROOM	5,946,590		5,946,590	0	5,946,590 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,135,909		5,135,909	0	5,135,909 52.00
53.00 05300 ANESTHESIOLOGY	1,799,513		1,799,513	0	1,799,513 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,677,179		12,677,179	0	12,677,179 54.00
54.01 03630 RADIOLOGY-ULTRASOUND	2,318,776		2,318,776	0	2,318,776 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0		0	0	0 55.00
56.00 05600 RADIOISOTOPE	3,082,790		3,082,790	0	3,082,790 56.00
57.00 05700 CT SCAN	7,517,032		7,517,032	0	7,517,032 57.00
58.00 05800 MRI	3,543,717		3,543,717	0	3,543,717 58.00
59.00 05900 CARDIAC CATHETERIZATION	13,776,312		13,776,312	0	13,776,312 59.00
60.00 06000 LABORATORY	36,518,081		36,518,081	0	36,518,081 60.00
60.01 03420 LABORATORY - PATHOLOGICAL	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.	11,743,216		11,743,216	0	11,743,216 63.00
65.00 06500 RESPIRATORY THERAPY	11,823,772	0	11,823,772	0	11,823,772 65.00
66.00 06600 PHYSICAL THERAPY	3,326,116	0	3,326,116	0	3,326,116 66.00
67.00 06700 OCCUPATIONAL THERAPY	1,915,422	0	1,915,422	0	1,915,422 67.00
68.00 06800 SPEECH PATHOLOGY	890,509	0	890,509	0	890,509 68.00
69.00 06900 ELECTROCARDIOLOGY	5,037,092		5,037,092	0	5,037,092 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,706,799		2,706,799	0	2,706,799 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	73,899,461		73,899,461	0	73,899,461 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	50,471,668		50,471,668	0	50,471,668 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	155,410,164		155,410,164	0	155,410,164 73.00
74.00 07400 RENAL DIALYSIS	5,610,641		5,610,641	0	5,610,641 74.00
76.00 03560 PULMONARY LABS	999,718		999,718	0	999,718 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	1,527,393		1,527,393	0	1,527,393 76.04
76.05 03952 PEDIATRIC ENDO NUTRITION	0		0	0	0 76.05
76.07 03340 GASTROINTESTINAL SERVICE	7,605,952		7,605,952	0	7,605,952 76.07
76.09 03953 BONE MARROW PROCUREMENT	3,493,799		3,493,799	0	3,493,799 76.09
76.10 03954 BARIATRICS	831,865		831,865	0	831,865 76.10
76.11 03955 HEPATOLOGY	1,145,526		1,145,526	0	1,145,526 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 LI THOTRI PSY	0		0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	538,390		538,390	0	538,390 90.00
90.01 09001 CARDIAC REHABILITATION	0		0	0	0 90.01
90.02 09002 CANCER CENTER	13,503,744		13,503,744	0	13,503,744 90.02
90.03 09003 PSYCH SOCIAL REHAB	1,081,979		1,081,979	0	1,081,979 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	49,005,063		49,005,063	0	49,005,063 90.07
90.08 09007 OBT OUTPATIENT CENTER	14,963,320		14,963,320	0	14,963,320 90.08
90.09 09008 ELMHURST IMMEDIATE CARE	2,541,921		2,541,921	0	2,541,921 90.09
90.10 09009 LAGRANGE FAMILY PCC	4,085,001		4,085,001	0	4,085,001 90.10
90.12 09010 NORTH RIVERSIDE PCC	5,209,258		5,209,258	0	5,209,258 90.12
90.13 09011 GLENDALE HEIGHTS PCC	0		0	0	0 90.13
90.14 09012 WHEATON PCC	520,711		520,711	0	520,711 90.14
90.15 09013 OBT II PCC	2,765,805		2,765,805	0	2,765,805 90.15
90.16 09014 HICKORY HILLS PCC	5,766,058		5,766,058	0	5,766,058 90.16
90.18 09015 DARIEN PCC	3,449,221		3,449,221	0	3,449,221 90.18
90.20 09016 ORLAND PARK - FP	4,253,327		4,253,327	0	4,253,327 90.20
90.21 09017 FAMILY PRACTICE MAYWOOD PCC	6,678,215		6,678,215	0	6,678,215 90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet C
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
90.22	09018	HOMER GLEN PCC	8,649,068		8,649,068	0	8,649,068	90.22
90.23	09019	OAK PARK PCC	1,601,220		1,601,220	0	1,601,220	90.23
90.24	09020	PARK RIDGE PCC	1,794,940		1,794,940	0	1,794,940	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	3,009,022		3,009,022	0	3,009,022	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	2,032,948		2,032,948	0	2,032,948	90.28
90.29	09025	BURR RIDGE PCC	27,754,875		27,754,875	0	27,754,875	90.29
90.30	09026	RIVER FOREST	3,836,476		3,836,476	0	3,836,476	90.30
90.31	09027	NORRIDGE	895,033		895,033	0	895,033	90.31
90.32	09028	ELMWOOD PARK	1,518,582		1,518,582	0	1,518,582	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0		0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	874,204		874,204	0	874,204	90.34
91.00	09100	EMERGENCY	18,178,889		18,178,889	0	18,178,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,260,311		9,260,311		9,260,311	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	5,741,569		5,741,569	0	5,741,569	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	830,855		830,855	0	830,855	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	932,903		932,903	0	932,903	97.00
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09931	OOT	0		0		0	99.30
99.40	09941	OSP	0		0		0	99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,932,551		9,932,551		9,932,551	105.00
106.00	10600	HEART ACQUISITION	3,593,478		3,593,478		3,593,478	106.00
107.00	10700	LIVER ACQUISITION	7,390,310		7,390,310		7,390,310	107.00
108.00	10800	LUNG ACQUISITION	6,609,960		6,609,960		6,609,960	108.00
109.00	10900	PANCREAS ACQUISITION	324,083		324,083		324,083	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)	865,385,699	0	865,385,699	0	865,385,699	200.00
201.00		Less Observation Beds	9,260,311		9,260,311		9,260,311	201.00
202.00		Total (see instructions)	856,125,388	0	856,125,388	0	856,125,388	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet C
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	321,491,152		321,491,152		30.00
31.00	03100	INTENSIVE CARE UNIT	118,199,778		118,199,778		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	33,964,515		33,964,515		33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	28,848,738		28,848,738		35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,809,515		11,809,515		35.01
35.03	02400	HEART TRANSPLANT ICU	17,658,298		17,658,298		35.03
35.04	02401	BONE INTENSIVE CARE	39,879,354		39,879,354		35.04
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	5,011,939		5,011,939		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	95,556,859	32,872,165	128,429,024	0.293439	50.00
50.01	05001	AMBULATORY SURGERY CENTER	121,202	58,252,873	58,374,075	0.151375	50.01
51.00	05100	RECOVERY ROOM	40,648,152	34,788,197	75,436,349	0.078829	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,764,757	1,109,736	15,874,493	0.323532	52.00
53.00	05300	ANESTHESIOLOGY	86,969,505	31,007,483	117,976,988	0.015253	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,847,542	51,899,237	92,746,779	0.136686	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	7,868,189	18,595,981	26,464,170	0.087619	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,496,418	43,277,367	45,773,785	0.067348	56.00
57.00	05700	CT SCAN	52,721,634	68,281,370	121,003,004	0.062123	57.00
58.00	05800	MRI	14,671,269	41,314,201	55,985,470	0.063297	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,993,660	76,537,239	115,530,899	0.119244	59.00
60.00	06000	LABORATORY	200,841,285	241,360,722	442,202,007	0.082582	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0.000000	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0.000000	60.02
60.03	03957	LABORATORY-HLA	0	0	0	0.000000	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,276,547	11,532,332	41,808,879	0.280879	63.00
65.00	06500	RESPIRATORY THERAPY	68,098,823	1,529,046	69,627,869	0.169814	65.00
66.00	06600	PHYSICAL THERAPY	16,380,132	1,683,772	18,063,904	0.184131	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,161,036	550,240	10,711,276	0.178823	67.00
68.00	06800	SPEECH PATHOLOGY	4,203,233	99,124	4,302,357	0.206982	68.00
69.00	06900	ELECTROCARDIOLOGY	23,363,030	24,447,382	47,810,412	0.105356	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,430,990	4,140,908	13,571,898	0.199441	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,348,109	25,925,042	60,273,151	1.226076	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,079,321	28,144,697	88,224,018	0.572085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	140,649,573	282,772,742	423,422,315	0.367033	73.00
74.00	07400	RENAL DIALYSIS	12,697,384	36,523,362	49,220,746	0.113989	74.00
76.00	03560	PULMONARY LABS	1,846,019	3,925,496	5,771,515	0.173216	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0.000000	76.03
76.04	03650	PERIPHERAL VASCULAR	8,357,535	9,118,774	17,476,309	0.087398	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	76.05
76.07	03340	GASTROINTESTINAL SERVICE	11,855,506	72,293,402	84,148,908	0.090387	76.07
76.09	03953	BONE MARROW PROCUREMENT	3,307,264	792,751	4,100,015	0.852143	76.09
76.10	03954	BARITRICS	118	200,387	200,505	4.148849	76.10
76.11	03955	HEPATOLOGY	0	49,826	49,826	22.990527	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,111	1,502,802	1,509,913	0.356570	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	90.01
90.02	09002	CANCER CENTER	227,760	26,884,745	27,112,505	0.498063	90.02
90.03	09003	PSYCHOSOCIAL REHAB	0	16,741	16,741	64.630488	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0.000000	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0.000000	90.06
90.07	09006	LOC OUTPATIENT CENTER	4,655,383	169,701,501	174,356,884	0.281062	90.07
90.08	09007	OBSTETRIC OUTPATIENT CENTER	47,024	28,355,295	28,402,319	0.526834	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	3,871	2,065,087	2,068,958	1.228600	90.09
90.10	09009	LAGRANGE FAMILY PCC	16,550	7,570,405	7,586,955	0.538424	90.10
90.12	09010	NORTH RIVERSIDE PCC	6,460	2,432,250	2,438,710	2.136071	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	90.13
90.14	09012	WHEATON PCC	346	141,143	141,489	3.680222	90.14
90.15	09013	OBSTETRIC PCC	10,485	4,401,296	4,411,781	0.626913	90.15
90.16	09014	HICKORY HILLS PCC	6,806	10,243,718	10,250,524	0.562513	90.16
90.18	09015	DARIEN PCC	8,296	1,613,251	1,621,547	2.127117	90.18
90.20	09016	ORLAND PARK - FP	1,726	3,525,934	3,527,660	1.205708	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	6,298	22,236,441	22,242,739	0.300242	90.21
90.22	09018	HOMER GLEN PCC	11,311	8,842,807	8,854,118	0.976841	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 1/29/2021 1:08 pm
--	--	-----------------------	---	---

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
90.23	09019	OAK PARK PCC	3,340	1,130,273	1,133,613	1.412493	0.000000	90.23
90.24	09020	PARK RIDGE PCC	16,231	3,933,074	3,949,305	0.454495	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1,046	2,401,271	2,402,317	1.252550	0.000000	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0.000000	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	33,174	4,108,484	4,141,658	0.490854	0.000000	90.28
90.29	09025	BURR RIDGE PCC	220,430	94,294,897	94,515,327	0.293655	0.000000	90.29
90.30	09026	RIVER FOREST	22,217	8,401,632	8,423,849	0.455430	0.000000	90.30
90.31	09027	NORRIDGE	863	739,144	740,007	1.209493	0.000000	90.31
90.32	09028	ELMWOOD PARK	571	972,491	973,062	1.560622	0.000000	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0.000000	0.000000	90.33
90.34	09034	CHICAGO AND BELMONT	295	498,412	498,707	1.752941	0.000000	90.34
91.00	09100	EMERGENCY	55,893,360	78,088,769	133,982,129	0.135681	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,445,680	15,596,242	23,041,922	0.401890	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	7,537,839	11,821,364	19,359,203	0.296581	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	409,919	4,080,273	4,490,192	0.207765	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	09931	OOT	0	0	0			99.30
99.40	09941	OSP	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	22,861,255	6,302,658	29,163,913			105.00
106.00	10600	HEART ACQUISITION	5,366,748	611,797	5,978,545			106.00
107.00	10700	LIVER ACQUISITION	16,969,136	1,419,830	18,388,966			107.00
108.00	10800	LUNG ACQUISITION	11,639,426	1,027,356	12,666,782			108.00
109.00	10900	PANCREAS ACQUISITION	725,915	0	725,915			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)	1,742,575,253	1,727,987,237	3,470,562,490			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,742,575,253	1,727,987,237	3,470,562,490			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT				35.01
35.03	02400	HEART TRANSPLANT ICU				35.03
35.04	02401	BONE INTENSIVE CARE				35.04
41.00	04100	SUBPROVIDER - IRF				41.00
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 - PATHOLOGICAL	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	BARITRICS	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	OBTHILL 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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet C
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.000000			90.25
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	09931	OOT				99.30
99.40	09941	OSP				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 07/01/2019 To 06/30/2020	Worksheet D Part I Date/Time Prepared: 1/29/2021 1:08 pm
--	-----------------------	---	---

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	8,048,160	0	8,048,160	92,851	86.68	30.00
31.00	INTENSIVE CARE UNIT	1,939,320		1,939,320	27,816	69.72	31.00
33.00	BURN INTENSIVE CARE UNIT	645,706		645,706	1,660	388.98	33.00
35.00	NEONATAL INTENSIVE CARE UNIT	724,954		724,954	5,877	123.35	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	226,368		226,368	1,531	147.86	35.01
35.03	HEART TRANSPLANT ICU	456,672		456,672	2,651	172.26	35.03
35.04	BONE INTENSIVE CARE	594,852		594,852	3,660	162.53	35.04
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	44,141		44,141	5,865	7.53	43.00
200.00	Total (lines 30 through 199)	12,680,173		12,680,173	141,911		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	29,538	2,560,354				
31.00	INTENSIVE CARE UNIT	6,604	460,431				
33.00	BURN INTENSIVE CARE UNIT	1,202	467,554				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
35.03	HEART TRANSPLANT ICU	1,114	191,898				
35.04	BONE INTENSIVE CARE	1,840	299,055				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	40,298	3,979,292				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part II Date/Time Prepared: 1/29/2021 1:08 pm	
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	
Title XVIII							
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,630,636	128,429,024	0.028270	30,623,948	865,739	50.00
50.01	05001 AMBULATORY SURGERY CENTER	1,191,858	58,374,075	0.020418	21,598	441	50.01
51.00	05100 RECOVERY ROOM	658,817	75,436,349	0.008733	13,002,029	113,547	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	395,559	15,874,493	0.024918	192,443	4,795	52.00
53.00	05300 ANESTHESIOLOGY	149,244	117,976,988	0.001265	27,910,547	35,307	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,482,458	92,746,779	0.026766	14,033,694	375,626	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	129,234	26,464,170	0.004883	2,466,742	12,045	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	341,135	45,773,785	0.007453	982,428	7,322	56.00
57.00	05700 CT SCAN	582,714	121,003,004	0.004816	17,937,458	86,387	57.00
58.00	05800 MRI	500,054	55,985,470	0.008932	4,596,259	41,054	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,778,033	115,530,899	0.015390	15,533,087	239,054	59.00
60.00	06000 LABORATORY	2,401,507	442,202,007	0.005431	66,769,992	362,628	60.00
60.01	03420 LABORATORY - PATHOLOGICAL	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.	330,502	41,808,879	0.007905	9,352,936	73,935	63.00
65.00	06500 RESPIRATORY THERAPY	516,352	69,627,869	0.007416	21,950,383	162,784	65.00
66.00	06600 PHYSICAL THERAPY	81,597	18,063,904	0.004517	5,782,154	26,118	66.00
67.00	06700 OCCUPATIONAL THERAPY	174,641	10,711,276	0.016304	3,529,716	57,548	67.00
68.00	06800 SPEECH PATHOLOGY	54,447	4,302,357	0.012655	1,359,546	17,205	68.00
69.00	06900 ELECTROCARDIOLOGY	531,815	47,810,412	0.011123	8,973,719	99,815	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	294,411	13,571,898	0.021693	2,895,901	62,821	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,612,727	60,273,151	0.026757	11,353,813	303,794	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,117,506	88,224,018	0.012667	25,512,647	323,169	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,978,105	423,422,315	0.009395	41,986,350	394,462	73.00
74.00	07400 RENAL DIALYSIS	646,329	49,220,746	0.013131	5,091,245	66,853	74.00
76.00	03560 PULMONARY LABS	146,706	5,771,515	0.025419	711,457	18,085	76.00
76.01	03950 OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.01
76.03	03951 HYPERTENSION	0	0	0.000000	0	0	76.03
76.04	03650 PERIPHERAL VASCULAR	140,138	17,476,309	0.008019	3,229,597	25,898	76.04
76.05	03952 PEDIATRIC ENDONUTRITION	0	0	0.000000	0	0	76.05
76.07	03340 GASTROINTESTINAL SERVICE	707,507	84,148,908	0.008408	4,553,023	38,282	76.07
76.09	03953 BONE MARROW PROCUREMENT	76,818	4,100,015	0.018736	922,005	17,275	76.09
76.10	03954 BARIATRICS	17,738	200,505	0.088467	110	10	76.10
76.11	03955 HEPATOLOGY	465,958	49,826	9.351704	0	0	76.11
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	97,504	1,509,913	0.064576	3,445	222	90.00
90.01	09001 CARDIAC REHABILITATION	0	0	0.000000	0	0	90.01
90.02	09002 CANCER CENTER	1,479,299	27,112,505	0.054562	154,167	8,412	90.02
90.03	09003 PSYCH SOCIAL REHAB	260,077	16,741	15.535332	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	6,707,832	174,356,884	0.038472	1,787,057	68,752	90.07
90.08	09007 OUTPATIENT CENTER	1,982,948	28,402,319	0.069816	36,070	2,518	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	375,516	2,068,958	0.181500	1,706	310	90.09
90.10	09009 LAGRANGE FAMILY PCC	630,124	7,586,955	0.083054	14,747	1,225	90.10
90.12	09010 NORTH RIVERSIDE PCC	1,323,544	2,438,710	0.542723	5,013	2,721	90.12
90.13	09011 GLENDALE HEIGHTS PCC	0	0	0.000000	0	0	90.13
90.14	09012 WHEATON PCC	53,875	141,489	0.380772	290	110	90.14
90.15	09013 OBTH PCC	335,770	4,411,781	0.076108	3,737	284	90.15
90.16	09014 HICKORY HILLS PCC	866,121	10,250,524	0.084495	5,609	474	90.16
90.18	09015 DARIEN PCC	311,870	1,621,547	0.192329	7,458	1,434	90.18
90.20	09016 ORLAND PARK - FP	500,095	3,527,660	0.141764	1,396	198	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	859,411	22,242,739	0.038638	5,279	204	90.21
90.22	09018 HOMER GLEN PCC	673,007	8,854,118	0.076011	8,615	655	90.22
90.23	09019 OAK PARK PCC	260,132	1,133,613	0.229472	2,836	651	90.23
90.24	09020 PARK RIDGE PCC	223,657	3,949,305	0.056632	14,174	803	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	192,419	2,402,317	0.080097	180	14	90.25
90.26	09022 WOODRIDGE PCC	0	0	0.000000	0	0	90.26
90.27	09023 NEUROLOGY - NILES	0	0	0.000000	0	0	90.27
90.28	09024 MARJORIE WEINBERG CANCER CENTER	43,433	4,141,658	0.010487	24,299	255	90.28
90.29	09025 BURR RIDGE PCC	3,907,072	94,515,327	0.041338	138,845	5,740	90.29
90.30	09026 RIVER FOREST	438,892	8,423,849	0.052101	15,191	791	90.30
90.31	09027 NORRIDGE	139,588	740,007	0.188631	328	62	90.31

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 1/29/2021 1:08 pm
--	-----------------------	---	--

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	257,916	973,062	0.265056	402	107	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0.000000	0	0	90.33
90.34	09034	CHI CAGO AND BELMONT	126,027	498,707	0.252708	110	28	90.34
91.00	09100	EMERGENCY	1,055,208	133,982,129	0.007876	18,016,536	141,898	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	821,890	23,041,922	0.035669	2,257,296	80,515	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	509,469	19,359,203	0.026317	4,801,510	126,361	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	61,416	4,490,192	0.013678	236,516	3,235	97.00
200.00		Total (lines 50 through 199)	49,628,658	2,826,775,080		368,817,639	4,279,978	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part III Date/Time Prepared: 1/29/2021 1:08 pm
---	-----------------------	---	---

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	136,128	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	69,690	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	18,939	0	33.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	77,463	0	35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	43,409	0	35.01	
35.03	02400	HEART TRANSPLANT ICU	0	0	0	85,476	0	35.03	
35.04	02401	BONE INTENSIVE CARE	0	0	0	0	0	35.04	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	431,105	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	136,128	92,851	1.47	29,538	30.00	
31.00	03100	INTENSIVE CARE UNIT		69,690	27,816	2.51	6,604	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		18,939	1,660	11.41	1,202	33.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT		77,463	5,877	13.18	0	35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		43,409	1,531	28.35	0	35.01	
35.03	02400	HEART TRANSPLANT ICU		85,476	2,651	32.24	1,114	35.03	
35.04	02401	BONE INTENSIVE CARE		0	3,660	0.00	1,840	35.04	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
43.00	04300	NURSERY		0	5,865	0.00	0	43.00	
200.00		Total (lines 30 through 199)		431,105	141,911		40,298	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	43,421						30.00
31.00	03100	INTENSIVE CARE UNIT	16,576						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,715						33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0						35.01
35.03	02400	HEART TRANSPLANT ICU	35,915						35.03
35.04	02401	BONE INTENSIVE CARE	0						35.04
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	109,627						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 1/29/2021 1:08 pm
--	-----------------------	---	--

Cost Center Description	Title XVIII					
	Hospital		PPS			
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	8,254	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 - PATHOLOGICAL	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	288,482	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	0	8,254	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 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	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	106,845	90.07
90.08 09007 OB T 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 OB T 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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
90.34	09034	CHI CAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	0	0	1,770,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		13,900	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 through 199)	0	0	0	0	2,195,995	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 1/29/2021 1:08 pm
--	-----------------------	---------------------------------------	---

Cost Center Description	Title XVIII		Hospital		PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	8,254	8,254	128,429,024	0.000064 50.00	
50.01 05001 AMBULATORY SURGERY CENTER	0	0	0	58,374,075	0.000000 50.01	
51.00 05100 RECOVERY ROOM	0	0	0	75,436,349	0.000000 51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	15,874,493	0.000000 52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	117,976,988	0.000000 53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	92,746,779	0.000000 54.00	
54.01 03630 RADIOLOGY-ULTRASOUND	0	0	0	26,464,170	0.000000 54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000 55.00	
56.00 05600 RADIOISOTOPE	0	0	0	45,773,785	0.000000 56.00	
57.00 05700 CT SCAN	0	0	0	121,003,004	0.000000 57.00	
58.00 05800 MRI	0	0	0	55,985,470	0.000000 58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	115,530,899	0.000000 59.00	
60.00 06000 LABORATORY	0	0	0	442,202,007	0.000000 60.00	
60.01 03420 LABORATORY - PATHOLOGICAL	0	0	0	0	0.000000 60.01	
60.02 03956 LABORATORY-NEUROSURGICAL	0	0	0	0	0.000000 60.02	
60.03 03957 LABORATORY-HLA	0	0	0	0	0.000000 60.03	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000 62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	41,808,879	0.000000 63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	69,627,869	0.000000 65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	18,063,904	0.000000 66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	10,711,276	0.000000 67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,302,357	0.000000 68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	47,810,412	0.000000 69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,571,898	0.000000 70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	60,273,151	0.000000 71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	88,224,018	0.000000 72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	288,482	288,482	423,422,315	0.000681 73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	49,220,746	0.000000 74.00	
76.00 03560 PULMONARY LABS	0	0	0	5,771,515	0.000000 76.00	
76.01 03950 OCCUPATIONAL HEALTH	0	0	0	0	0.000000 76.01	
76.03 03951 HYPERALIMENTATION	0	0	0	0	0.000000 76.03	
76.04 03650 PERIPHERAL VASCULAR	0	0	0	17,476,309	0.000000 76.04	
76.05 03952 PEDIATRIC ENDONUTRITION	0	0	0	0	0.000000 76.05	
76.07 03340 GASTROINTESTINAL SERVICE	0	8,254	8,254	84,148,908	0.000098 76.07	
76.09 03953 BONE MARROW PROCUREMENT	0	0	0	4,100,015	0.000000 76.09	
76.10 03954 BARIATRICS	0	0	0	200,505	0.000000 76.10	
76.11 03955 HEPATOLOGY	0	0	0	49,826	0.000000 76.11	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000 76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000 76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000 76.99	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	1,509,913	0.000000 90.00	
90.01 09001 CARDIAC REHABILITATION	0	0	0	0	0.000000 90.01	
90.02 09002 CANCER CENTER	0	0	0	27,112,505	0.000000 90.02	
90.03 09003 PSYCHOSOCIAL REHAB	0	0	0	16,741	0.000000 90.03	
90.04 09004 WELLNESS ASSESSMENT	0	0	0	0	0.000000 90.04	
90.06 09005 HEART FAILURE CLINIC	0	0	0	0	0.000000 90.06	
90.07 09006 LOC OUTPATIENT CENTER	0	106,845	106,845	174,356,884	0.000613 90.07	
90.08 09007 OUTPATIENT CENTER	0	0	0	28,402,319	0.000000 90.08	
90.09 09008 ELMHURST IMMEDIATE CARE	0	0	0	2,068,958	0.000000 90.09	
90.10 09009 LAGRANGE FAMILY PCC	0	0	0	7,586,955	0.000000 90.10	
90.12 09010 NORTH RIVERSIDE PCC	0	0	0	2,438,710	0.000000 90.12	
90.13 09011 GLENDALE HEIGHTS PCC	0	0	0	0	0.000000 90.13	
90.14 09012 WHEATON PCC	0	0	0	141,489	0.000000 90.14	
90.15 09013 OBT II PCC	0	0	0	4,411,781	0.000000 90.15	
90.16 09014 HICKORY HILLS PCC	0	0	0	10,250,524	0.000000 90.16	
90.18 09015 DARIEN PCC	0	0	0	1,621,547	0.000000 90.18	
90.20 09016 ORLAND PARK - FP	0	0	0	3,527,660	0.000000 90.20	
90.21 09017 FAMILY PRACTICE MAYWOOD PCC	0	0	0	22,242,739	0.000000 90.21	
90.22 09018 HOMER GLEN PCC	0	0	0	8,854,118	0.000000 90.22	
90.23 09019 OAK PARK PCC	0	0	0	1,133,613	0.000000 90.23	
90.24 09020 PARK RIDGE PCC	0	0	0	3,949,305	0.000000 90.24	
90.25 09021 LOYOLA CLINIC AT GOTTLIEB	0	0	0	2,402,317	0.000000 90.25	
90.26 09022 WOODRIDGE PCC	0	0	0	0	0.000000 90.26	
90.27 09023 NEUROLOGY - NILES	0	0	0	0	0.000000 90.27	
90.28 09024 MARJORIE WEINBERG CANCER CENTER	0	0	0	4,141,658	0.000000 90.28	
90.29 09025 BURR RIDGE PCC	0	0	0	94,515,327	0.000000 90.29	
90.30 09026 RIVER FOREST	0	0	0	8,423,849	0.000000 90.30	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00	
90.31	09027	NORRI DGE	0	0	0	740,007	0.000000	90.31
90.32	09028	ELMWOOD PARK	0	0	0	973,062	0.000000	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0.000000	90.33
90.34	09034	CHI CAGO AND BELMONT	0	0	0	498,707	0.000000	90.34
91.00	09100	EMERGENCY	0	1,770,260	1,770,260	133,982,129	0.013213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	13,900	13,900	23,041,922	0.000603	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	19,359,203	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	4,490,192	0.000000	97.00
200.00		Total (lines 50 through 199)	0	2,195,995	2,195,995	2,826,775,080		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000064	30,623,948	1,960	7,249,111	464	50.00
50.01	05001 AMBULATORY SURGERY CENTER	0.000000	21,598	0	10,641,854	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	13,002,029	0	7,591,581	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	192,443	0	5,985	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	27,910,547	0	7,023,139	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	14,033,694	0	12,486,715	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.000000	2,466,742	0	3,095,999	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	982,428	0	11,681,928	0	56.00
57.00	05700 CT SCAN	0.000000	17,937,458	0	19,945,287	0	57.00
58.00	05800 MRI	0.000000	4,596,259	0	14,904,529	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	15,533,087	0	31,684,750	0	59.00
60.00	06000 LABORATORY	0.000000	66,769,992	0	38,742,264	0	60.00
60.01	03420 LABORATORY - PATHOLOGICAL	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.	0.000000	9,352,936	0	2,665,709	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	21,950,383	0	329,201	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	5,782,154	0	91,302	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,529,716	0	2,871	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,359,546	0	3,315	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,973,719	0	7,760,423	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,895,901	0	766,236	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,353,813	0	8,151,377	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	25,512,647	0	8,545,389	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000681	41,986,350	28,593	94,732,027	64,513	73.00
74.00	07400 RENAL DIALYSIS	0.000000	5,091,245	0	279,680	0	74.00
76.00	03560 PULMONARY LABS	0.000000	711,457	0	1,666,049	0	76.00
76.01	03950 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.01
76.03	03951 HYPERTENSIVE THERAPY	0.000000	0	0	0	0	76.03
76.04	03650 PERIPHERAL VASCULAR	0.000000	3,229,597	0	3,527,822	0	76.04
76.05	03952 PEDIATRIC ENDOCRINOLOGY	0.000000	0	0	0	0	76.05
76.07	03340 GASTROINTESTINAL SERVICE	0.000098	4,553,023	446	21,018,560	2,060	76.07
76.09	03953 BONE MARROW PROCUREMENT	0.000000	922,005	0	107,613	0	76.09
76.10	03954 BARIATRICS	0.000000	110	0	34,193	0	76.10
76.11	03955 HEPATOLOGY	0.000000	0	0	2,382	0	76.11
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	3,445	0	159,341	0	90.00
90.01	09001 CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002 CANCER CENTER	0.000000	154,167	0	7,981,218	0	90.02
90.03	09003 PSYCH SOCIAL REHAB	0.000000	0	0	2,600	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	0.000613	1,787,057	1,095	53,801,729	32,980	90.07
90.08	09007 OUTPATIENT CENTER	0.000000	36,070	0	4,960,278	0	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	0.000000	1,706	0	516,232	0	90.09
90.10	09009 LAGRANGE FAMILY PCC	0.000000	14,747	0	2,546,326	0	90.10
90.12	09010 NORTH RIVERSIDE PCC	0.000000	5,013	0	263,943	0	90.12
90.13	09011 GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012 WHEATON PCC	0.000000	290	0	45,028	0	90.14
90.15	09013 OUTPATIENT PCC	0.000000	3,737	0	565,558	0	90.15
90.16	09014 HICKORY HILLS PCC	0.000000	5,609	0	964,424	0	90.16
90.18	09015 DARIEN PCC	0.000000	7,458	0	305,693	0	90.18
90.20	09016 ORLAND PARK - FP	0.000000	1,396	0	728,718	0	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	0.000000	5,279	0	403,099	0	90.21
90.22	09018 HOMER GLEN PCC	0.000000	8,615	0	1,208,849	0	90.22
90.23	09019 OAK PARK PCC	0.000000	2,836	0	324,622	0	90.23
90.24	09020 PARK RIDGE PCC	0.000000	14,174	0	1,604,136	0	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	0.000000	180	0	712,213	0	90.25
90.26	09022 WOODRIDGE PCC	0.000000	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	0.000000	24,299	0	1,548,290	0	90.28
90.29	09025 BURR RIDGE PCC	0.000000	138,845	0	25,353,907	0	90.29
90.30	09026 RIVER FOREST	0.000000	15,191	0	1,216,594	0	90.30
90.31	09027 NORRIDGE	0.000000	328	0	158,334	0	90.31

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description			Title XVIII			Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
90.32	09028	ELMWOOD PARK	0.000000	402	0	171,007	0	90.32	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33	
90.34	09034	CHI CAGO AND BELMONT	0.000000	110	0	56,490	0	90.34	
91.00	09100	EMERGENCY	0.013213	18,016,536	238,052	11,201,299	148,003	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000603	2,257,296	1,361	2,195,267	1,324	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	4,801,510	0	2,810,064	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	236,516	0	2,261,209	0	97.00	
200.00		Total (lines 50 through 199)		368,817,639	271,507	438,803,759	249,344	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 1/29/2021 1:08 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.293439	7,249,111	0	2	2,127,172	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.151375	10,641,854	41,985	0	1,610,911	50.01
51.00	05100	RECOVERY ROOM	0.078829	7,591,581	1	9	598,437	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323532	5,985	0	0	1,936	52.00
53.00	05300	ANESTHESIOLOGY	0.015253	7,023,139	1	0	107,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136686	12,486,715	0	0	1,706,759	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.087619	3,095,999	0	0	271,268	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.067348	11,681,928	0	0	786,754	56.00
57.00	05700	CT SCAN	0.062123	19,945,287	3	0	1,239,061	57.00
58.00	05800	MRI	0.063297	14,904,529	2	0	943,412	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119244	31,684,750	5	15	3,778,216	59.00
60.00	06000	LABORATORY	0.082582	38,742,264	1,189	4	3,199,414	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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 STORAGE, PROCESSING & TRANS.	0.280879	2,665,709	24,826	0	748,742	63.00
65.00	06500	RESPIRATORY THERAPY	0.169814	329,201	0	0	55,903	65.00
66.00	06600	PHYSICAL THERAPY	0.184131	91,302	0	0	16,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.178823	2,871	0	0	513	67.00
68.00	06800	SPEECH PATHOLOGY	0.206982	3,315	0	0	686	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105356	7,760,423	0	0	817,607	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199441	766,236	0	0	152,819	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.226076	8,151,377	0	0	9,994,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.572085	8,545,389	0	0	4,888,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367033	94,732,027	51,174	908,338	34,769,780	73.00
74.00	07400	RENAL DIALYSIS	0.113989	279,680	33	337	31,880	74.00
76.00	03560	PULMONARY LABS	0.173216	1,666,049	0	0	288,586	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	0.087398	3,527,822	0	0	308,325	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.090387	21,018,560	1	0	1,899,805	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.852143	107,613	6,800	0	91,702	76.09
76.10	03954	BARITRICS	4.148849	34,193	0	0	141,862	76.10
76.11	03955	HEPATOLOGY	22.990527	2,382	0	5	54,763	76.11
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.356570	159,341	0	0	56,816	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.498063	7,981,218	113	882	3,975,149	90.02
90.03	09003	PSYCHOSOCIAL REHAB	64.630488	2,600	0	0	168,039	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	0.281062	53,801,729	503	4,733	15,121,622	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.526834	4,960,278	31	292	2,613,243	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.228600	516,232	138	1,417	634,243	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.538424	2,546,326	121	1,248	1,371,003	90.10
90.12	09010	NORTH RIVERSIDE PCC	2.136071	263,943	75	770	563,801	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	3.680222	45,028	25	263	165,713	90.14
90.15	09013	OBT II PCC	0.626913	565,558	232	2,389	354,556	90.15
90.16	09014	HICKORY HILLS PCC	0.562513	964,424	110	1,096	542,501	90.16
90.18	09015	DARIEN PCC	2.127117	305,693	202	2,091	650,245	90.18
90.20	09016	ORLAND PARK - FP	1.205708	728,718	92	937	878,621	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.300242	403,099	121	1,252	121,027	90.21
90.22	09018	HOMER GLEN PCC	0.976841	1,208,849	49	454	1,180,853	90.22
90.23	09019	OAK PARK PCC	1.412493	324,622	107	1,099	458,526	90.23
90.24	09020	PARK RIDGE PCC	0.454495	1,604,136	7	58	729,072	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1.252550	712,213	79	813	892,082	90.25
90.26	09022	WOODRIDGE PCC	0.000000	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	0.490854	1,548,290	15	77	759,984	90.28
90.29	09025	BURR RIDGE PCC	0.293655	25,353,907	87	748	7,445,302	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 1/29/2021 1:08 pm
Title XVIII		Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
90.30 09026 RIVER FOREST	0.455430	1,216,594	12	116	554,073	90.30
90.31 09027 NORRIDGE	1.209493	158,334	68	702	191,504	90.31
90.32 09028 ELMWOOD PARK	1.560622	171,007	71	737	266,877	90.32
90.33 09033 OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33
90.34 09034 CHICAGO AND BELMONT	1.752941	56,490	27	277	99,024	90.34
91.00 09100 EMERGENCY	0.135681	11,201,299	34	322	1,519,803	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.401890	2,195,267	0	0	882,256	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0.296581	2,810,064	10	102	833,412	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.207765	2,261,209	0	0	469,800	97.00
200.00		438,803,759	128,349	931,585	114,132,293	200.00
201.00			0	0		201.00
202.00		438,803,759	128,349	931,585	114,132,293	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 1/29/2021 1:08 pm
		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1	50.00
50.01	05001	AMBULATORY SURGERY CENTER	6,355	0	50.01
51.00	05100	RECOVERY ROOM	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1	2	59.00
60.00	06000	LABORATORY	98	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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 STORAGE, PROCESSING & TRANS.	6,973	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,783	333,390	73.00
74.00	07400	RENAL DIALYSIS	4	38	74.00
76.00	03560	PULMONARY LABS	0	0	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	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	5,795	0	76.09
76.10	03954	BARITRICS	0	0	76.10
76.11	03955	HEPATOLOGY	0	115	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	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	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	90.01
90.02	09002	CANCER CENTER	56	439	90.02
90.03	09003	PSYCHOSOCIAL REHAB	0	0	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	141	1,330	90.07
90.08	09007	OBT OUTPATIENT CENTER	16	154	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	170	1,741	90.09
90.10	09009	LAGRANGE FAMILY PCC	65	672	90.10
90.12	09010	NORTH RIVERSIDE PCC	160	1,645	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	90.13
90.14	09012	WHEATON PCC	92	968	90.14
90.15	09013	OBT II PCC	145	1,498	90.15
90.16	09014	HICKORY HILLS PCC	62	617	90.16
90.18	09015	DARIEN PCC	430	4,448	90.18
90.20	09016	ORLAND PARK - FP	111	1,130	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	36	376	90.21
90.22	09018	HOMER GLEN PCC	48	443	90.22
90.23	09019	OAK PARK PCC	151	1,552	90.23
90.24	09020	PARK RIDGE PCC	3	26	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	99	1,018	90.25
90.26	09022	WOODRIDGE PCC	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	7	38	90.28
90.29	09025	BURR RIDGE PCC	26	220	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 1/29/2021 1:08 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		7.00
90.30	09026	RIVER FOREST	5	53	90.30
90.31	09027	NORRIDGE	82	849	90.31
90.32	09028	ELMWOOD PARK	111	1,150	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	47	486	90.34
91.00	09100	EMERGENCY	5	44	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3	30	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Subtotal (see instructions)	40,080	354,474	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	40,080	354,474	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 1/29/2021 1:08 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.293439	0	693,351	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.151375	0	1,875,568	0	0	50.01
51.00	05100	RECOVERY ROOM	0.078829	0	817,865	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323532	0	118,136	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015253	0	565,676	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136686	0	1,145,117	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.087619	0	547,387	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.067348	0	685,032	0	0	56.00
57.00	05700	CT SCAN	0.062123	0	1,710,222	0	0	57.00
58.00	05800	MRI	0.063297	0	612,410	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119244	0	743,206	0	0	59.00
60.00	06000	LABORATORY	0.082582	0	4,442,726	0	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	0.280879	0	240,527	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.169814	0	68,604	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.184131	0	38,078	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.178823	0	23,077	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.206982	0	2,833	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105356	0	414,538	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199441	0	104,136	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.226076	0	293,221	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.572085	0	522,291	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367033	0	509,140	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.113989	0	123,536	0	0	74.00
76.00	03560	PULMONARY LABS	0.173216	0	53,615	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	0.087398	0	96,611	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.090387	0	807,834	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.852143	0	12,425	0	0	76.09
76.10	03954	BARITRICS	4.148849	0	29	0	0	76.10
76.11	03955	HEPATOLOGY	22.990527	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.356570	0	46,303	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.498063	0	2,222,524	0	0	90.02
90.03	09003	PSYCHOSOCIAL REHAB	64.630488	0	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	0.281062	0	2,432,595	0	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.526834	0	853,488	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.228600	0	15,480	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.538424	0	69,885	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	2.136071	0	69,560	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	3.680222	0	288	0	0	90.14
90.15	09013	OBT II PCC	0.626913	0	22,099	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0.562513	0	482,351	0	0	90.16
90.18	09015	DARIEN PCC	2.127117	0	34,690	0	0	90.18
90.20	09016	ORLAND PARK - FP	1.205708	0	29,936	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.300242	0	423,509	0	0	90.21
90.22	09018	HOMER GLEN PCC	0.976841	0	183,742	0	0	90.22
90.23	09019	OAK PARK PCC	1.412493	0	10,525	0	0	90.23
90.24	09020	PARK RIDGE PCC	0.454495	0	24,254	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	1.252550	0	18,001	0	0	90.25
90.26	09022	WOODRIDGE PCC	0.000000	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	0.490854	0	187,713	0	0	90.28
90.29	09025	BURR RIDGE PCC	0.293655	0	828,026	0	0	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 1/29/2021 1:08 pm
Title XIX		Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
90.30 09026 RIVER FOREST	0.455430	0	134,243	0	0	0	90.30
90.31 09027 NORRIDGE	1.209493	0	5,089	0	0	0	90.31
90.32 09028 ELMWOOD PARK	1.560622	0	22,703	0	0	0	90.32
90.33 09033 OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	0	90.33
90.34 09034 CHICAGO AND BELMONT	1.752941	0	6,806	0	0	0	90.34
91.00 09100 EMERGENCY	0.135681	0	4,582,883	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.401890	0	897,179	0	0	0	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0.296581	0	388,237	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.207765	0	14,828	0	0	0	97.00
200.00	Subtotal (see instructions)	0	31,274,128	0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	31,274,128	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 1/29/2021 1:08 pm
--	-----------------------	---	---

		Title XIX		Hospital	Cost
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	203,456	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	283,914	0	50.01
51.00	05100	RECOVERY ROOM	64,471	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,221	0	52.00
53.00	05300	ANESTHESIOLOGY	8,628	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	156,521	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	47,962	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	46,136	0	56.00
57.00	05700	CT SCAN	106,244	0	57.00
58.00	05800	MRI	38,764	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,623	0	59.00
60.00	06000	LABORATORY	366,889	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	67,559	0	63.00
65.00	06500	RESPIRATORY THERAPY	11,650	0	65.00
66.00	06600	PHYSICAL THERAPY	7,011	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,127	0	67.00
68.00	06800	SPEECH PATHOLOGY	586	0	68.00
69.00	06900	ELECTROCARDIOLOGY	43,674	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,769	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	359,511	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	298,795	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	186,871	0	73.00
74.00	07400	RENAL DIALYSIS	14,082	0	74.00
76.00	03560	PULMONARY LABS	9,287	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	8,444	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	73,018	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	10,588	0	76.09
76.10	03954	BARITRICS	120	0	76.10
76.11	03955	HEPATOLOGY	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	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	16,510	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	90.01
90.02	09002	CANCER CENTER	1,106,957	0	90.02
90.03	09003	PSYCHOSOCIAL REHAB	0	0	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	683,710	0	90.07
90.08	09007	OBSTETRIC OUTPATIENT CENTER	449,646	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	19,019	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	37,628	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	148,585	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	90.13
90.14	09012	WHEATON PCC	1,060	0	90.14
90.15	09013	OBSTETRIC PCC	13,854	0	90.15
90.16	09014	HICKORY HILLS PCC	271,329	0	90.16
90.18	09015	DARIEN PCC	73,790	0	90.18
90.20	09016	ORLAND PARK - FP	36,094	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	127,155	0	90.21
90.22	09018	HOMER GLEN PCC	179,487	0	90.22
90.23	09019	OAK PARK PCC	14,866	0	90.23
90.24	09020	PARK RIDGE PCC	11,023	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	22,547	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	92,140	0	90.28
90.29	09025	BURR RIDGE PCC	243,154	0	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 1/29/2021 1:08 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
90.30 09026 RIVER FOREST	61,138	0		90.30
90.31 09027 NORRIDGE	6,155	0		90.31
90.32 09028 ELMWOOD PARK	35,431	0		90.32
90.33 09033 OCCUPATIONAL HEALTH CLINIC	0	0		90.33
90.34 09034 CHICAGO AND BELMONT	11,931	0		90.34
91.00 09100 EMERGENCY	621,810	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	360,567	0		92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	115,144	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	3,081	0		97.00
200.00 Subtotal (see instructions)	7,329,732	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 - Line 201)	7,329,732	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 1:08 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		92,851	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		92,851	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)		83,369	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		29,538	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)		90,679,731	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)		90,679,731	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)		90,679,731	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)		976.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		28,847,402	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		28,847,402	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 1/29/2021 1:08 pm	
Title XVIII				Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	31,291,433	27,816	1,124.94	6,604	7,429,104		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	7,501,696	1,660	4,519.09	1,202	5,431,946		45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	11,601,267	5,877	1,974.01	0	0		47.00
47.01 PEDIATRIC INTENSIVE CARE UNIT	3,690,628	1,531	2,410.60	0	0		47.01
47.03 HEART TRANSPLANT ICU	5,319,390	2,651	2,006.56	1,114	2,235,308		47.03
47.04 BONE INTENSIVE CARE	7,194,166	3,660	1,965.62	1,840	3,616,741		47.04
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					82,989,677		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					130,550,178		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)					4,088,919		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,551,485		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,640,404		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					121,909,774		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)					9,482		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					976.62		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					9,260,311		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0276		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,048,160	90,679,731	0.088754	9,260,311	821,890	90.00
91.00	Nursing School cost	0	90,679,731	0.000000	9,260,311	0	91.00
92.00	Allied health cost	136,128	90,679,731	0.001501	9,260,311	13,900	92.00
93.00	All other Medical Education	0	90,679,731	0.000000	9,260,311	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		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		115,027,803	30.00
31.00	03100	INTENSIVE CARE UNIT		40,207,617	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		7,671,823	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	35.01
35.03	02400	HEART TRANSPLANT ICU		6,150,200	35.03
35.04	02401	BONE INTENSIVE CARE		11,605,056	35.04
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293439	30,623,948	8,986,261 50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.151375	21,598	3,269 50.01
51.00	05100	RECOVERY ROOM	0.078829	13,002,029	1,024,937 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323532	192,443	62,261 52.00
53.00	05300	ANESTHESIOLOGY	0.015253	27,910,547	425,720 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136686	14,033,694	1,918,209 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.087619	2,466,742	216,133 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.067348	982,428	66,165 56.00
57.00	05700	CT SCAN	0.062123	17,937,458	1,114,329 57.00
58.00	05800	MRI	0.063297	4,596,259	290,929 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119244	15,533,087	1,852,227 59.00
60.00	06000	LABORATORY	0.082582	66,769,992	5,513,999 60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	0.280879	9,352,936	2,627,043 63.00
65.00	06500	RESPIRATORY THERAPY	0.169814	21,950,383	3,727,482 65.00
66.00	06600	PHYSICAL THERAPY	0.184131	5,782,154	1,064,674 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.178823	3,529,716	631,194 67.00
68.00	06800	SPEECH PATHOLOGY	0.206982	1,359,546	281,402 68.00
69.00	06900	ELECTROCARDIOLOGY	0.105356	8,973,719	945,435 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199441	2,895,901	577,561 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.226076	11,353,813	13,920,638 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.572085	25,512,647	14,595,403 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367033	41,986,350	15,410,376 73.00
74.00	07400	RENAL DIALYSIS	0.113989	5,091,245	580,346 74.00
76.00	03560	PULMONARY LABS	0.173216	711,457	123,236 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	0.087398	3,229,597	282,260 76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0 76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.090387	4,553,023	411,534 76.07
76.09	03953	BONE MARROW PROCUREMENT	0.852143	922,005	785,680 76.09
76.10	03954	BIOPATHOLOGY	4.148849	110	456 76.10
76.11	03955	HEPATOLOGY	22.990527	0	0 76.11
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHIOTHERAPY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.356570	3,445	1,228 90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0 90.01
90.02	09002	CANCER CENTER	0.498063	154,167	76,785 90.02
90.03	09003	PSYCH SOCIAL REHAB	64.630488	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	0.281062	1,787,057	502,274 90.07
90.08	09007	OBSTETRIC OUTPATIENT CENTER	0.526834	36,070	19,003 90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.228600	1,706	2,096 90.09
90.10	09009	LAGRANGE FAMILY PCC	0.538424	14,747	7,940 90.10
90.12	09010	NORTH RIVERSIDE PCC	2.136071	5,013	10,708 90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0 90.13
90.14	09012	WHEATON PCC	3.680222	290	1,067 90.14
90.15	09013	OBSTETRIC PCC	0.626913	3,737	2,343 90.15
90.16	09014	HICKORY HILLS PCC	0.562513	5,609	3,155 90.16
90.18	09015	DARIEN PCC	2.127117	7,458	15,864 90.18
90.20	09016	ORLAND PARK - FP	1.205708	1,396	1,683 90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.300242	5,279	1,585 90.21
90.22	09018	HOMER GLEN PCC	0.976841	8,615	8,415 90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 1:08 pm	
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	
90.23	09019 OAK PARK PCC	1.412493	2,836	4,006	90.23
90.24	09020 PARK RIDGE PCC	0.454495	14,174	6,442	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	1.252550	180	225	90.25
90.26	09022 WOODRIDGE PCC	0.000000	0	0	90.26
90.27	09023 NEUROLOGY - NILES	0.000000	0	0	90.27
90.28	09024 MARJORIE WEINBERG CANCER CENTER	0.490854	24,299	11,927	90.28
90.29	09025 BURR RIDGE PCC	0.293655	138,845	40,773	90.29
90.30	09026 RIVER FOREST	0.455430	15,191	6,918	90.30
90.31	09027 NORRIDGE	1.209493	328	397	90.31
90.32	09028 ELMWOOD PARK	1.560622	402	627	90.32
90.33	09033 OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	90.33
90.34	09034 CHICAGO AND BELMONT	1.752941	110	193	90.34
91.00	09100 EMERGENCY	0.135681	18,016,536	2,444,502	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.401890	2,257,296	907,185	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.296581	4,801,510	1,424,037	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.207765	236,516	49,140	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		368,817,639	82,989,677	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		368,817,639		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		14,492,551	30.00
31.00	03100	INTENSIVE CARE UNIT		7,756,804	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,642,470	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		9,400,055	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		2,262,433	35.01
35.03	02400	HEART TRANSPLANT ICU		602,961	35.03
35.04	02401	BONE INTENSIVE CARE		399,164	35.04
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.293439	4,067,295	1,193,503 50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.151375	24,675	3,735 50.01
51.00	05100	RECOVERY ROOM	0.078829	1,617,985	127,544 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.323532	813,001	263,032 52.00
53.00	05300	ANESTHESIOLOGY	0.015253	3,287,562	50,145 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136686	1,971,397	269,462 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.087619	443,579	38,866 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.067348	147,819	9,955 56.00
57.00	05700	CT SCAN	0.062123	2,918,692	181,318 57.00
58.00	05800	MRI	0.063297	954,439	60,413 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.119244	1,298,811	154,875 59.00
60.00	06000	LABORATORY	0.082582	9,677,844	799,216 60.00
60.01	03420	LABORATORY - PATHOLOGICAL	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.	0.280879	1,134,527	318,665 63.00
65.00	06500	RESPIRATORY THERAPY	0.169814	5,132,803	871,622 65.00
66.00	06600	PHYSICAL THERAPY	0.184131	848,041	156,151 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.178823	511,552	91,477 67.00
68.00	06800	SPEECH PATHOLOGY	0.206982	334,955	69,330 68.00
69.00	06900	ELECTROCARDIOLOGY	0.105356	971,900	102,395 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.199441	561,211	111,928 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.226076	2,130,846	2,612,579 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.572085	1,614,724	923,759 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.367033	6,611,591	2,426,672 73.00
74.00	07400	RENAL DIALYSIS	0.113989	415,408	47,352 74.00
76.00	03560	PULMONARY LABS	0.173216	51,630	8,943 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	0.087398	356,703	31,175 76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0 76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.090387	391,816	35,415 76.07
76.09	03953	BONE MARROW PROCUREMENT	0.852143	1,350	1,150 76.09
76.10	03954	BIOPATHOLOGY	4.148849	0	0 76.10
76.11	03955	HEPATOLOGY	22.990527	0	0 76.11
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHIOTHERAPY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.356570	520	185 90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0 90.01
90.02	09002	CANCER CENTER	0.498063	2,820	1,405 90.02
90.03	09003	PSYCH SOCIAL REHAB	64.630488	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	0.281062	207,091	58,205 90.07
90.08	09007	OBT OUTPATIENT CENTER	0.526834	1,040	548 90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1.228600	0	0 90.09
90.10	09009	LAGRANGE FAMILY PCC	0.538424	0	0 90.10
90.12	09010	NORTH RIVERSIDE PCC	2.136071	0	0 90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0 90.13
90.14	09012	WHEATON PCC	3.680222	0	0 90.14
90.15	09013	OBT II PCC	0.626913	0	0 90.15
90.16	09014	HICKORY HILLS PCC	0.562513	0	0 90.16
90.18	09015	DARIEN PCC	2.127117	0	0 90.18
90.20	09016	ORLAND PARK - FP	1.205708	0	0 90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.300242	0	0 90.21
90.22	09018	HOMER GLEN PCC	0.976841	0	0 90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 1/29/2021 1:08 pm	
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	
90.23	09019 OAK PARK PCC	1.412493	0	0	90.23
90.24	09020 PARK RIDGE PCC	0.454495	0	0	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	1.252550	0	0	90.25
90.26	09022 WOODRIDGE PCC	0.000000	0	0	90.26
90.27	09023 NEUROLOGY - NILES	0.000000	0	0	90.27
90.28	09024 MARJORIE WEINBERG CANCER CENTER	0.490854	0	0	90.28
90.29	09025 BURR RIDGE PCC	0.293655	44	13	90.29
90.30	09026 RIVER FOREST	0.455430	1,257	572	90.30
90.31	09027 NORRIDGE	1.209493	0	0	90.31
90.32	09028 ELMWOOD PARK	1.560622	159	248	90.32
90.33	09033 OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	90.33
90.34	09034 CHICAGO AND BELMONT	1.752941	0	0	90.34
91.00	09100 EMERGENCY	0.135681	3,370,860	457,362	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.401890	501,883	201,702	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.296581	331,230	98,237	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.207765	2,405	500	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		52,711,465	11,779,654	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		52,711,465		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0276 Component CCN:		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4 Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS 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	186,356	976.62	50	48,831	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,124.94	0	0	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	4,519.09	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,974.01	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,410.60	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,006.56	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	1,965.62	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		186,356		50	48,831	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	0.293439	225,814	66,263	8.00	
8.01	AMBULATORY SURGERY CENTER	50.01	0.151375	6,055	917	8.01	
9.00	RECOVERY ROOM	51.00	0.078829	201,616	15,893	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.323532	1,820	589	10.00	
11.00	ANESTHESIOLOGY	53.00	0.015253	430,050	6,560	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.136686	197,456	26,989	12.00	
12.01	RADIOLOGY-ULTRASOUND	54.01	0.087619	110,265	9,661	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.067348	665,314	44,808	14.00	
15.00	CT SCAN	57.00	0.062123	581,923	36,151	15.00	
16.00	MRI	58.00	0.063297	53,833	3,407	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.119244	730,160	87,067	17.00	
18.00	LABORATORY	60.00	0.082582	2,192,061	181,025	18.00	
18.01	LABORATORY - PATHOLOGICAL	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	72,318	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	0.280879	126,025	35,398	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.169814	52,506	8,916	23.00	
24.00	PHYSICAL THERAPY	66.00	0.184131	2,052	378	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.178823	363	65	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.206982	5	1	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.105356	821,207	86,519	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.199441	3,345	667	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.226076	154,424	189,336	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.572085	8,243	4,716	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367033	120,098	44,080	31.00	
32.00	RENAL DIALYSIS	74.00	0.113989	2,650	302	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	PULMONARY LABS	76.00	0.173216	5,352	927	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	0.087398	97,545	8,525	34.04	
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05	
34.07	GASTROINTESTINAL SERVICE	76.07	0.090387	314,890	28,462	34.07	
34.09	BONE MARROW PROCUREMENT	76.09	0.852143	5,526	4,709	34.09	
34.10	BARITRICS	76.10	4.148849	45	187	34.10	
34.11	HEPATOLOGY	76.11	22.990527	0	0	34.11	
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LI THOTRI PSY	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	0.356570	1,278	456	37.00	
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01	
37.02	CANCER CENTER	90.02	0.498063	96,360	47,993	37.02	
37.03	PSYCH SOCIAL REHAB	90.03	64.630488	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	0.281062	30,333	8,525	37.07	
37.08	OBT OUTPATIENT CENTER	90.08	0.526834	3,205	1,689	37.08	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period: From 07/01/2019 To 06/30/2020

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/29/2021 1:08 pm

		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		
37.09	ELMHURST IMMEDIATE CARE	90.09	1.228600	152	187		37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.538424	3,889	2,094		37.10
37.12	NORTH RIVERSIDE PCC	90.12	2.136071	431	921		37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0		37.13
37.14	WHEATON PCC	90.14	3.680222	93	342		37.14
37.15	OBT II PCC	90.15	0.626913	850	533		37.15
37.16	HICKORY HILLS PCC	90.16	0.562513	608	342		37.16
37.18	DARIEN PCC	90.18	2.127117	942	2,004		37.18
37.20	ORLAND PARK - FP	90.20	1.205708	193	233		37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.300242	887	266		37.21
37.22	HOMER GLEN PCC	90.22	0.976841	741	724		37.22
37.23	OAK PARK PCC	90.23	1.412493	385	544		37.23
37.24	PARK RIDGE PCC	90.24	0.454495	8,321	3,782		37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.252550	46	58		37.25
37.26	WOODRIDGE PCC	90.26	0.000000	0	0		37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0		37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.490854	969	476		37.28
37.29	BURR RIDGE PCC	90.29	0.293655	10,420	3,060		37.29
37.30	RIVER FOREST	90.30	0.455430	1,797	818		37.30
37.31	NORRIDGE	90.31	1.209493	134	162		37.31
37.32	ELMWOOD PARK	90.32	1.560622	137	214		37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0		37.33
37.34	CHICAGO AND BELMONT	90.34	1.752941	45	79		37.34
38.00	EMERGENCY	91.00	0.135681	25,649	3,480		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.401890	2,646	1,063		39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.296581	3,400	1,008		39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			7,376,872	973,571		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	50	0		42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	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 UNIT	7.00	0.00	0	0		47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	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)			50	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 CLINIC	22.00	0	0.000000	0		50.00
51.00	CLINIC	23.00	1,278	0.000000	0		51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0		51.01
51.02	CANCER CENTER	23.02	96,360	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	30,333	0.000000	0		51.07
51.08	OBT OUTPATIENT CENTER	23.08	3,205	0.000000	0		51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	152	0.000000	0		51.09
51.10	LAGRANGE FAMILY PCC	23.10	3,889	0.000000	0		51.10
51.12	NORTH RIVERSIDE PCC	23.12	431	0.000000	0		51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0		51.13
51.14	WHEATON PCC	23.14	93	0.000000	0		51.14
51.15	OBT II PCC	23.15	850	0.000000	0		51.15
51.16	HICKORY HILLS PCC	23.16	608	0.000000	0		51.16
51.18	DARIEN PCC	23.18	942	0.000000	0		51.18

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0276 Component CCN:	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 1/29/2021 1:08 pm		
Cost Center Description		Kidney	Hospital	PPS		
		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	
51.20	ORLAND PARK - FP	23.20	193	0.000000	0	51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	887	0.000000	0	51.21
51.22	HOMER GLEN PCC	23.22	741	0.000000	0	51.22
51.23	OAK PARK PCC	23.23	385	0.000000	0	51.23
51.24	PARK RIDGE PCC	23.24	8,321	0.000000	0	51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	46	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	969	0.000000	0	51.28
51.29	BURR RIDGE PCC	23.29	10,420	0.000000	0	51.29
51.30	RIVER FOREST	23.30	1,797	0.000000	0	51.30
51.31	NORRIDGE	23.31	134	0.000000	0	51.31
51.32	ELMWOOD PARK	23.32	137	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	45	0.000000	0	51.34
52.00	EMERGENCY	24.00	25,649	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	2,646	0.000000	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	3,400	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)		193,911		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	1,022,402		7,563,228		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)	9,932,551		9,763,587		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	10,954,953		17,326,815		61.00
62.00	Total Usable Organs (see instructions)		154			62.00
63.00	Medicare Usable Organs (see instructions)		88			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.571429			64.00
65.00	Medicare Cost/Charges (see instructions)	6,259,978		9,901,045		65.00
66.00	Revenue for Organs Sold	103,217		0		66.00
67.00	Subtotal (line 65 minus line 66)	6,156,761		9,901,045		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	6,156,761	0	9,901,045	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	40		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		26	88		73.00
74.00	Total (sum of lines 70 through 73)		26	128		74.00
75.00	Organs Transplanted		26	88	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	40	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	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		26	128		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0276 Component CCN:		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4 Date/Time Prepared: 1/29/2021 1:08 pm	
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	27,931	976.62	7	6,836	1.00
2.00	INTENSIVE CARE UNIT	43.00	17,004	1,124.94	4	4,500	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	4,519.09	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,974.01	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,410.60	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,006.56	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	1,965.62	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		44,935		11	11,336	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	0.293439	21,233	6,231	8.00	
8.01	AMBULATORY SURGERY CENTER	50.01	0.151375	39	6	8.01	
9.00	RECOVERY ROOM	51.00	0.078829	13,325	1,050	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.323532	290	94	10.00	
11.00	ANESTHESIOLOGY	53.00	0.015253	58,899	898	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.136686	46,204	6,315	12.00	
12.01	RADIOLOGY-ULTRASOUND	54.01	0.087619	11,535	1,011	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.067348	154,902	10,432	14.00	
15.00	CT SCAN	57.00	0.062123	144,846	8,998	15.00	
16.00	MRI	58.00	0.063297	169,350	10,719	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.119244	100,237	11,953	17.00	
18.00	LABORATORY	60.00	0.082582	521,196	43,041	18.00	
18.01	LABORATORY - PATHOLOGICAL	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	14,624	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	0.280879	30,720	8,629	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.169814	9,794	1,663	23.00	
24.00	PHYSICAL THERAPY	66.00	0.184131	2	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.178823	458	82	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.206982	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.105356	236,342	24,900	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.199441	42,222	8,421	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.226076	9,225	11,311	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.572085	1,118	640	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367033	36,519	13,404	31.00	
32.00	RENAL DIALYSIS	74.00	0.113989	3,091	352	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	PULMONARY LABS	76.00	0.173216	504	87	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	0.087398	7,930	693	34.04	
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05	
34.07	GASTROINTESTINAL SERVICE	76.07	0.090387	35,676	3,225	34.07	
34.09	BONE MARROW PROCUREMENT	76.09	0.852143	1,351	1,151	34.09	
34.10	BARITRICS	76.10	4.148849	4	17	34.10	
34.11	HEPATOLOGY	76.11	22.990527	0	0	34.11	
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LI THOTRI PSY	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	0.356570	130	46	37.00	
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01	
37.02	CANCER CENTER	90.02	0.498063	28,748	14,318	37.02	
37.03	PSYCH SOCIAL REHAB	90.03	64.630488	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	0.281062	28,513	8,014	37.07	
37.08	OBT OUTPATIENT CENTER	90.08	0.526834	1,176	620	37.08	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period: From 07/01/2019 To 06/30/2020

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/29/2021 1:08 pm

		Liver		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		
37.09	ELMHURST IMMEDIATE CARE	90.09	1.228600	17	21	37.09	
37.10	LAGRANGE FAMILY PCC	90.10	0.538424	426	229	37.10	
37.12	NORTH RIVERSIDE PCC	90.12	2.136071	51	109	37.12	
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13	
37.14	WHEATON PCC	90.14	3.680222	9	33	37.14	
37.15	OBT II PCC	90.15	0.626913	87	55	37.15	
37.16	HICKORY HILLS PCC	90.16	0.562513	68	38	37.16	
37.18	DARIEN PCC	90.18	2.127117	101	215	37.18	
37.20	ORLAND PARK - FP	90.20	1.205708	30	36	37.20	
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.300242	88	26	37.21	
37.22	HOMER GLEN PCC	90.22	0.976841	91	89	37.22	
37.23	OAK PARK PCC	90.23	1.412493	40	56	37.23	
37.24	PARK RIDGE PCC	90.24	0.454495	1,585	720	37.24	
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.252550	5	6	37.25	
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	37.26	
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27	
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.490854	126	62	37.28	
37.29	BURR RIDGE PCC	90.29	0.293655	4,473	1,314	37.29	
37.30	RIVER FOREST	90.30	0.455430	202	92	37.30	
37.31	NORRIDGE	90.31	1.209493	13	16	37.31	
37.32	ELMWOOD PARK	90.32	1.560622	13	20	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	1.752941	4	7	37.34	
38.00	EMERGENCY	91.00	0.135681	5,983	812	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.401890	1,551	623	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.296581	2,499	741	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,747,665	203,641	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	7	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	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 UNIT	7.00	0.00	0	0	47.00	
47.01	PEDIATRIC INTENSIVE CARE UNIT	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)			11	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	130	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	28,748	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	28,513	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	1,176	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	17	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	426	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	51	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	9	0.000000	0	51.14	
51.15	OBT II PCC	23.15	87	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	68	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	101	0.000000	0	51.18	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0276 Component CCN:	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 1/29/2021 1:08 pm		
		Liver	Hospital	PPS		
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	
51.20	ORLAND PARK - FP	23.20	30	0.000000	0	51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	88	0.000000	0	51.21
51.22	HOMER GLEN PCC	23.22	91	0.000000	0	51.22
51.23	OAK PARK PCC	23.23	40	0.000000	0	51.23
51.24	PARK RIDGE PCC	23.24	1,585	0.000000	0	51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	5	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	126	0.000000	0	51.28
51.29	BURR RIDGE PCC	23.29	4,473	0.000000	0	51.29
51.30	RIVER FOREST	23.30	202	0.000000	0	51.30
51.31	NORRIDGE	23.31	13	0.000000	0	51.31
51.32	ELMWOOD PARK	23.32	13	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	4	0.000000	0	51.34
52.00	EMERGENCY	24.00	5,983	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	1,551	0.000000	0	53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	2,499	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)		76,029		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	214,977		1,792,600		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)	7,390,310		7,355,984		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,605,287		9,148,584		61.00
62.00	Total Usable Organs (see instructions)		83			62.00
63.00	Medicare Usable Organs (see instructions)		41			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.493976			64.00
65.00	Medicare Cost/Charges (see instructions)	3,756,829		4,519,181		65.00
66.00	Revenue for Organs Sold	41,287		0		66.00
67.00	Subtotal (line 65 minus line 66)	3,715,542		4,519,181		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,715,542	0	4,519,181	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	16		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	67		73.00
74.00	Total (sum of lines 70 through 73)		0	83		74.00
75.00	Organs Transplanted		0	67	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	16	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	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	83	0	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0276 Component CCN:		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4 Date/Time Prepared: 1/29/2021 1:08 pm	
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	24,510	976.62	6	5,860	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,124.94	0	0	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	4,519.09	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,974.01	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,410.60	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,006.56	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	1,965.62	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		24,510		6	5,860	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	0.293439	12,512	3,672	8.00	
8.01	AMBULATORY SURGERY CENTER	50.01	0.151375	23	3	8.01	
9.00	RECOVERY ROOM	51.00	0.078829	2,497	197	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.323532	157	51	10.00	
11.00	ANESTHESIOLOGY	53.00	0.015253	18,588	284	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.136686	11,160	1,525	12.00	
12.01	RADIOLOGY-ULTRASOUND	54.01	0.087619	18,365	1,609	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.067348	6,897	464	14.00	
15.00	CT SCAN	57.00	0.062123	108,511	6,741	15.00	
16.00	MRI	58.00	0.063297	76	5	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.119244	257,040	30,650	17.00	
18.00	LABORATORY	60.00	0.082582	275,853	22,780	18.00	
18.01	LABORATORY - PATHOLOGICAL	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	7,717	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	0.280879	14,234	3,998	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.169814	12,252	2,081	23.00	
24.00	PHYSICAL THERAPY	66.00	0.184131	2,613	481	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.178823	916	164	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.206982	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.105356	83,209	8,767	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.199441	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.226076	16,527	20,263	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.572085	12,069	6,904	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367033	17,543	6,439	31.00	
32.00	RENAL DIALYSIS	74.00	0.113989	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	PULMONARY LABS	76.00	0.173216	379	66	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	0.087398	31,403	2,745	34.04	
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05	
34.07	GASTROINTESTINAL SERVICE	76.07	0.090387	18,344	1,658	34.07	
34.09	BONE MARROW PROCUREMENT	76.09	0.852143	231	197	34.09	
34.10	BARITRICS	76.10	4.148849	5	21	34.10	
34.11	HEPATOLOGY	76.11	22.990527	0	0	34.11	
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LI THOTRI PSY	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	0.356570	134	48	37.00	
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01	
37.02	CANCER CENTER	90.02	0.498063	12,027	5,990	37.02	
37.03	PSYCH SOCIAL REHAB	90.03	64.630488	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	0.281062	3,266	918	37.07	
37.08	OBT OUTPATIENT CENTER	90.08	0.526834	340	179	37.08	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period: From 07/01/2019 To 06/30/2020

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/29/2021 1:08 pm

Cost Center Description		Heart		Hospital		PPS	
		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		
37.09	ELMHURST IMMEDIATE CARE	90.09	1.228600	16	20	37.09	
37.10	LAGRANGE FAMILY PCC	90.10	0.538424	397	214	37.10	
37.12	NORTH RIVERSIDE PCC	90.12	2.136071	46	98	37.12	
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13	
37.14	WHEATON PCC	90.14	3.680222	10	37	37.14	
37.15	OBT II PCC	90.15	0.626913	92	58	37.15	
37.16	HICKORY HILLS PCC	90.16	0.562513	66	37	37.16	
37.18	DARIEN PCC	90.18	2.127117	102	217	37.18	
37.20	ORLAND PARK - FP	90.20	1.205708	16	19	37.20	
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.300242	96	29	37.21	
37.22	HOMER GLEN PCC	90.22	0.976841	73	71	37.22	
37.23	OAK PARK PCC	90.23	1.412493	42	59	37.23	
37.24	PARK RIDGE PCC	90.24	0.454495	183	83	37.24	
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.252550	5	6	37.25	
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	37.26	
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27	
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.490854	101	50	37.28	
37.29	BURR RIDGE PCC	90.29	0.293655	1,158	340	37.29	
37.30	RIVER FOREST	90.30	0.455430	0	0	37.30	
37.31	NORRIDGE	90.31	1.209493	14	17	37.31	
37.32	ELMWOOD PARK	90.32	1.560622	15	23	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	1.752941	5	9	37.34	
38.00	EMERGENCY	91.00	0.135681	3,038	412	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.401890	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.296581	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			950,363	130,699	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	6	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	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 UNIT	7.00	0.00	0	0	47.00	
47.01	PEDIATRIC INTENSIVE CARE UNIT	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)			6	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 CLINIC	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	134	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	12,027	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	3,266	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	340	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	16	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	397	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	46	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	10	0.000000	0	51.14	
51.15	OBT II PCC	23.15	92	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	66	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	102	0.000000	0	51.18	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period: From 07/01/2019

Worksheet D-4

Component CCN:

To 06/30/2020

Date/Time Prepared: 1/29/2021 1:08 pm

		Heart		Hospital		PPS	
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		
51.20	ORLAND PARK - FP	23.20	16	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	96	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	73	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	42	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	183	0.000000	0	51.24	
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	5	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	101	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	1,158	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	0	0.000000	0	51.30	
51.31	NORRIDGE	23.31	14	0.000000	0	51.31	
51.32	ELMWOOD PARK	23.32	15	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	5	0.000000	0	51.34	
52.00	EMERGENCY	24.00	3,038	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	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)		21,242		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	136,559		974,873		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)	3,593,478		3,578,310		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,730,037		4,553,183		61.00	
62.00	Total Usable Organs (see instructions)		28			62.00	
63.00	Medicare Usable Organs (see instructions)		14			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,865,019		2,276,592		65.00	
66.00	Revenue for Organs Sold	23,224		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,841,795		2,276,592		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,841,795	0	2,276,592	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	9		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	19		73.00	
74.00	Total (sum of lines 70 through 73)		0	28		74.00	
75.00	Organs Transplanted		0	19	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	9	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	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	28	0	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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0276 Component CCN:		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4 Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	PPS 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	45,469	976.62	11	10,743	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,685	1,124.94	1	1,125	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	4,519.09	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,974.01	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,410.60	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,006.56	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	1,965.62	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		51,154		12	11,868	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	0.293439	48,426	14,210	8.00	
8.01	AMBULATORY SURGERY CENTER	50.01	0.151375	95	14	8.01	
9.00	RECOVERY ROOM	51.00	0.078829	11,573	912	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.323532	133	43	10.00	
11.00	ANESTHESIOLOGY	53.00	0.015253	40,084	611	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.136686	57,854	7,908	12.00	
12.01	RADIOLOGY-ULTRASOUND	54.01	0.087619	29,850	2,615	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.067348	126,800	8,540	14.00	
15.00	CT SCAN	57.00	0.062123	121,786	7,566	15.00	
16.00	MRI	58.00	0.063297	13,126	831	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.119244	615,464	73,390	17.00	
18.00	LABORATORY	60.00	0.082582	479,847	39,627	18.00	
18.01	LABORATORY - PATHOLOGICAL	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	4,382	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	0.280879	38,046	10,686	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.169814	155,309	26,374	23.00	
24.00	PHYSICAL THERAPY	66.00	0.184131	3,923	722	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.178823	908	162	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.206982	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.105356	199,201	20,987	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.199441	1,166	233	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.226076	51,995	63,750	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.572085	11,401	6,522	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.367033	84,142	30,883	31.00	
32.00	RENAL DIALYSIS	74.00	0.113989	4	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	PULMONARY LABS	76.00	0.173216	1,890	327	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	0.087398	73,340	6,410	34.04	
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05	
34.07	GASTROINTESTINAL SERVICE	76.07	0.090387	137,775	12,453	34.07	
34.09	BONE MARROW PROCUREMENT	76.09	0.852143	2,730	2,326	34.09	
34.10	BARIATRICS	76.10	4.148849	22	91	34.10	
34.11	HEPATOLOGY	76.11	22.990527	0	0	34.11	
34.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LI THOTRI PSY	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	0.356570	163	58	37.00	
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01	
37.02	CANCER CENTER	90.02	0.498063	2,355	1,173	37.02	
37.03	PSYCH SOCIAL REHAB	90.03	64.630488	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	0.281062	11,538	3,243	37.07	
37.08	OBT OUTPATIENT CENTER	90.08	0.526834	833	439	37.08	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period: From 07/01/2019 To 06/30/2020

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/29/2021 1:08 pm

		Lung		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		
37.09	ELMHURST IMMEDIATE CARE	90.09	1.228600	96	118	37.09	
37.10	LAGRANGE FAMILY PCC	90.10	0.538424	376	202	37.10	
37.12	NORTH RIVERSIDE PCC	90.12	2.136071	116	248	37.12	
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13	
37.14	WHEATON PCC	90.14	3.680222	91	335	37.14	
37.15	OBT II PCC	90.15	0.626913	189	118	37.15	
37.16	HICKORY HILLS PCC	90.16	0.562513	144	81	37.16	
37.18	DARIEN PCC	90.18	2.127117	83	177	37.18	
37.20	ORLAND PARK - FP	90.20	1.205708	66	80	37.20	
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.300242	323	97	37.21	
37.22	HOMER GLEN PCC	90.22	0.976841	379	370	37.22	
37.23	OAK PARK PCC	90.23	1.412493	209	295	37.23	
37.24	PARK RIDGE PCC	90.24	0.454495	446	203	37.24	
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.252550	58	73	37.25	
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	37.26	
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	37.27	
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.490854	558	274	37.28	
37.29	BURR RIDGE PCC	90.29	0.293655	3,135	921	37.29	
37.30	RIVER FOREST	90.30	0.455430	301	137	37.30	
37.31	NORRIDGE	90.31	1.209493	93	112	37.31	
37.32	ELMWOOD PARK	90.32	1.560622	32	50	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	1.752941	24	42	37.34	
38.00	EMERGENCY	91.00	0.135681	4,087	555	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.401890	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.296581	2,286	678	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			2,339,253	348,272	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	11	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 UNIT	7.00	0.00	0	0	47.00	
47.01	PEDIATRIC INTENSIVE CARE UNIT	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)			12	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	163	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	2,355	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	11,538	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	833	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	96	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	376	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	116	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	91	0.000000	0	51.14	
51.15	OBT II PCC	23.15	189	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	144	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	83	0.000000	0	51.18	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period: From 07/01/2019

Worksheet D-4

Component CCN:

To 06/30/2020

Date/Time Prepared: 1/29/2021 1:08 pm

		Lung		Hospital		PPS	
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		
51.20	ORLAND PARK - FP	23.20	66	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	323	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	379	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	209	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	446	0.000000	0	51.24	
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	58	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	558	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	3,135	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	301	0.000000	0	51.30	
51.31	NORRIDGE	23.31	93	0.000000	0	51.31	
51.32	ELMWOOD PARK	23.32	32	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	24	0.000000	0	51.34	
52.00	EMERGENCY	24.00	4,087	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	2,286	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)		27,981		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	360,140		2,390,407		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)	6,609,960		6,568,559		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	6,970,100		8,958,966		61.00	
62.00	Total Usable Organs (see instructions)		77			62.00	
63.00	Medicare Usable Organs (see instructions)		40			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.519481			64.00	
65.00	Medicare Cost/Charges (see instructions)	3,620,835		4,654,013		65.00	
66.00	Revenue for Organs Sold	33,546		0		66.00	
67.00	Subtotal (line 65 minus line 66)	3,587,289		4,654,013		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,587,289	0	4,654,013	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	13		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	64		73.00	
74.00	Total (sum of lines 70 through 73)		0	77		74.00	
75.00	Organs Transplanted		0	64	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	13	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	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	77		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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0276 Component CCN:		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4 Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	PPS 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	12,255	976.62	3	2,930 1.00	
2.00	INTENSIVE CARE UNIT	43.00	0	1,124.94	0	0 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	4,519.09	0	0 4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0 5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,974.01	0	0 6.00	
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,410.60	0	0 6.01	
6.03	HEART TRANSPLANT ICU	47.03	0	2,006.56	0	0 6.03	
6.04	BONE INTENSIVE CARE	47.04	0	1,965.62	0	0 6.04	
7.00	TOTAL (sum of lines 1 through 6)		12,255		3	2,930 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		0.293439	0	0 8.00	
8.01	AMBULATORY SURGERY CENTER	50.01		0.151375	0	0 8.01	
9.00	RECOVERY ROOM	51.00		0.078829	0	0 9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.323532	0	0 10.00	
11.00	ANESTHESIOLOGY	53.00		0.015253	0	0 11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.136686	0	0 12.00	
12.01	RADIOLOGY-ULTRASOUND	54.01		0.087619	0	0 12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.000000	0	0 13.00	
14.00	RADIOISOTOPE	56.00		0.067348	0	0 14.00	
15.00	CT SCAN	57.00		0.062123	0	0 15.00	
16.00	MRI	58.00		0.063297	0	0 16.00	
17.00	CARDIAC CATHETERIZATION	59.00		0.119244	0	0 17.00	
18.00	LABORATORY	60.00		0.082582	0	0 18.00	
18.01	LABORATORY - PATHOLOGICAL	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	0	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		0.280879	0	0 21.00	
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0 22.00	
23.00	RESPIRATORY THERAPY	65.00		0.169814	0	0 23.00	
24.00	PHYSICAL THERAPY	66.00		0.184131	0	0 24.00	
25.00	OCCUPATIONAL THERAPY	67.00		0.178823	0	0 25.00	
26.00	SPEECH PATHOLOGY	68.00		0.206982	0	0 26.00	
27.00	ELECTROCARDIOLOGY	69.00		0.105356	0	0 27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.199441	0	0 28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		1.226076	0	0 29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.572085	0	0 30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.367033	0	0 31.00	
32.00	RENAL DIALYSIS	74.00		0.113989	0	0 32.00	
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0 33.00	
34.00	PULMONARY LABS	76.00		0.173216	0	0 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		0.087398	0	0 34.04	
34.05	PEDIATRIC ENDO NUTRITION	76.05		0.000000	0	0 34.05	
34.07	GASTROINTESTINAL SERVICE	76.07		0.090387	0	0 34.07	
34.09	BONE MARROW PROCUREMENT	76.09		0.852143	0	0 34.09	
34.10	BARIATRICS	76.10		4.148849	0	0 34.10	
34.11	HEPATOLOGY	76.11		22.990527	0	0 34.11	
34.97	CARDIAC REHABILITATION	76.97		0.000000	0	0 34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98		0.000000	0	0 34.98	
34.99	LI THOTRI PSY	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		0.356570	0	0 37.00	
37.01	CARDIAC REHABILITATION	90.01		0.000000	0	0 37.01	
37.02	CANCER CENTER	90.02		0.498063	0	0 37.02	
37.03	PSYCH SOCIAL REHAB	90.03		64.630488	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		0.281062	0	0 37.07	
37.08	OBT OUTPATIENT CENTER	90.08		0.526834	0	0 37.08	

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 14-0276

Period: From 07/01/2019 To 06/30/2020

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/29/2021 1:08 pm

		Pancreas		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		
37.09	ELMHURST IMMEDIATE CARE	90.09	1.228600	0	0	0	37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.538424	0	0	0	37.10
37.12	NORTH RIVERSIDE PCC	90.12	2.136071	0	0	0	37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	0	37.13
37.14	WHEATON PCC	90.14	3.680222	0	0	0	37.14
37.15	OBT II PCC	90.15	0.626913	0	0	0	37.15
37.16	HICKORY HILLS PCC	90.16	0.562513	0	0	0	37.16
37.18	DARIEN PCC	90.18	2.127117	0	0	0	37.18
37.20	ORLAND PARK - FP	90.20	1.205708	0	0	0	37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.300242	0	0	0	37.21
37.22	HOMER GLEN PCC	90.22	0.976841	0	0	0	37.22
37.23	OAK PARK PCC	90.23	1.412493	0	0	0	37.23
37.24	PARK RIDGE PCC	90.24	0.454495	0	0	0	37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	1.252550	0	0	0	37.25
37.26	WOODRIDGE PCC	90.26	0.000000	0	0	0	37.26
37.27	NEUROLOGY - NILES	90.27	0.000000	0	0	0	37.27
37.28	MARJORIE WEINBERG CANCER CENTER	90.28	0.490854	0	0	0	37.28
37.29	BURR RIDGE PCC	90.29	0.293655	0	0	0	37.29
37.30	RIVER FOREST	90.30	0.455430	0	0	0	37.30
37.31	NORRIDGE	90.31	1.209493	0	0	0	37.31
37.32	ELMWOOD PARK	90.32	1.560622	0	0	0	37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	0	37.33
37.34	CHICAGO AND BELMONT	90.34	1.752941	0	0	0	37.34
38.00	EMERGENCY	91.00	0.135681	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.401890	0	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.296581	0	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			0	0	0	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	3	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	0	47.01
47.03	HEART TRANSPLANT ICU	7.03	0.00	0	0	0	47.03
47.04	BONE INTENSIVE CARE	7.04	0.00	0	0	0	47.04
48.00	TOTAL (sum of lines 42 through 47)			3	0	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	0	51.01
51.02	CANCER CENTER	23.02	0	0.000000	0	0	51.02
51.03	PSYCH SOCIAL REHAB	23.03	0	0.000000	0	0	51.03
51.04	WELLNESS ASSESSMENT	23.04	0	0.000000	0	0	51.04
51.06	HEART FAILURE CLINIC	23.06	0	0.000000	0	0	51.06
51.07	LOC OUTPATIENT CENTER	23.07	0	0.000000	0	0	51.07
51.08	OBT OUTPATIENT CENTER	23.08	0	0.000000	0	0	51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	0	0.000000	0	0	51.09
51.10	LAGRANGE FAMILY PCC	23.10	0	0.000000	0	0	51.10
51.12	NORTH RIVERSIDE PCC	23.12	0	0.000000	0	0	51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	0	51.13
51.14	WHEATON PCC	23.14	0	0.000000	0	0	51.14
51.15	OBT II PCC	23.15	0	0.000000	0	0	51.15
51.16	HICKORY HILLS PCC	23.16	0	0.000000	0	0	51.16
51.18	DARIEN PCC	23.18	0	0.000000	0	0	51.18

(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 A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0276 Component CCN:		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4 Date/Time Prepared: 1/29/2021 1:08 pm	
Cost Center Description		Pancreas		Hospital		PPS	
		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		
51.20	ORLAND PARK - FP	23.20	0	0.000000			0 51.20
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	0	0.000000			0 51.21
51.22	HOMER GLEN PCC	23.22	0	0.000000			0 51.22
51.23	OAK PARK PCC	23.23	0	0.000000			0 51.23
51.24	PARK RIDGE PCC	23.24	0	0.000000			0 51.24
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	0	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	0	0.000000			0 51.28
51.29	BURR RIDGE PCC	23.29	0	0.000000			0 51.29
51.30	RIVER FOREST	23.30	0	0.000000			0 51.30
51.31	NORRIDGE	23.31	0	0.000000			0 51.31
51.32	ELMWOOD PARK	23.32	0	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	0	0.000000			0 52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000			0 53.00
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	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)		0				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	2,930		12,255			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)	324,083		324,027			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	327,013		336,282			61.00
62.00	Total Usable Organs (see instructions)		10				62.00
63.00	Medicare Usable Organs (see instructions)		8				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.800000				64.00
65.00	Medicare Cost/Charges (see instructions)	261,610		269,026			65.00
66.00	Revenue for Organs Sold	12,902		0			66.00
67.00	Subtotal (line 65 minus line 66)	248,708		269,026			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	248,708	0	269,026	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		5		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		5		73.00
74.00	Total (sum of lines 70 through 73)		0		10		74.00
75.00	Organs Transplanted		0		5	0	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		5	0	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospital		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	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0		10	0	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.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/29/2021 1:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		93,037,870	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		4,555,148	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		0	2.04
3.00	Managed Care Simulated Payments		31,506,996	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		504.06	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)		390.77	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		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 § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		396.95	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		420.31	10.00
11.00	FTE count for residents in dental and podiatric programs.		14.96	11.00
12.00	Current year allowable FTE (see instructions)		411.91	12.00
13.00	Total allowable FTE count for the prior year.		412.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		411.91	14.00
15.00	Sum of lines 12 through 14 divided by 3.		411.94	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		411.94	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.817244	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.827010	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.817244	21.00
22.00	IME payment adjustment (see instructions)		34,375,260	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		11,641,079	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		23.36	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		34,375,260	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		11,641,079	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.56	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.33	31.00
32.00	Sum of lines 30 and 31		28.89	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.05	33.00
34.00	Disproportionate share adjustment (see instructions)		3,035,361	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/29/2021 1:08 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,567,366	6,282,876 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,655,337	4,703,575 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		6,358,912	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00 45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		141,362,551	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		153,003,630	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,674,802	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).		8,347,861	52.00
53.00	Nursing and Allied Health Managed Care payment		219,601	53.00
54.00	Special add-on payments for new technologies		132,531	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)		15,550,095	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		109,627	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		271,507	58.00
59.00	Total (sum of amounts on lines 49 through 58)		188,309,654	59.00
60.00	Primary payer payments		91,968	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		188,217,686	61.00
62.00	Deductibles billed to program beneficiaries		5,951,176	62.00
63.00	Coinurance billed to program beneficiaries		783,486	63.00
64.00	Allowable bad debts (see instructions)		1,292,678	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		840,241	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,172,611	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		182,323,265	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-353,670	70.93
70.94	HRR adjustment amount (see instructions)		-614,152	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 1/29/2021 1:08 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		181,355,443	71.00
71.01	Sequestration adjustment (see instructions)		3,028,636	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		178,505,080	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-178,273	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,114,907	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/29/2021 1:08 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	93,037,870	0	93,037,870		93,037,870	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	4,555,148	0	4,555,148		4,555,148	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	31,506,996	0	31,506,996	0	31,506,996	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.817244	0.817244	0.817244	0.817244		5.00
6.00	IME payment adjustment (see instructions)	22.00	34,375,260	0	34,375,260	0	34,375,260	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	11,641,079	0	11,641,079	0	11,641,079	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	34,375,260	0	34,375,260	0	34,375,260	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	11,641,079	0	11,641,079	0	11,641,079	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1305	0.1305	0.1305	0.1305		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,035,361	0	3,035,361	0	3,035,361	11.00
11.01	Uncompensated care payments	36.00	6,358,912	0	1,655,337	4,703,575	6,358,912	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	141,362,551	0	136,658,976	4,703,575	141,362,551	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	153,003,630	0	148,300,055	4,703,575	153,003,630	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,674,802	0	2,683,283	7,991,519	10,674,802	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/29/2021 1:08 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	132,531	0	132,531	0	132,531	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	151,115,869	12,695,094	163,810,963	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7,426,157	0	1,866,684	5,559,473	7,426,157	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	328,680	0	82,619	246,061	328,680	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3932	0.3932	0.3932	0.3932		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,919,965	0	733,980	2,185,985	2,919,965	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,674,802	0	2,683,283	7,991,519	10,674,802	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/29/2021 1:08 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	93,037,870	93,037,870		93,037,870 1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0 1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0 1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0 1.04	
2.00	Outlier payments for discharges (see instructions)	2.00				2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0 2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	4,555,148	4,555,148		4,555,148 2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0	0	0 2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0 3.00	
4.00	Managed care simulated payments	3.00	31,506,996	31,506,996	0	31,506,996 4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.817244	0.817244	0.817244		5.00
6.00	IME payment adjustment (see instructions)	22.00	34,375,260	34,375,260	0	34,375,260 6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	11,641,079	11,641,079	0	11,641,079 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	34,375,260	34,375,260	0	34,375,260 9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	11,641,079	11,641,079	0	11,641,079 9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1305	0.1305	0.1305		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,035,361	3,035,361	0	3,035,361 11.00	
11.01	Uncompensated care payments	36.00	6,358,912	1,655,337	4,703,575	6,358,912 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	141,362,551	136,658,976	4,703,575	141,362,551 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	153,003,630	148,300,055	4,703,575	153,003,630 15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,674,802	2,683,283	7,991,519	10,674,802 16.00	
17.00	Special add-on payments for new technologies	54.00	132,531	132,531	0	132,531 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			151,115,869	12,695,094	163,810,963 19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/29/2021 1:08 pm

		Title XVIII			Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	7,426,157	1,866,684	5,559,473	7,426,157	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	328,680	82,619	246,061	328,680	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	0.3932	0.3932	0.3932		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,919,965	733,980	2,185,985	2,919,965	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	10,674,802	2,683,283	7,991,519	10,674,802	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	-353,670	-353,670	0	-353,670	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	-614,152	-614,152	0	-614,152	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 1/29/2021 1:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		394,554	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		113,882,949	2.00
3.00	OPPS payments		94,945,627	3.00
4.00	Outlier payment (see instructions)		456,664	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		249,344	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		394,554	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,059,934	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)		1,059,934	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,059,934	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		665,380	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		394,554	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		95,651,635	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		14,716	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		16,836,321	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)		79,195,152	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,546,879	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)		85,742,031	30.00
31.00	Primary payer payments		18,427	31.00
32.00	Subtotal (line 30 minus line 31)		85,723,604	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		129,613	33.00
34.00	Allowable bad debts (see instructions)		1,008,049	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		655,232	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		866,089	36.00
37.00	Subtotal (see instructions)		86,508,449	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,115	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		86,507,334	40.00
40.01	Sequestration adjustment (see instructions)		1,444,672	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		85,248,138	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-185,476	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet E-1
Part I
Date/Time Prepared:
1/29/2021 1:08 pm

		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		174,304,965		85,601,316	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	11/11/2019	628,540	11/11/2019	35,113	3.01	
3.02		03/02/2020	3,571,575		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	03/02/2020	388,291	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)		4,200,115		-353,178	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)		178,505,080		85,248,138	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		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		178,273		185,476	6.02	
7.00	Total Medicare program liability (see instructions)		178,326,807		85,062,662	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 07/01/2019
To 06/30/2020

Worksheet E-1
Part II
Date/Time Prepared:
1/29/2021 1:08 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 1/29/2021 1:08 pm	
		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			7,329,732	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	7,329,732	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	7,329,732	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		52,711,465	31,274,128	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)		52,711,465	31,274,128	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)		52,711,465	31,274,128	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		52,711,465	23,944,396	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	7,329,732	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	0	24.00
25.00	Capital exception payments (see instructions)		0	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	7,329,732	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	7,329,732	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	7,329,732	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	7,329,732	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	7,329,732	40.00
41.00	Interim payments		0	7,329,732	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 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 1/29/2021 1:08 pm	
		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)					420.31	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.	134.43	241.90	376.33		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.	102.59	184.61	287.20		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		14.96	14.96		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00	0.00		10.01	
11.00	Total weighted FTE count	102.59	199.57	302.16		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	103.23	197.71	300.94		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	102.76	198.55	301.31		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	102.86	198.61	301.47		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	102.86	198.61	301.47		17.00	
18.00	Per resident amount	118,657.15	112,357.88	231,015.03		18.00	
19.00	Approved amount for resident costs	12,205,074	22,315,399	34,520,473		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)			99.54		21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00	
23.00	Enter the locality 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)			34,520,473		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	40,298	7,761	7,761			26.00
27.00	Total Inpatient Days (see instructions)	126,852	126,852	126,852			27.00
28.00	Ratio of inpatient days to total inpatient days	0.317677	0.061182	0.061182			28.00
29.00	Program direct GME amount	10,966,360	2,112,032	2,112,032	15,190,424	29.00	
29.01	Percent reduction for MA DGME		7.00	7.00			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		147,842	147,842	295,684	30.00	
31.00	Net Program direct GME amount				14,894,740	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 1/29/2021 1:08 pm
		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)		49,220,746	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)		130,550,178	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		15,550,095	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		91,968	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		146,008,305	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		114,526,847	42.00
43.00	Primary payer payments (see instructions)		18,427	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		114,508,420	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		260,516,725	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.560457	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.439543	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		14,894,740	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		8,347,861	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,546,879	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 07/01/2019
To 06/30/2020

Worksheet G
Date/Time Prepared:
1/29/2021 1:08 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	12,776,583	0	0	0	1.00
2.00	Temporary investments	233,498,912	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	160,589,301	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	27,517,077	0	0	0	7.00
8.00	Prepaid expenses	3,641,291	0	0	0	8.00
9.00	Other current assets	627,335,403	0	0	0	9.00
10.00	Due from other funds	31,153,114	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,096,511,681	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,850,000	0	0	0	12.00
13.00	Land improvements	2,952,133	0	0	0	13.00
14.00	Accumulated depreciation	-485,535	0	0	0	14.00
15.00	Buildings	451,593,970	0	0	0	15.00
16.00	Accumulated depreciation	-160,553,905	0	0	0	16.00
17.00	Leasehold improvements	11,346,851	0	0	0	17.00
18.00	Accumulated depreciation	-8,610,968	0	0	0	18.00
19.00	Fixed equipment	29,874,208	0	0	0	19.00
20.00	Accumulated depreciation	-5,132,616	0	0	0	20.00
21.00	Automobiles and trucks	267,972	0	0	0	21.00
22.00	Accumulated depreciation	-43,913	0	0	0	22.00
23.00	Major movable equipment	259,938,846	0	0	0	23.00
24.00	Accumulated depreciation	-194,112,650	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)	395,884,393	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	104,690,744	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	159,367,770	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	264,058,514	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,756,454,588	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	778,100,389	0	0	0	37.00
38.00	Salaries, wages, and fees payable	52,214,706	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	89,124,826	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	919,439,921	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	584,649,389	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	584,649,389	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,504,089,310	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	252,365,278				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)	252,365,278	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,756,454,588	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
1/29/2021 1:08 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		212,056,364		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		84,439,838				2.00
3.00	Total (sum of line 1 and line 2)		296,496,202		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)		296,496,202		0		11.00
12.00	OTHER CHANGES IN FUND BALANCE	44,130,924		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		44,130,924		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		252,365,278		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	OTHER CHANGES IN FUND BALANCE		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/29/2021 1:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	321,491,152		321,491,152	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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)	321,491,152		321,491,152	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	118,199,778		118,199,778	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	33,964,515		33,964,515	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	28,848,738		28,848,738	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	11,809,515		11,809,515	15.01
15.03	HEART TRANSPLANT ICU	17,658,298		17,658,298	15.03
15.04	BONE INTENSIVE CARE	39,879,354		39,879,354	15.04
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	250,360,198		250,360,198	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	571,851,350		571,851,350	17.00
18.00	Ancillary services	1,440,945,422	1,222,995,690	2,663,941,112	18.00
19.00	Outpatient services	0	511,519,469	511,519,469	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	OOT	0	0	0	24.30
24.40	OSP	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	11,280,299	11,280,299	27.00
27.01	PHYSICIAN REVENUE	0	541,775,640	541,775,640	27.01
27.02	OTHER (SPECIFY)	0	0	0	27.02
27.05	OTHER (SPECIFY)	0	0	0	27.05
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,012,796,772	2,287,571,098	4,300,367,870	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,401,184,794		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)		1,401,184,794		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0276

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
1/29/2021 1:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,300,367,870	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,086,138,547	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,214,229,323	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,401,184,794	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-186,955,471	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-18,157	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	4,064,398	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,326,652	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	15,254	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	74,127	21.00
22.00	Rental of hospital space	37,800	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	219,907,274	24.00
24.01	INCENTIVE REVENUE	15,780,969	24.01
24.03	FACULTY & STRATEGIC SUP CAPITATION	29,206,992	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	271,395,309	25.00
26.00	Total (line 5 plus line 25)	84,439,838	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)	84,439,838	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0276

Period:

Worksheet I-1

Component CCN: 14-2329

From 07/01/2019
To 06/30/2020

Date/Time Prepared:
1/29/2021 1:08 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,545,730	HOURS OF SERVICE	35,253.18	16.95	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	1,437,666	HOURS OF SERVICE	62,057.46	29.84	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	96,612	HOURS OF SERVICE	3,849.01	1.85	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	272,691	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,352,699				9.00
10.00	EMPLOYEE BENEFITS	572,985	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	27,888	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	169,469	REQUISITIONS			14.00
15.00	DRUGS	72,314	REQUISITIONS			15.00
16.00	OTHER	-1,223,145	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,972,210				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	304,532	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	43,677	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	130,648	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,070,134	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	818,927	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	8,253	REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	262,260	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	5,610,641				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	PULMONARY LABS		CHARGES	0		30.00
30.01	OCCUPATIONAL HEALTH		CHARGES	0		30.01
30.03	HYPERALIMENTATION		CHARGES	0		30.03
30.04	PERIPHERAL VASCULAR		CHARGES	0		30.04
30.05	PEDIATRIC ENDO NUTRITION		CHARGES	0		30.05
30.07	GASTROINTESTINAL SERVICE		CHARGES	0		30.07
30.09	BONE MARROW PROCUREMENT		CHARGES	0		30.09
30.10	BARIATRICS		CHARGES	0		30.10
30.11	HEPATOLOGY		CHARGES	0		30.11
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LI THOTRI PSY		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	5,610,641				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

Period: From 07/01/2019

Worksheet 1-2

Component CCN: 14-2329

To 06/30/2020

Date/Time Prepared: 1/29/2021 1:08 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	1,123,459	71,565	1,545,730	1,534,278	703,633	72,314	1.00
MAINTENANCE								
2.00	Hemodialysis	674,538	42,970	927,947	921,097	422,419	43,412	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
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	101	6	175	167	74	8	6.00
7.00	CCPD	603	38	789	752	349	36	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	20,209	1,287	27,798	27,605	12,656	1,301	10.00
11.00	CCPD	231,951	14,775	319,064	316,728	145,252	14,928	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	130,805	8,332	180,205	178,849	82,026	8,430	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	65,252	4,157	89,752	89,080	40,857	4,199	16.00
17.00	Total (sum of lines 2 through 16)	1,123,459	71,565	1,545,730	1,534,278	703,633	72,314	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 col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	177,722	0	5,228,701	381,940	5,610,641		1.00
MAINTENANCE								
2.00	Hemodialysis	106,694	0	3,139,077	229,300	3,368,377		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
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	19	0	550	40	590		6.00
7.00	CCPD	88	0	2,655	194	2,849		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	3,197	0	94,053	6,870	100,923		10.00
11.00	CCPD	36,687	0	1,079,385	78,846	1,158,231		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	20,718	0	609,365	44,512	653,877		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	10,319	0	303,616	22,178	325,794		16.00
17.00	Total (sum of lines 2 through 16)	177,722	0	5,228,701	381,940	5,610,641		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					5,610,641		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period: From 07/01/2019

Worksheet 1-3

Component CCN: 14-2329

To 06/30/2020

Date/Time Prepared: 1/29/2021 1:08 pm

		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	1,123,459	71,565	1,545,730	1,534,278	703,633	1.00	
MAINTENANCE								
2.00	Hemodialysis	6,709	6,709.00	21,164.00	44,111.00	2,012,759	2.00	
2.01	AKI -Hemodialysis	0	0.00	0.00	0.00	0	2.01	
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00	
3.01	AKI -Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01	
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	1	1.00	4.00	8.00	351	6.00	
7.00	CCPD	6	6.00	18.00	36.00	1,665	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	201	201.00	634.00	1,322.00	60,305	10.00	
11.00	CCPD	2,307	2,307.00	7,277.00	15,168.00	692,102	11.00	
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	4,459	1,301	1,301.00	4,110.00	8,565.00	390,841	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	649	649.00	2,047.00	4,266.00	194,676	16.00	
17.00	Total Statistical Basis	11,174	11,174.00	35,254.00	73,476.00	3,352,699	17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	100.542241	6.404600	43.845521	20.881349	0.209871	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	72,314	177,722	0	5,228,701	381,940	1.00	
MAINTENANCE								
2.00	Hemodialysis	458,700	1,020,792	0			2.00	
2.01	AKI -Hemodialysis	0	0	0			2.01	
3.00	Intermittent Peritoneal	0	0	0			3.00	
3.01	AKI -Intermittent Peritoneal	0	0	0			3.01	
TRAINING								
4.00	Hemodialysis	0	0	0			4.00	
5.00	Intermittent Peritoneal	0	0	0			5.00	
6.00	CAPD	80	178	0			6.00	
7.00	CCPD	380	845	0			7.00	
HOME								
8.00	Hemodialysis	0	0	0			8.00	
9.00	Intermittent Peritoneal	0	0	0			9.00	
10.00	CAPD	13,743	30,584	0			10.00	
11.00	CCPD	157,727	351,007	0			11.00	
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	89,071	198,219	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	44,366	98,732	0			16.00	
17.00	Total Statistical Basis	764,067	1,700,357	0		5,228,701	17.00	
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.094644	0.104520	0.000000		0.073047	18.00	

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0276

Period: From 07/01/2019

Worksheet I-4

Component CCN: 14-2329

To 06/30/2020

Date/Time Prepared: 1/29/2021 1:08 pm

		Rate 0		Renal Dialysis			
	Number of Total Treatments	Total Cost (from Wkst. 1-2, 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	26,956	3,368,377	124.96	15,333	1,916,012	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 - CAPD	4	590	147.50	0	0	5.00
6.00	Training - CCPD	19	2,849	149.95	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 - CAPD	229	100,923	440.71	229	100,923	9.00
10.00	Home Program - CCPD	2,787	1,158,231	415.58	1,603	666,175	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	26,979	4,630,970		15,333	2,683,110	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	36,027					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	8,435,354	550.14				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 - CAPD	0	0.00				5.00
6.00	Training - CCPD	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 - CAPD	76,469	333.93				9.00
10.00	Home Program - CCPD	575,935	359.29				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	9,087,758					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 07/01/2019 To 06/30/2020	Worksheet 1-5 Date/Time Prepared: 1/29/2021 1:08 pm
--	--	-----------------------	---	---

		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)	2,683,110		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	9,087,758	9,087,758	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	9,087,758	9,087,758	2.03
2.04	Outlier payments	23,646		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	460	460	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)	460	460	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	1,018,308	1,018,308	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)	1,018,308	1,018,308	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	199,404	199,404	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	Allowable bad debts (sum of lines 5 through line 5.04)	199,404	199,404	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	129,613		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	189,870		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	819,364	8.00
9.00	Program payment (see instructions)	0	7,269,838	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)	129,613		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	4,630,970		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	4,630,970		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0276	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 1/29/2021 1:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,426,157	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		328,680	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)		350.52	3.00
4.00	Number of interns & residents (see instructions)		411.94	4.00
5.00	Indirect medical education percentage (see instructions)		39.32	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)		2,919,965	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		10,674,802	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