

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/30/2018 10:58 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/30/2018	Time: 10:58 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ 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 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	600,892	1,029,080	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	600,892	1,029,080	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 07/01/2017
To 06/30/2018Worksheet S-2
Part I
Date/Time Prepared:
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2160 SOUTH FIRST AVENUE			PO Box:						1.00	
2.00	City: MAYWOOD			State: IL		Zip Code: 60153		County: COOK		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		LOYOLA UNIVERSITY MEDICAL CENTER	140276	16974	1	05/01/1969	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		LOYOLA UNIVERSITY MEDICAL CENTER REH	14T276	16974	5	07/01/1999	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
18.00	Renal Dialysis		INPATIENT RENAL UNIT	142329	16974		03/31/2004				18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017		06/30/2018		20.00
21.00	Type of Control (see instructions)						2				21.00
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		N		23.00
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		7,177	10,631	162	845	12,431	355		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0276

Period:
From 07/01/2017
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					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)					N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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.					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
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	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

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From 07/01/2017
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	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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	283.15	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	3.55	0.000000
67.01		INTERNAL MEDICINE	1400	0.00	69.70	0.000000
67.02		INTERNAL MEDICINE-PEDIATRICS	1450	0.00	13.81	0.000000
67.03		PEDIATRICS	2000	0.00	30.12	0.000000
				1.00	2.00	3.00
70.00	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
75.00	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.				Y	75.00

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			1.00	2.00	3.00
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)	Y	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	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. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0276		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 10:55 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
						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
						1.00	2.00
						1.00	2.00
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	19,089,139		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	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y				5.00	122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	01/01/1985					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/17/1986					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	10/10/2000					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/01/2017					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				HB1432	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0276		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 10:55 am					
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: TRINITY HEALTH HOME OFFICE		Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 08201		141.00						
142.00	Street: 20555 VICTORY PARKWAY		PO Box:				142.00						
143.00	City: LIVONIA		State: MI		Zip Code: 48152		143.00						
								1.00					
144.00 Are provider based physicians' costs included in Worksheet A?								Y		144.00			
								1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N		Y		145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N				146.00			
								1.00					
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								Y		147.00			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N		148.00			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N		149.00			
				Part A		Part B		Title V		Title XIX			
				1.00		2.00		3.00		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital			N		N		N		N	155.00		
156.00	Subprovider - IPF			N		N		N		N	156.00		
157.00	Subprovider - IRF			N		N		N		N	157.00		
158.00	SUBPROVIDER										158.00		
159.00	SNF			N		N		N		N	159.00		
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00		
161.00	CMHC					N		N		N	161.00		
161.10	CORF					N		N		N	161.10		
161.20	OUTPATIENT PHYSICAL THERAPY					N		N		N	161.20		
161.30	OOT					N		N		N	161.30		
161.40	OSP					N		N		N	161.40		
								1.00					
Multicampus													
165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N		165.00			
				Name		County		State		Zip Code	CBSA	FTE/Campus	
				0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	166.00
								1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y		167.00			
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0		168.00			
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)										168.01			
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99		169.00			
								Beginning		Ending			
								1.00		2.00			
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								07/01/2016		06/30/2017	170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 10:55 am
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 10:55 am
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/30/2017
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 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 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		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	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		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		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
11/30/2018 10:55 am

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet S-2
Part II
Date/Time Prepared:
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		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 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 10:55 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	363	132,340	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		363	132,340	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	74	27,010	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	50	18,250	0.00	0	12.00
12.01 PEDIATRIC INTENSIVE CARE UNIT	35.01	14	5,110	0.00	0	12.01
12.03 HEART TRANSPLANT ICU	35.03	10	3,650	0.00	0	12.03
12.04 BONE INTENSIVE CARE	35.04	10	3,650	0.00	0	12.04
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		531	193,660	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	1	31		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)		532				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 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 10:55 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30,142	5,202	90,975			1.00
2.00	HMO and other (see instructions)	10,807	24,242				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	30,142	5,202	90,975			7.00
8.00	INTENSIVE CARE UNIT	6,475	1,041	18,209			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	1,267	109	1,913			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	273	4,771			12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	0	111	1,947			12.01
12.03	HEART TRANSPLANT ICU	1,289	161	2,819			12.03
12.04	BONE INTENSIVE CARE	1,964	178	3,109			12.04
13.00	NURSERY		263	4,599			13.00
14.00	Total (see instructions)	41,137	7,338	128,342	418.28	6,151.31	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	0.01	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - 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)				418.28	6,151.32	27.00
28.00	Observation Bed Days		2,371	11,325			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			1,186			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	255	722			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 07/01/2017
To 06/30/2018Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 10:55 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,197	4,507	22,483	1.00
2.00 HMO and other (see instructions)			1,715	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	7,197	4,507	22,483	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	1	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 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/30/2018 10:55 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	11/30/2018 10:55 am 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	595,932,605	0	595,932,605	12,794,752.57	46.58	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		3,997,078	0	3,997,078	48,359.00	82.65	3.00
4.00	Physician-Part A - Administrative		12,718,543	0	12,718,543	81,440.27	156.17	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		34,086,484	0	34,086,484	144,828.04	235.36	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	37,383,594	3,506,100	40,889,694	934,317.86	43.76	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		180,159,666	-2,944,659	177,215,007	1,691,838.56	104.75	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		123,898	0	123,898	3,468.62	35.72	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		31,364,939	0	31,364,939	494,089.00	63.48	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		71,389,006	0	71,389,006			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		17,820,863	0	17,820,863			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		580,130	0	580,130			21.00
22.00	Physician Part A - Administrative		1,259,494	0	1,259,494			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		3,010,519	0	3,010,519			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		4,896,587	0	4,896,587			25.00
25.50	Home office wage-related (core)		7,391,783	0	7,391,783			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	6,806,263	0	6,806,263	32,273.77	210.89	26.00
27.00	Administrative & General	5.00	73,946,014	569,139	74,515,153	1,778,202.22	41.90	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part II
Date/Time Prepared:
11/30/2018 10:55 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		5,542,314	0	5,542,314	48,644.36	113.94	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	11,052,722	0	11,052,722	369,716.29	29.90	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,633,918	0	5,633,918	384,192.98	14.66	32.00
33.00	Housekeeping under contract (see instructions)		149,537	0	149,537	8,052.61	18.57	33.00
34.00	Dietary	10.00	4,052,298	-2,067,740	1,984,558	97,221.39	20.41	34.00
35.00	Dietary under contract (see instructions)		791,084	0	791,084	35,411.10	22.34	35.00
36.00	Cafeteria	11.00	0	2,009,855	2,009,855	137,128.99	14.66	36.00
37.00	Maintenance of Personnel	12.00	1,021,116	0	1,021,116	71,985.28	14.19	37.00
38.00	Nursing Administration	13.00	3,276,493	-52,880	3,223,613	63,338.43	50.90	38.00
39.00	Central Services and Supply	14.00	1,585,959	0	1,585,959	78,775.45	20.13	39.00
40.00	Pharmacy	15.00	9,331,442	-529,595	8,801,847	201,152.03	43.76	40.00
41.00	Medical Records & Medical Records Library	16.00	11,044,080	0	11,044,080	287,822.36	38.37	41.00
42.00	Social Service	17.00	4,006,852	-272,385	3,734,467	102,211.19	36.54	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part III
Date/Time Prepared:
11/30/2018 10:55 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	526,948,384	-3,506,100	523,442,284	11,759,355.74	44.51	1.00
2.00	Excluded area salaries (see instructions)	180,159,666	-2,944,659	177,215,007	1,691,838.56	104.75	2.00
3.00	Subtotal salaries (line 1 minus line 2)	346,788,718	-561,441	346,227,277	10,067,517.18	34.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,488,837	0	31,488,837	497,557.62	63.29	4.00
5.00	Subtotal wage-related costs (see inst.)	80,040,283	0	80,040,283	0.00	23.12	5.00
6.00	Total (sum of lines 3 thru 5)	458,317,838	-561,441	457,756,397	10,565,074.80	43.33	6.00
7.00	Total overhead cost (see instructions)	138,240,092	-343,606	137,896,486	3,696,128.45	37.31	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2018 10:55 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		24,643,026	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,670,792	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		5,326,328	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)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,900,192	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		280,927	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		2,377,001	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		3,332,638	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		31,535,300	17.00
18.00	Medicare Taxes - Employers Portion Only		7,375,191	18.00
19.00	Unemployment Insurance		32,645	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		1,487,871	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		80,961,911	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet S-3
Part V
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	98,956,598	1.00
2.00	Hospital	0	98,956,598	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 07/01/2017
To 06/30/2018

Worksheet S-5

Date/Time Prepared:
11/30/2018 10:55 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	148	0	0	0	0	35	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	3.00	0.00	3.00	2.00	
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	4.50			3.00	
4.00	CAPD exchanges per day				4.00		4.00	4.00	
5.00	Number of days in year dialysis furnished	313	0					5.00	
6.00	Number of stations	31	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
						Prior to 1/1	After 12/31		
						1.00	2.00		
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						23		11.00
12.00	Number of patients transplanted during the cost reporting period						7		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
						MCP	INITIAL METHOD		
						1.00	2.00		
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)			236,606	0	40,411,000	0	22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0276

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

Worksheet S-5

Date/Time Prepared:
11/30/2018 10:55 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0276

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

Worksheet S-10

Date/Time Prepared:
11/30/2018 10:55 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.241220	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		71,374,080	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		554,153,562	6.00
7.00	Medicaid cost (line 1 times line 6)		133,672,922	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)		62,298,842	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		1,045,471	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		62,298,842	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	17,768,400	4,625,764	22,394,164
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,286,093	4,625,764	8,911,857
22.00	Payments received from patients for amounts previously written off as charity care	23,042	103,865	126,907
23.00	Cost of charity care (line 21 minus line 22)	4,263,051	4,521,899	8,784,950
			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)		29,522,859	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		3,011,973	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,633,806	27.01
28.00	Non-Medicare bad debt expense (see instructions)		24,889,053	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		7,625,570	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		16,410,520	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		78,709,362	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

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

Worksheet A

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	23,201,409	23,201,409	1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST		0	0	20,170,939	20,170,939	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	24,364,790	24,364,790	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,806,263	61,695,498	68,501,761	2,546,535	71,048,296	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	73,946,014	253,083,316	327,029,330	-68,855,047	258,174,283	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	15,625,280	15,625,280	0	15,625,280	6.00
7.00	00700	OPERATION OF PLANT	11,052,722	11,220,305	22,273,027	-49	22,272,978	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	-67,763	-67,763	-691	-68,454	8.00
9.00	00900	HOUSEKEEPING	5,633,918	8,904,833	14,538,751	-3,811	14,534,940	9.00
10.00	01000	DIETARY	4,052,298	3,315,608	7,367,906	-4,318,731	3,049,175	10.00
11.00	01100	CAFETERIA	0	0	0	4,258,435	4,258,435	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,021,116	67,221	1,088,337	-505	1,087,832	12.01
13.00	01300	NURSING ADMINISTRATION	3,276,493	586,994	3,863,487	-59,494	3,804,083	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,585,959	4,089,961	5,675,920	-212,770	5,463,150	14.00
15.00	01500	PHARMACY	9,331,442	40,985,067	50,316,509	-30,810,882	19,505,627	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,044,080	2,501,700	13,545,780	0	13,545,780	16.00
17.00	01700	SOCIAL SERVICE	4,006,852	562,189	4,569,041	-276,166	4,292,875	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	37,383,594	2,016,621	39,400,215	4,864,728	44,264,943	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	598,244	169,954	768,198	-8,335	759,863	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	15,805	15,805	107,835	123,640	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	343,507	44,928	388,435	315,899	704,334	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,941,238	6,915,534	53,856,772	-4,369,032	49,487,740	30.00
31.00	03100	INTENSIVE CARE UNIT	13,348,082	3,941,781	17,289,863	-2,440,455	14,849,408	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,727,956	1,062,764	4,790,720	-507,948	4,282,772	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,517,875	908,920	6,426,795	-625,207	5,801,588	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,224,212	364,837	2,589,049	-209,170	2,379,879	35.01
35.03	02400	HEART TRANSPLANT ICU	2,447,987	614,262	3,062,249	-366,448	2,695,801	35.03
35.04	02401	BONE INTENSIVE CARE	3,339,307	983,825	4,323,132	-480,455	3,842,677	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	78,223	78,223	41.00
43.00	04300	NURSERY	0	0	0	950,116	950,116	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,326,611	45,070,525	57,397,136	-36,211,250	21,185,886	50.00
50.01	05001	AMBULATORY SURGERY CENTER	2,804,752	5,600,346	8,405,098	-4,422,021	3,983,077	50.01
51.00	05100	RECOVERY ROOM	2,564,246	696,330	3,260,576	-389,933	2,870,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,339,614	542,090	2,881,704	-267,157	2,614,547	52.00
53.00	05300	ANESTHESIOLOGY	583,688	2,113,616	2,697,304	-1,592,405	1,104,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,618,577	2,824,493	8,443,070	-2,991,545	5,451,525	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,071,854	76,059	1,147,913	31,970	1,179,883	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,223,518	4,008,644	5,232,162	-133,431	5,098,731	56.00
57.00	05700	CT SCAN	2,512,864	2,297,335	4,810,199	-235,175	4,575,024	57.00
58.00	05800	MRI	1,482,944	639,299	2,122,243	-376,632	1,745,611	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,640,981	18,069,181	24,710,162	-17,017,705	7,692,457	59.00
60.00	06000	LABORATORY	8,692,592	13,728,981	22,421,573	-665,475	21,756,098	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	251,936	1,062,086	1,314,022	-1,314,022	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,387,405	6,730,264	8,117,669	-203,712	7,913,957	63.00
65.00	06500	RESPIRATORY THERAPY	6,046,912	1,337,454	7,384,366	-334,258	7,050,108	65.00
66.00	06600	PHYSICAL THERAPY	1,938,732	431,094	2,369,826	-321,965	2,047,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	842,413	46,145	888,558	-11,502	877,056	67.00
68.00	06800	SPEECH PATHOLOGY	392,386	50,451	442,837	-31,195	411,642	68.00
69.00	06900	ELECTROCARDIOLOGY	2,333,870	622,406	2,956,276	-356,660	2,599,616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,202,621	325,433	1,528,054	-151,125	1,376,929	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,992,537	48,992,537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	35,343,462	35,343,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,799,864	66,799,864	73.00
74.00	07400	RENAL DIALYSIS	3,107,551	2,586,113	5,693,664	-2,277,369	3,416,295	74.00
76.00	03560	PULMONARY LABS	372,803	277,807	650,610	-222,936	427,674	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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

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

Worksheet A

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.04	03650	PERIPHERAL VASCULAR	732,846	90,747	823,593	-13,223	810,370	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	2,647,113	3,296,130	5,943,243	-2,969,351	2,973,892	76.07
76.09	03953	BONE MARROW PROCUREMENT	156,194	1,726,579	1,882,773	0	1,882,773	76.09
76.10	03954	BARIATRICS	443,232	311,245	754,477	-6,992	747,485	76.10
76.11	03955	HEPATOLOGY	0	130	130	0	130	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	199,171	56,429	255,600	-27,980	227,620	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	6,348,342	29,051,361	35,399,703	-21,351,084	14,048,619	90.02
90.03	09003	PSYCH SOCIAL REHAB	320,674	44,270	364,944	-13,838	351,106	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	23,312,500	8,524,483	31,836,983	-6,794,167	25,042,816	90.07
90.08	09007	OBST OUTPATIENT CENTER	6,822,379	2,365,010	9,187,389	-187,617	8,999,772	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	918,435	748,224	1,666,659	-316,566	1,350,093	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,214,442	971,074	3,185,516	-397,047	2,788,469	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,680,611	1,464,706	4,145,317	-845,072	3,300,245	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	275,103	44,659	319,762	-117,135	202,627	90.14
90.15	09013	OBST II PCC	945,035	1,069,011	2,014,046	-621,017	1,393,029	90.15
90.16	09014	HICKORY HILLS PCC	3,598,988	1,338,249	4,937,237	-452,201	4,485,036	90.16
90.18	09015	DARIEN PCC	917,896	548,736	1,466,632	-444,175	1,022,457	90.18
90.20	09016	ORLAND PARK - FP	3,525,204	1,341,894	4,867,098	-707,788	4,159,310	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,114,673	597,953	3,712,626	-290,206	3,422,420	90.21
90.22	09018	HOMER GLEN PCC	4,229,378	3,877,203	8,106,581	-2,366,705	5,739,876	90.22
90.23	09019	OAK PARK PCC	1,679,439	532,827	2,212,266	-275,899	1,936,367	90.23
90.24	09020	PARK RIDGE PCC	673,375	466,537	1,139,912	-41,360	1,098,552	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	3,516,484	1,145,904	4,662,388	-392,465	4,269,923	90.25
90.26	09022	WOODRIDGE PCC	0	23	23	-23	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	699,700	4,243,790	4,943,490	6,023	4,949,513	90.28
90.29	09025	BURR RIDGE PCC	11,463,973	10,595,332	22,059,305	-4,161,583	17,897,722	90.29
90.30	09026	RIVER FOREST	2,842,855	891,819	3,734,674	-471,716	3,262,958	90.30
90.31	09027	NORRIDGE	222,984	178,500	401,484	-98,298	303,186	90.31
90.32	09028	ELMWOOD PARK	565,661	496,672	1,062,333	-230,125	832,208	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	220,138	246,314	466,452	-123,153	343,299	90.34
91.00	09100	EMERGENCY	14,670,248	2,682,276	17,352,524	-1,236,242	16,116,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,906,158	471,755	3,377,913	-257,301	3,120,612	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	384	636,350	636,734	0	636,734	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	483,430	35,852	519,282	-112	519,170	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	267,133	3,740,665	4,007,798	2,212,512	6,220,310	105.00
106.00	10600	HEART ACQUISITION	221,854	1,534,177	1,756,031	1,737,034	3,493,065	106.00
107.00	10700	LIVER ACQUISITION	495,361	2,187,202	2,682,563	1,206,089	3,888,652	107.00
108.00	10800	LUNG ACQUISITION	207,730	1,913,285	2,121,015	1,038,721	3,159,736	108.00
109.00	10900	PANCREAS ACQUISITION	0	133,437	133,437	10,834	144,271	109.00
110.00	11000	INTESTINAL ACQUISITION	389,685	14,510	404,195	-404,195	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,186,288	111,310	1,297,598	-1,297,598	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	419,483,125	618,472,222	1,037,955,347	8,253,142	1,046,208,489	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	274,643	37,763	312,406	0	312,406	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	870,672	1,433,516	2,304,188	0	2,304,188	190.02
190.03	19003	OP HOSPITAL PHARMACY	790,338	17,695,018	18,485,356	0	18,485,356	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	16,912	16,912	0	16,912	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	955	9,125	10,080	0	10,080	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	174,441,741	25,801,764	200,243,505	-8,253,142	191,990,363	192.01
193.00	19300	NONPAID WORKERS	71,131	10,695	81,826	0	81,826	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

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

Worksheet A

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (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)	595,932,605	663,477,015	1,259,409,620	0	1,259,409,620	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0276

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

Worksheet A

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-314,238	22,887,171	1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	3,971,000	24,141,939	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-35,786	24,329,004	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,399,116	77,447,412	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-55,663,833	202,510,450	5.00
6.00	00600	MAINTENANCE & REPAIRS	-31,501	15,593,779	6.00
7.00	00700	OPERATION OF PLANT	-3,730,908	18,542,070	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	-68,454	8.00
9.00	00900	HOUSEKEEPING	0	14,534,940	9.00
10.00	01000	DIETARY	-2,709,727	339,448	10.00
11.00	01100	CAFETERIA	-411,473	3,846,962	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	0	1,087,832	12.01
13.00	01300	NURSING ADMINISTRATION	-30,017	3,774,066	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,463,150	14.00
15.00	01500	PHARMACY	-45,727	19,459,900	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-49,699	13,496,081	16.00
17.00	01700	SOCIAL SERVICE	-2,633	4,290,242	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	-172	44,264,771	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	-225,573	534,290	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	-8,375	115,265	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	704,334	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,127,531	41,360,209	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,849,408	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	4,282,772	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-28,000	5,773,588	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,379,879	35.01
35.03	02400	HEART TRANSPLANT ICU	0	2,695,801	35.03
35.04	02401	BONE INTENSIVE CARE	0	3,842,677	35.04
41.00	04100	SUBPROVIDER - IRF	0	78,223	41.00
43.00	04300	NURSERY	0	950,116	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	21,185,886	50.00
50.01	05001	AMBULATORY SURGERY CENTER	-2,883	3,980,194	50.01
51.00	05100	RECOVERY ROOM	0	2,870,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,614,547	52.00
53.00	05300	ANESTHESIOLOGY	0	1,104,899	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,560	5,447,965	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	1,179,883	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,098,731	56.00
57.00	05700	CT SCAN	-7,882	4,567,142	57.00
58.00	05800	MRI	0	1,745,611	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,692,457	59.00
60.00	06000	LABORATORY	-1,298,980	20,457,118	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	7,913,957	63.00
65.00	06500	RESPIRATORY THERAPY	-15,000	7,035,108	65.00
66.00	06600	PHYSICAL THERAPY	-182,690	1,865,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	877,056	67.00
68.00	06800	SPEECH PATHOLOGY	0	411,642	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,599,616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,376,929	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,992,537	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	35,343,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,799,864	73.00
74.00	07400	RENAL DIALYSIS	0	3,416,295	74.00
76.00	03560	PULMONARY LABS	0	427,674	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	810,370	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 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
76.07	03340	GASTROINTESTINAL SERVICE	0	2,973,892	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	1,882,773	76.09
76.10	03954	BARIATRICS	0	747,485	76.10
76.11	03955	HEPATOLOGY	0	130	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	227,620	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	90.01
90.02	09002	CANCER CENTER	-14,412	14,034,207	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	351,106	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	-3,054,754	21,988,062	90.07
90.08	09007	OBT OUTPATIENT CENTER	-1,927,787	7,071,985	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	-86,053	1,264,040	90.09
90.10	09009	LAGRANGE FAMILY PCC	-740,666	2,047,803	90.10
90.12	09010	NORTH RIVERSIDE PCC	-1,933,854	1,366,391	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	90.13
90.14	09012	WHEATON PCC	-28,308	174,319	90.14
90.15	09013	OBT II PCC	0	1,393,029	90.15
90.16	09014	HICKORY HILLS PCC	-1,722,286	2,762,750	90.16
90.18	09015	DARIEN PCC	-36,295	986,162	90.18
90.20	09016	ORLAND PARK - FP	-2,496,632	1,662,678	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	3,422,420	90.21
90.22	09018	HOMER GLEN PCC	-1,451,978	4,287,898	90.22
90.23	09019	OAK PARK PCC	-1,203,496	732,871	90.23
90.24	09020	PARK RIDGE PCC	-260,128	838,424	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	-109,219	4,160,704	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	4,949,513	90.28
90.29	09025	BURR RIDGE PCC	-3,018,369	14,879,353	90.29
90.30	09026	RIVER FOREST	-1,451,443	1,811,515	90.30
90.31	09027	NORRIDGE	0	303,186	90.31
90.32	09028	ELMWOOD PARK	0	832,208	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	343,299	90.34
91.00	09100	EMERGENCY	-8,177,316	7,938,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	3,120,612	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	636,734	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	519,170	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	-76,586	6,143,724	105.00
106.00	10600	HEART ACQUISITION	-279,212	3,213,853	106.00
107.00	10700	LIVER ACQUISITION	-206,304	3,682,348	107.00
108.00	10800	LUNG ACQUISITION	-83,983	3,075,753	108.00
109.00	10900	PANCREAS ACQUISITION	0	144,271	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)	-90,915,153	955,293,336	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	312,406	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	2,304,188	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	18,485,356	190.03
190.04	19004	HOSPITALIST	0	0	190.04
190.05	19005	STUDENT HEALTH	0	16,912	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	10,080	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	191,990,363	192.01
193.00	19300	NONPAID WORKERS	0	81,826	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-90,915,153	1,168,494,467	200.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Date/Time Prepared:
11/30/2018 10:55 am

	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	23,201,409		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,364,790		2.00
	0		0	47,566,199		
	E - Pension Employee Benefit					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,555,209		1.00
	0		0	2,555,209		
	K - Dietary Shared Cost					
1.00	CAFETERIA	11.00	2,009,855	2,250,251		1.00
	0		2,009,855	2,250,251		
	L - Medical Supplies Charged to Patients					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	590,276		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,186,669		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 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/30/2018 10:55 am

	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
0			0	49,776,945		
M - Drugs Charged to Patients						
1.00	RESPIRATORY THERAPY	65.00	0	541		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	66,800,459		2.00
3.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	104,054		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
0			0	66,905,054		
N - Implantable Devices						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	35,343,761		1.00
2.00	LIVER ACQUISITION	107.00	0	10,645		2.00

RECLASSIFICATIONS

Provider CCN: 14-0276

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

Worksheet A-6

Date/Time Prepared:
11/30/2018 10:55 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	35,354,406	
T - Nursery					
1.00	ADULTS & PEDIATRICS	30.00	0	64,389	1.00
2.00	NURSERY	43.00	823,933	126,183	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			823,933	190,572	
U - Interest Expense					
1.00	NEW CAPITAL-BLDG INTEREST	1.01	0	20,170,939	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			0	20,170,939	
AB - Transplant Pre vs Post Salary					
1.00	KIDNEY ACQUISITION	105.00	1,341,050	0	1.00
2.00	HEART ACQUISITION	106.00	1,593,095	0	2.00
3.00	LIVER ACQUISITION	107.00	943,165	0	3.00
4.00	LUNG ACQUISITION	108.00	890,311	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
0			4,767,621	0	
AK - HOSPITAL MEDICAL ADMIN 50993					
1.00	ADMINISTRATIVE & GENERAL	5.00	236,996	0	1.00
2.00		0.00	0	0	2.00
0			236,996	0	
AO - Radiology Nursing					
1.00	RADIOLOGY-ULTRASOUND	54.01	57,294	2,741	1.00
2.00	RADIOISOTOPE	56.00	97,697	4,673	2.00
3.00	CT SCAN	57.00	331,075	15,835	3.00
4.00	MRI	58.00	157,366	7,527	4.00
5.00	OBSERVATION BEDS-DISTINCT	92.01	49	2	5.00
0			643,481	30,778	
AP - Medical Education					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,506,100	1,358,628	1.00
0			3,506,100	1,358,628	
AQ - Pharmacy Resident Program Preceptor					
1.00	PHARMACY RESIDENCY PROGRAM	23.04	315,997	0	1.00
0			315,997	0	
AR - Clinical Pastoral Education Program					
1.00	CLINICAL PASTORAL EDUCATION	23.03	107,835	0	1.00
0			107,835	0	
AS - HLA to Transplant					
1.00	KIDNEY ACQUISITION	105.00	145,406	612,982	1.00
2.00	HEART ACQUISITION	106.00	27,597	116,342	2.00
3.00	LIVER ACQUISITION	107.00	48,369	203,910	3.00
4.00	LUNG ACQUISITION	108.00	28,487	120,095	4.00
5.00	PANCREAS ACQUISITION	109.00	2,077	8,757	5.00
0			251,936	1,062,086	

RECLASSIFICATIONS

Provider CCN: 14-0276

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

Worksheet A-6

Date/Time Prepared:
11/30/2018 10:55 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
AT - Living Donors to Transplant					
1.00 KIDNEY ACQUISITION	105.00	81,611	32,367		1.00
		81,611	32,367		
AU - Transplant Administrative Costs					
1.00 ADMINISTRATIVE & GENERAL	5.00	439,978	69,311		1.00
		439,978	69,311		
AV - Post Transplant Abdominal Costs					
1.00 OUTPATIENT CENTER	90.08	389,685	14,510		1.00
		389,685	14,510		
AW - Rehabilitation Reclass					
1.00 SUBPROVIDER - IRF	41.00	828	77,395		1.00
		828	77,395		
500.00 Grand Total: Increases		13,575,856	227,414,650		500.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet A-6
Date/Time Prepared:
11/30/2018 10:55 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	A - Depreciation Expense					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	47,566,199	9	1.00
2.00		0.00	0	0	9	2.00
	0		0	47,566,199		
	E - Pension Employee Benefit					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,555,209	0	1.00
	0		0	2,555,209		
	K - Dietary Shared Cost					
1.00	DIETARY	10.00	2,009,855	2,250,251	0	1.00
	0		2,009,855	2,250,251		
	L - Medical Supplies Charged to Patients					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,674	0	1.00
2.00	OPERATION OF PLANT	7.00	0	49	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	691	0	3.00
4.00	HOUSEKEEPING	9.00	0	3,811	0	4.00
5.00	DIETARY	10.00	0	740	0	5.00
6.00	CAFETERIA	11.00	0	1,671	0	6.00
7.00	PATIENT TRANSPORTATION	12.01	0	505	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	6,524	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	189,045	0	9.00
10.00	PHARMACY	15.00	0	884,650	0	10.00
11.00	SOCIAL SERVICE	17.00	0	3,781	0	11.00
12.00	PARAMEDICAL ED-MICU	23.01	0	8	0	12.00
13.00	PHARMACY RESIDENCY PROGRAM	23.04	0	98	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	3,554,183	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	2,437,823	0	15.00
16.00	BURN INTENSIVE CARE UNIT	33.00	0	507,788	0	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	439,252	0	17.00
18.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	209,158	0	18.00
19.00	HEART TRANSPLANT ICU	35.03	0	366,265	0	19.00
20.00	BONE INTENSIVE CARE	35.04	0	479,729	0	20.00
21.00	OPERATING ROOM	50.00	0	11,690,193	0	21.00
22.00	AMBULATORY SURGERY CENTER	50.01	0	2,106,147	0	22.00
23.00	RECOVERY ROOM	51.00	0	389,915	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	266,964	0	24.00
25.00	ANESTHESIOLOGY	53.00	0	1,566,404	0	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,901,320	0	26.00
27.00	RADIOLOGY-ULTRASOUND	54.01	0	25,856	0	27.00
28.00	RADIOISOTOPE	56.00	0	20,352	0	28.00
29.00	CT SCAN	57.00	0	247,622	0	29.00
30.00	MRI	58.00	0	203,971	0	30.00
31.00	CARDIAC CATHETERIZATION	59.00	0	9,565,054	0	31.00
32.00	LABORATORY	60.00	0	626,241	0	32.00
33.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	198,497	0	33.00
34.00	RESPIRATORY THERAPY	65.00	0	334,799	0	34.00
35.00	PHYSICAL THERAPY	66.00	0	180,980	0	35.00
36.00	OCCUPATIONAL THERAPY	67.00	0	11,502	0	36.00
37.00	SPEECH PATHOLOGY	68.00	0	31,195	0	37.00
38.00	ELECTROCARDIOLOGY	69.00	0	50,294	0	38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	131,292	0	39.00
40.00	RENAL DIALYSIS	74.00	0	1,843,116	0	40.00
41.00	PULMONARY LABS	76.00	0	192,706	0	41.00
42.00	PERIPHERAL VASCULAR	76.04	0	13,223	0	42.00
43.00	GASTROINTESTINAL SERVICE	76.07	0	2,675,202	0	43.00
44.00	BARIATRICS	76.10	0	6,912	0	44.00
45.00	CLINIC	90.00	0	16,263	0	45.00
46.00	CANCER CENTER	90.02	0	356,136	0	46.00
47.00	PSYCH SOCIAL REHAB	90.03	0	2,076	0	47.00
48.00	LOC OUTPATIENT CENTER	90.07	0	1,761,191	0	48.00
49.00	OBT OUTPATIENT CENTER	90.08	0	308,617	0	49.00
50.00	ELMHURST IMMEDIATE CARE	90.09	0	73,329	0	50.00
51.00	LAGRANGE FAMILY PCC	90.10	0	270,406	0	51.00
52.00	NORTH RIVERSIDE PCC	90.12	0	69,716	0	52.00
53.00	WHEATON PCC	90.14	0	20,494	0	53.00
54.00	OBT II PCC	90.15	0	72,970	0	54.00
55.00	HICKORY HILLS PCC	90.16	0	101,857	0	55.00
56.00	DARIEN PCC	90.18	0	38,904	0	56.00
57.00	ORLAND PARK - FP	90.20	0	64,254	0	57.00
58.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	64,534	0	58.00
59.00	HOMER GLEN PCC	90.22	0	279,341	0	59.00
60.00	OAK PARK PCC	90.23	0	32,588	0	60.00
61.00	PARK RIDGE PCC	90.24	0	28,825	0	61.00

RECLASSIFICATIONS

Provider CCN: 14-0276

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

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Date/Time Prepared:
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		Decreases					11/30/2018 10:55 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
62.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	59,128	0		62.00	
63.00	WOODRIDGE PCC	90.26	0	23	0		63.00	
64.00	MARJORIE WEINBERG CANCER CENTER	90.28	0	98,031	0		64.00	
65.00	BURR RIDGE PCC	90.29	0	948,506	0		65.00	
66.00	RIVER FOREST	90.30	0	175,142	0		66.00	
67.00	NORRIDGE	90.31	0	13,891	0		67.00	
68.00	ELMWOOD PARK	90.32	0	31,529	0		68.00	
69.00	CHICAGO AND BELMONT	90.34	0	20,432	0		69.00	
70.00	EMERGENCY	91.00	0	1,230,183	0		70.00	
71.00	OBSERVATION BEDS-DISTINCT	92.01	0	253,557	0		71.00	
72.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	112	0		72.00	
73.00	KIDNEY ACQUISITION	105.00	0	904	0		73.00	
74.00	LUNG ACQUISITION	108.00	0	172	0		74.00	
75.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	0	9,632	0		75.00	
	0		0	49,776,945				
M - Drugs Charged to Patients								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,725	0		1.00	
2.00	PHARMACY	15.00	0	29,308,765	0		2.00	
3.00	PARAMEDICAL ED-MICU	23.01	0	8,327	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	2,549	0		4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	2,632	0		5.00	
6.00	BURN INTENSIVE CARE UNIT	33.00	0	160	0		6.00	
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	185,955	0		7.00	
8.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	12	0		8.00	
9.00	HEART TRANSPLANT ICU	35.03	0	179	0		9.00	
10.00	BONE INTENSIVE CARE	35.04	0	627	0		10.00	
11.00	OPERATING ROOM	50.00	0	3,776	0		11.00	
12.00	AMBULATORY SURGERY CENTER	50.01	0	4,949	0		12.00	
13.00	RECOVERY ROOM	51.00	0	18	0		13.00	
14.00	ANESTHESIOLOGY	53.00	0	6,382	0		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,456	0		15.00	
16.00	RADIOLOGY-ULTRASOUND	54.01	0	2,209	0		16.00	
17.00	RADIOISOTOPE	56.00	0	215,449	0		17.00	
18.00	CT SCAN	57.00	0	334,463	0		18.00	
19.00	MRI	58.00	0	285,335	0		19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	163,576	0		20.00	
21.00	LABORATORY	60.00	0	36,754	0		21.00	
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	5,215	0		22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	306,366	0		23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	19,833	0		24.00	
25.00	RENAL DIALYSIS	74.00	0	434,253	0		25.00	
26.00	PULMONARY LABS	76.00	0	4,563	0		26.00	
27.00	GASTROINTESTINAL SERVICE	76.07	0	2,025	0		27.00	
28.00	BARITRICS	76.10	0	80	0		28.00	
29.00	CLINIC	90.00	0	11,717	0		29.00	
30.00	CANCER CENTER	90.02	0	20,994,948	0		30.00	
31.00	PSYCH SOCIAL REHAB	90.03	0	11,762	0		31.00	
32.00	LOC OUTPATIENT CENTER	90.07	0	4,470,189	0		32.00	
33.00	OBT OUTPATIENT CENTER	90.08	0	279,440	0		33.00	
34.00	ELMHURST IMMEDIATE CARE	90.09	0	243,237	0		34.00	
35.00	LAGRANGE FAMILY PCC	90.10	0	126,641	0		35.00	
36.00	NORTH RIVERSIDE PCC	90.12	0	775,356	0		36.00	
37.00	WHEATON PCC	90.14	0	96,641	0		37.00	
38.00	OBT II PCC	90.15	0	548,047	0		38.00	
39.00	HICKORY HILLS PCC	90.16	0	350,344	0		39.00	
40.00	DARIEN PCC	90.18	0	405,271	0		40.00	
41.00	ORLAND PARK - FP	90.20	0	643,534	0		41.00	
42.00	FAMILY PRACTICE MAYWOOD PCC	90.21	0	225,672	0		42.00	
43.00	HOMER GLEN PCC	90.22	0	2,087,364	0		43.00	
44.00	OAK PARK PCC	90.23	0	243,311	0		44.00	
45.00	PARK RIDGE PCC	90.24	0	12,535	0		45.00	
46.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	332,144	0		46.00	
47.00	BURR RIDGE PCC	90.29	0	3,163,986	0		47.00	
48.00	RIVER FOREST	90.30	0	93,689	0		48.00	
49.00	NORRIDGE	90.31	0	84,407	0		49.00	
50.00	ELMWOOD PARK	90.32	0	198,596	0		50.00	
51.00	CHICAGO AND BELMONT	90.34	0	102,721	0		51.00	
52.00	EMERGENCY	91.00	0	74	0		52.00	
53.00	OBSERVATION BEDS-DISTINCT	92.01	0	3,795	0		53.00	
	0		0	66,905,054				

RECLASSIFICATIONS

Provider CCN: 14-0276

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

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Date/Time Prepared:
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	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	ADMINISTRATIVE & GENERAL	5.00	0	1,877	0		1.00
2.00	PHARMACY	15.00	0	87,872	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	299	0		3.00
4.00	HEART TRANSPLANT ICU	35.03	0	4	0		4.00
5.00	BONE INTENSIVE CARE	35.04	0	99	0		5.00
6.00	OPERATING ROOM	50.00	0	24,501,587	0		6.00
7.00	AMBULATORY SURGERY CENTER	50.01	0	2,310,925	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	193	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	19,619	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	378,994	0		10.00
11.00	MRI	58.00	0	52,219	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	7,289,075	0		12.00
13.00	LABORATORY	60.00	0	2,480	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	62,762	0		14.00
15.00	PULMONARY LABS	76.00	0	25,667	0		15.00
16.00	GASTROINTESTINAL SERVICE	76.07	0	292,124	0		16.00
17.00	LOC OUTPATIENT CENTER	90.07	0	306,082	0		17.00
18.00	OBT OUTPATIENT CENTER	90.08	0	3,755	0		18.00
19.00	LOYOLA CLINIC AT GOTTLIEB	90.25	0	1,193	0		19.00
20.00	BURR RIDGE PCC	90.29	0	11,595	0		20.00
21.00	EMERGENCY	91.00	0	5,985	0		21.00
	0		0	35,354,406			
	T - Nursery						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	29	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	823,933	0	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	189,649	0		3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	299	0		4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	0	595	0		5.00
	0		823,933	190,572			
	U - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,960,458	11		1.00
2.00	OPERATING ROOM	50.00	0	7,596	0		2.00
3.00	RIVER FOREST	90.30	0	202,885	0		3.00
	0		0	20,170,939			
	AB - Transplant Pre vs Post Salary						
1.00	DIETARY	10.00	57,885	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	52,880	0	0		2.00
3.00	PHARMACY	15.00	213,598	0	0		3.00
4.00	SOCIAL SERVICE	17.00	272,385	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	52,457	0	0		5.00
6.00	OPERATING ROOM	50.00	8,098	0	0		6.00
7.00	LOC OUTPATIENT CENTER	90.07	256,705	0	0		7.00
8.00	OTHER ORGAN ACQUISITION (SPECIFY)	112.00	664,699	0	0		8.00
9.00	FACULTY CLINICAL OPERATIONS	192.01	3,188,914	0	0		9.00
	0		4,767,621	0			
	AK - HOSPITAL MEDICAL ADMIN 50993						
1.00	BURR RIDGE PCC	90.29	37,496	0	0		1.00
2.00	FACULTY CLINICAL OPERATIONS	192.01	199,500	0	0		2.00
	0		236,996	0			
	AO - Radiology Nursing						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	643,481	26,294	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,483	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		643,481	30,778			
	AP - Medical Education						
1.00	FACULTY CLINICAL OPERATIONS	192.01	3,506,100	1,358,628	0		1.00
	0		3,506,100	1,358,628			
	AQ - Pharmacy Resident Program Preceptor						
1.00	PHARMACY	15.00	315,997	0	0		1.00
	0		315,997	0			
	AR - Clinical Pastoral Education Program						
1.00	ADMINISTRATIVE & GENERAL	5.00	107,835	0	0		1.00
	0		107,835	0			
	AS - HLA to Transplant						
1.00	LABORATORY-HLA	60.03	251,936	1,062,086	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0276

Period:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
			251,936	1,062,086		
AT - Living Donors to Transplant						
1.00	OTHER ORGAN ACQUISITION (SPECIFY) _____	112.00	81,611	32,367		1.00
			81,611	32,367		
AU - Transplant Administrative Costs						
1.00	OTHER ORGAN ACQUISITION (SPECIFY) _____	112.00	439,978	69,311	0	1.00
			439,978	69,311		
AV - Post Transplant Abdominal Costs						
1.00	INTESTINAL ACQUISITION _____	110.00	389,685	14,510		1.00
			389,685	14,510		
AW - Rehabilitation Reclass						
1.00	PHYSICAL THERAPY _____	66.00	828	77,395	0	1.00
			828	77,395		
500.00	Grand Total: Decreases		13,575,856	227,414,650		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,850,000	0	0	0	0	1.00	
2.00	Land Improvements	284,926	86,650	0	86,650	0	2.00	
3.00	Buildings and Fixtures	383,487,038	9,081,016	0	9,081,016	38,836	3.00	
4.00	Building Improvements	35,490,193	3,172,316	0	3,172,316	-3,291,453	4.00	
5.00	Fixed Equipment	0	53,417,881	0	53,417,881	0	5.00	
6.00	Movable Equipment	251,414,726	20,378,480	0	20,378,480	42,121,164	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	679,526,883	86,136,343	0	86,136,343	38,868,547	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	679,526,883	86,136,343	0	86,136,343	38,868,547	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	371,576	0				2.00	
3.00	Buildings and Fixtures	392,529,218	0				3.00	
4.00	Building Improvements	41,953,962	0				4.00	
5.00	Fixed Equipment	53,417,881	0				5.00	
6.00	Movable Equipment	229,672,042	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	726,794,679	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	726,794,679	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet A-7
Part II
Date/Time Prepared:
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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 07/01/2017
To 06/30/2018Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	497,122,637	0	497,122,637	0.725710	0	1.00
1.01	NEW CAPITAL-BLDG INTEREST	229,672,042	41,779,595	187,892,447	0.274290	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	726,794,679	41,779,595	685,015,084	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	25,456,162	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	24,329,004	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	49,785,166	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-2,568,991	0	0	0	22,887,171	1.00
1.01	NEW CAPITAL-BLDG INTEREST	24,141,939	0	0	0	24,141,939	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	24,329,004	2.00
3.00	Total (sum of lines 1-2)	21,572,948	0	0	0	71,358,114	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0276

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

Worksheet A-8

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-2,568,991	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	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	A		NEW CAPITAL-BLDG INTEREST	1.01	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-152,885	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-17,803	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-3,713,105	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-34,661,065			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	137,815			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,220,611	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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	0	26.00
26.01	Depreciation - NEW CAPITAL-BLDG INTEREST			NEW CAPITAL-BLDG INTEREST	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant				0.00	0	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 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	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	-35,786	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
35.00	LOBBYING EXPENSE	A	-124,681	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.02	BOARD OF DIRECTORS	A	-2,959	ADMINISTRATIVE & GENERAL	5.00	0	35.02
35.03	DONATIONS	A	-988,594	ADMINISTRATIVE & GENERAL	5.00	0	35.03
35.04	DONATIONS	A	-2,633	SOCIAL SERVICE	17.00	0	35.04
35.05	DONATIONS	A	-172	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	35.05
35.06	FLOWERS AND GIFTS	A	-1,165	ADMINISTRATIVE & GENERAL	5.00	0	35.06
35.07	ADVERTISING	A	-5,917,972	ADMINISTRATIVE & GENERAL	5.00	0	35.07
38.45	OUTSIDE PROGRAM EXPENSE	A	-260,900	ADMINISTRATIVE & GENERAL	5.00	0	38.45
38.74	APN	A	-80,205	ADMINISTRATIVE & GENERAL	5.00	0	38.74
38.75	APN	A	-9,741	NURSING ADMINISTRATION	13.00	0	38.75
38.76	APN	A	-305,402	ADULTS & PEDIATRICS	30.00	0	38.76
38.77	APN	A	-269,583	LOC OUTPATIENT CENTER	90.07	0	38.77
38.78	APN	A	-87,793	NORTH RIVERSIDE PCC	90.12	0	38.78
39.00	APN	A	-2,883	AMBULATORY SURGERY CENTER	50.01	0	39.00
39.01	APN	A	-222,987	ORLAND PARK - FP	90.20	0	39.01
39.02	APN	A	-72,514	OAK PARK PCC	90.23	0	39.02
39.04	APN	A	-109,018	LOYOLA CLINIC AT GOTTLIEB	90.25	0	39.04
39.06	APN	A	-101,030	BURR RIDGE PCC	90.29	0	39.06
39.07	APN	A	-531	EMERGENCY	91.00	0	39.07
39.08	APN	A	-40,705	LAGRANGE FAMILY PCC	90.10	0	39.08
39.23	OTHER OPERATING REVENUE	B	-31,501	MAINTENANCE & REPAIRS	6.00	0	39.23
39.24	OTHER OPERATING REVENUE	B	-20,888	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.24
39.25	OTHER OPERATING REVENUE	B	-8,375	CLINICAL PASTORAL EDUCATION	23.03	0	39.25
39.27	OTHER OPERATING REVENUE	B	-6,898,695	ADMINISTRATIVE & GENERAL	5.00	0	39.27
39.28	OTHER OPERATING REVENUE	B	-489,116	DIETARY	10.00	0	39.28
39.29	OTHER OPERATING REVENUE	B	-411,473	CAFETERIA	11.00	0	39.29
40.00	OTHER OPERATING REVENUE	B	-20,276	NURSING ADMINISTRATION	13.00	0	40.00
42.00	OTHER OPERATING REVENUE	B	-45,727	PHARMACY	15.00	0	42.00
43.00	OTHER OPERATING REVENUE	B	-49,699	MEDICAL RECORDS & LIBRARY	16.00	0	43.00
44.00	EMS	B	-225,573	PARAMEDICAL ED-MICU	23.01	0	44.00
45.00	OTHER OPERATING REVENUE	B	-135,124	ADULTS & PEDIATRICS	30.00	0	45.00
45.01	OTHER OPERATING REVENUE	B	-28,000	NEONATAL INTENSIVE CARE UNIT	35.00	0	45.01
48.00	OTHER OPERATING REVENUE	B	-3,560	RADIOLOGY-DIAGNOSTIC	54.00	0	48.00
49.01	OTHER OPERATING REVENUE	B	-1,298,980	LABORATORY	60.00	0	49.01
49.04	OTHER OPERATING REVENUE	B	-14,412	CANCER CENTER	90.02	0	49.04
49.05	OTHER OPERATING REVENUE	B	-516,960	LOC OUTPATIENT CENTER	90.07	0	49.05
49.06	OTHER OPERATING REVENUE	B	-2,105	OBT OUTPATIENT CENTER	90.08	0	49.06
49.07	OTHER OPERATING REVENUE	B	-86,053	ELMHURST IMMEDIATE CARE	90.09	0	49.07
49.08	OTHER OPERATING REVENUE	B	-5,772	LAGRANGE FAMILY PCC	90.10	0	49.08
49.09	OTHER OPERATING REVENUE	B	-36,295	DARIEN PCC	90.18	0	49.09
49.11	LASCO MGMT FEE	A	-150,338	ADMINISTRATIVE & GENERAL	5.00	0	49.11
49.12	DEVELOPMENT	A	-1,192,005	ADMINISTRATIVE & GENERAL	5.00	0	49.12
49.15	OTHER OPERATING REVENUE	B	-201	LOYOLA CLINIC AT GOTTLIEB	90.25	0	49.15
49.18	OTHER OPERATING REVENUE	B	-7,882	CT SCAN	57.00	0	49.18
49.19	OTHER OPERATING REVENUE	B	-383	BURR RIDGE PCC	90.29	0	49.19
49.20	OTHER OPERATING REVENUE	B	-459	RIVER FOREST	90.30	0	49.20
49.21	RADIATION ONCOLOGY - LOYOLA	B	0	LOC OUTPATIENT CENTER	90.07	0	49.21
49.22	OTHER OPERATING REVENUE	B	-910	EMERGENCY	91.00	0	49.22
49.23	OTHER OPERATING REVENUE	B	-15,000	RESPIRATORY THERAPY	65.00	0	49.23
49.27	HAIP NET BENEFIT OFFSET	A	-27,385,492	ADMINISTRATIVE & GENERAL	5.00	0	49.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-90,915,153				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 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/30/2018 10:55 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE NEW CAPITAL	1,075,800	0	1.00
2.00	1.01	NEW CAPITAL-BLDG INTEREST	INTERCOMPANY LOAN AND CAP EX	21,572,949	17,601,949	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN OTHER OPERATING EXPENS	34,097,015	24,112,537	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	TIS OPERATING EXPENSE	25,130,288	27,302,496	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	IC HO PAYROLL	0	8,166,973	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	8,358,190	19,695,790	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMPENSATION	3,332,638	6,268,324	3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	DEFINED BENEFIT PENSION	5,326,328	-2,171,000	3.05
3.06	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS PREMIUM	0	1,077,324	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	INTEGRATED RISK INSURANCE	662,958	0	3.07
3.08	1.00	CAP REL COSTS-BLDG & FIXT	TIS CAPITAL EXPENSE	1,178,953	0	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	1,457,089	0	3.09
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			102,192,208	102,054,393	5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0276

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2018 10:55 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,075,800	9		1.00
2.00	3,971,000	11		2.00
3.00	9,984,478	9		3.00
3.01	-2,172,208	0		3.01
3.02	-8,166,973	0		3.02
3.03	-11,337,600	0		3.03
3.04	-2,935,686	0		3.04
3.05	7,497,328	0		3.05
3.06	-1,077,324	0		3.06
3.07	662,958	0		3.07
3.08	1,178,953	9		3.08
3.09	1,457,089	0		3.09
4.00	0	0		4.00
5.00	137,815			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 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:

11/30/2018 10:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	7,687,005	7,687,005	0	0	0	1.00
2.00	66.00	PHYSICAL THERAPY	182,690	182,690	0	0	0	2.00
3.00	90.07	LOC OUTPATIENT CENTER	2,268,211	2,268,211	0	0	0	3.00
4.00	90.08	OBT OUTPATIENT CENTER	1,925,682	1,925,682	0	0	0	4.00
5.00	90.10	LAGRANGE FAMILY PCC	694,189	694,189	0	0	0	5.00
6.00	90.12	NORTH RIVERSIDE PCC	1,846,061	1,846,061	0	0	0	6.00
7.00	90.14	WHEATON PCC	28,308	28,308	0	0	0	7.00
8.00	90.16	HICKORY HILLS PCC	1,722,286	1,722,286	0	0	0	8.00
9.00	90.20	ORLAND PARK - FP	2,273,645	2,273,645	0	0	0	9.00
10.00	90.22	HOMER GLEN PCC	1,451,978	1,451,978	0	0	0	10.00
11.00	90.23	OAK PARK PCC	1,130,982	1,130,982	0	0	0	11.00
12.00	90.24	PARK RIDGE PCC	260,128	260,128	0	0	0	12.00
13.00	90.29	BURR RIDGE PCC	2,916,956	2,916,956	0	0	0	13.00
14.00	90.30	RIVER FOREST	1,450,984	1,450,984	0	0	0	14.00
15.00	91.00	EMERGENCY	8,175,875	8,175,875	0	0	0	15.00
17.00	105.00	KIDNEY ACQUISITION	603,029	0	603,029	246,400	4,444	17.00
18.00	106.00	HEART ACQUISITION	1,014,147	0	1,014,147	246,400	6,204	18.00
19.00	107.00	LIVER ACQUISITION	619,143	0	619,143	246,400	3,485	19.00
20.00	108.00	LUNG ACQUISITION	430,246	0	430,246	246,400	2,923	20.00
200.00			36,681,545	34,014,980	2,666,565		17,056	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	66.00	PHYSICAL THERAPY	0	0	0	0	0	2.00
3.00	90.07	LOC OUTPATIENT CENTER	0	0	0	0	0	3.00
4.00	90.08	OBT OUTPATIENT CENTER	0	0	0	0	0	4.00
5.00	90.10	LAGRANGE FAMILY PCC	0	0	0	0	0	5.00
6.00	90.12	NORTH RIVERSIDE PCC	0	0	0	0	0	6.00
7.00	90.14	WHEATON PCC	0	0	0	0	0	7.00
8.00	90.16	HICKORY HILLS PCC	0	0	0	0	0	8.00
9.00	90.20	ORLAND PARK - FP	0	0	0	0	0	9.00
10.00	90.22	HOMER GLEN PCC	0	0	0	0	0	10.00
11.00	90.23	OAK PARK PCC	0	0	0	0	0	11.00
12.00	90.24	PARK RIDGE PCC	0	0	0	0	0	12.00
13.00	90.29	BURR RIDGE PCC	0	0	0	0	0	13.00
14.00	90.30	RIVER FOREST	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
17.00	105.00	KIDNEY ACQUISITION	526,443	26,322	0	0	0	17.00
18.00	106.00	HEART ACQUISITION	734,935	36,747	0	0	0	18.00
19.00	107.00	LIVER ACQUISITION	412,839	20,642	0	0	0	19.00
20.00	108.00	LUNG ACQUISITION	346,263	17,313	0	0	0	20.00
200.00			2,020,480	101,024	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	7,687,005		1.00
2.00	66.00	PHYSICAL THERAPY	0	0	0	182,690		2.00
3.00	90.07	LOC OUTPATIENT CENTER	0	0	0	2,268,211		3.00
4.00	90.08	OBT OUTPATIENT CENTER	0	0	0	1,925,682		4.00
5.00	90.10	LAGRANGE FAMILY PCC	0	0	0	694,189		5.00
6.00	90.12	NORTH RIVERSIDE PCC	0	0	0	1,846,061		6.00
7.00	90.14	WHEATON PCC	0	0	0	28,308		7.00
8.00	90.16	HICKORY HILLS PCC	0	0	0	1,722,286		8.00
9.00	90.20	ORLAND PARK - FP	0	0	0	2,273,645		9.00
10.00	90.22	HOMER GLEN PCC	0	0	0	1,451,978		10.00
11.00	90.23	OAK PARK PCC	0	0	0	1,130,982		11.00
12.00	90.24	PARK RIDGE PCC	0	0	0	260,128		12.00
13.00	90.29	BURR RIDGE PCC	0	0	0	2,916,956		13.00
14.00	90.30	RIVER FOREST	0	0	0	1,450,984		14.00
15.00	91.00	EMERGENCY	0	0	0	8,175,875		15.00
17.00	105.00	KIDNEY ACQUISITION	0	526,443	76,586	76,586		17.00
18.00	106.00	HEART ACQUISITION	0	734,935	279,212	279,212		18.00
19.00	107.00	LIVER ACQUISITION	0	412,839	206,304	206,304		19.00
20.00	108.00	LUNG ACQUISITION	0	346,263	83,983	83,983		20.00
200.00			0	2,020,480	646,085	34,661,065		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			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	22,887,171	22,887,171			1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	24,141,939	0	24,141,939		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	24,329,004		24,329,004		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	77,447,412	9,090	3,077	77,469,168	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	202,510,450	1,800,789	1,899,516	2,077,607	5.00
6.00	00600	MAINTENANCE & REPAIRS	15,593,779	0	0	1,973	6.00
7.00	00700	OPERATION OF PLANT	18,542,070	6,827,685	7,202,010	1,410,825	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-68,454	5,028	5,304	0	8.00
9.00	00900	HOUSEKEEPING	14,534,940	288,725	304,554	8,256	9.00
10.00	01000	DIETARY	339,448	145,973	153,976	43,991	10.00
11.00	01100	CAFETERIA	3,846,962	136,411	143,890	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,087,832	11,311	11,931	0	12.01
13.00	01300	NURSING ADMINISTRATION	3,774,066	35,786	37,748	16,707	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,463,150	134,789	142,178	725,265	14.00
15.00	01500	PHARMACY	19,459,900	159,770	168,529	532,663	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,496,081	246,887	260,422	82,769	16.00
17.00	01700	SOCIAL SERVICE	4,290,242	26,488	27,940	3,653	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	44,264,771	63,148	66,611	866	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	534,290	74,333	78,408	6,901	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	115,265	3,153	3,326	1,799	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	704,334	2,163	2,282	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,360,209	1,648,453	1,738,828	482,340	30.00
31.00	03100	INTENSIVE CARE UNIT	14,849,408	318,688	336,160	474,149	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,282,772	125,123	131,983	86,013	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,773,588	124,882	131,728	345,995	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,379,879	37,753	39,823	177,771	35.01
35.03	02400	HEART TRANSPLANT ICU	2,695,801	90,074	95,012	775,393	35.03
35.04	02401	BONE INTENSIVE CARE	3,842,677	106,241	112,065	113,014	35.04
41.00	04100	SUBPROVIDER - IRF	78,223	0	0	4,679	41.00
43.00	04300	NURSERY	950,116	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,185,886	711,927	750,958	3,192,026	50.00
50.01	05001	AMBULATORY SURGERY CENTER	3,980,194	270,383	285,207	350,667	50.01
51.00	05100	RECOVERY ROOM	2,870,643	139,783	147,446	138,833	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,614,547	74,529	78,614	280,845	52.00
53.00	05300	ANESTHESIOLOGY	1,104,899	8,480	8,945	483,562	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,447,965	460,116	485,342	1,307,840	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,179,883	20,885	22,030	282,189	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,098,731	75,196	79,318	734,443	56.00
57.00	05700	CT SCAN	4,567,142	58,339	61,537	783,167	57.00
58.00	05800	MRI	1,745,611	105,067	110,827	492,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,692,457	375,669	396,265	1,230,230	59.00
60.00	06000	LABORATORY	20,457,118	428,784	452,291	268,258	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.	7,913,957	38,352	40,454	68,757	63.00
65.00	06500	RESPIRATORY THERAPY	7,035,108	57,752	60,918	185,802	65.00
66.00	06600	PHYSICAL THERAPY	1,865,171	76,841	81,054	5,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	877,056	42,747	45,091	0	67.00
68.00	06800	SPEECH PATHOLOGY	411,642	8,515	8,982	2,833	68.00
69.00	06900	ELECTROCARDIOLOGY	2,599,616	83,722	88,312	174,053	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,376,929	53,103	56,014	192,393	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,992,537	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,343,462	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,799,864	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,416,295	128,587	135,636	184,400	74.00
76.00	03560	PULMONARY LABS	427,674	37,983	40,066	187,923	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
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To 06/30/2018Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP	
			0	1.00	1.01	2.00	4.00
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	810,370	14,729	15,536	91,377	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	2,973,892	143,419	151,282	619,952	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,882,773	0	0	0	76.09
76.10	03954	BARIATRICS	747,485	0	0	19,497	76.10
76.11	03955	HEPATOLOGY	130	120,946	127,577	30,243	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	227,620	23,474	24,760	683	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	90.01
90.02	09002	CANCER CENTER	14,034,207	826,200	871,496	191,792	90.02
90.03	09003	PSYCH SOCIAL REHAB	351,106	64,782	68,334	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	21,988,062	1,524,630	1,608,216	3,139,858	90.07
90.08	09007	OBT OUTPATIENT CENTER	7,071,985	390,282	411,679	217,224	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,264,040	87,876	92,694	61,741	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,047,803	137,884	145,443	42,892	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,366,391	307,457	324,314	2,110	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	90.13
90.14	09012	WHEATON PCC	174,319	11,403	12,028	14,717	90.14
90.15	09013	OBT II PCC	1,393,029	75,645	79,792	72,130	90.15
90.16	09014	HICKORY HILLS PCC	2,762,750	210,859	222,419	7,557	90.16
90.18	09015	DARIEN PCC	986,162	65,323	68,904	40,684	90.18
90.20	09016	ORLAND PARK - FP	1,662,678	112,201	118,353	6,077	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	3,422,420	112,270	118,425	4,300	90.21
90.22	09018	HOMER GLEN PCC	4,287,898	137,781	145,334	241,450	90.22
90.23	09019	OAK PARK PCC	732,871	60,882	64,219	16,967	90.23
90.24	09020	PARK RIDGE PCC	838,424	50,848	53,636	19,023	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	4,160,704	0	0	12,337	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	4,949,513	0	0	21,040	90.28
90.29	09025	BURR RIDGE PCC	14,879,353	901,062	950,462	789,957	90.29
90.30	09026	RIVER FOREST	1,811,515	97,496	102,841	3,431	90.30
90.31	09027	NORRIDGE	303,186	60,375	63,685	473	90.31
90.32	09028	ELMWOOD PARK	832,208	61,365	64,729	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	343,299	29,445	31,060	473	90.34
91.00	09100	EMERGENCY	7,938,966	182,173	192,161	125,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,120,612	13,026	13,740	186,081	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	636,734	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	519,170	11,173	11,785	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	6,143,724	19,492	20,561	0	105.00
106.00	10600	HEART ACQUISITION	3,213,853	3,049	3,216	1,875	106.00
107.00	10700	LIVER ACQUISITION	3,682,348	7,272	7,671	0	107.00
108.00	10800	LUNG ACQUISITION	3,075,753	3,049	3,216	0	108.00
109.00	10900	PANCREAS ACQUISITION	144,271	4,131	4,357	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)	955,293,336	21,551,502	22,733,045	23,903,363	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	312,406	9,263	9,771	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,304,188	0	0	2,629	190.02
190.03	19003	OP HOSPITAL PHARMACY	18,485,356	0	0	1,103	190.03
190.04	19004	HOSPITALIST	0	0	0	0	190.04

COST ALLOCATION - GENERAL SERVICE COSTS

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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	16,912	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	10,080	2,382	2,512	4,035	126	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	191,990,363	1,315,221	1,387,326	417,874	22,032,359	192.01
193.00	19300	NONPAID WORKERS	81,826	8,803	9,285	0	9,354	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)	1,168,494,467	22,887,171	24,141,939	24,329,004	77,469,168	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Part I
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	218,086,956	218,086,956				5.00
6.00	00600	MAINTENANCE & REPAIRS	15,595,752	3,578,492	19,174,244			6.00
7.00	00700	OPERATION OF PLANT	35,436,001	8,130,897	6,211,219	49,778,117		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-58,122	0	4,574	17,566	-35,982	8.00
9.00	00900	HOUSEKEEPING	15,877,324	3,643,100	262,656	1,008,601	0	9.00
10.00	01000	DIETARY	944,353	216,685	132,793	509,928	0	10.00
11.00	01100	CAFETERIA	4,391,555	1,007,655	124,095	476,525	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,245,349	285,749	10,290	39,513	0	12.01
13.00	01300	NURSING ADMINISTRATION	4,288,206	983,942	32,555	125,010	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,673,932	1,531,354	122,619	470,857	0	14.00
15.00	01500	PHARMACY	21,478,287	4,928,257	145,344	558,123	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,538,433	3,565,340	224,595	862,448	0	16.00
17.00	01700	SOCIAL SERVICE	4,839,398	1,110,414	24,097	92,531	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	49,772,309	11,420,406	57,447	220,596	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	772,600	177,275	67,621	259,667	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	137,723	31,601	2,868	11,014	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	795,502	182,530	1,968	7,557	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,287,265	11,768,017	1,499,616	5,758,539	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,733,651	4,069,039	289,914	1,113,272	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,116,110	1,173,907	113,826	437,093	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,101,783	1,629,525	113,606	436,249	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,927,705	671,771	34,345	131,883	0	35.01
35.03	02400	HEART TRANSPLANT ICU	3,978,185	912,806	81,941	314,655	0	35.03
35.04	02401	BONE INTENSIVE CARE	4,613,109	1,058,492	96,648	371,131	0	35.04
41.00	04100	SUBPROVIDER - IRF	83,011	19,047	0	0	0	41.00
43.00	04300	NURSERY	1,058,462	242,867	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,460,657	6,300,930	647,648	2,486,974	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	5,255,270	1,205,837	245,970	944,529	0	50.01
51.00	05100	RECOVERY ROOM	3,633,898	833,809	127,162	488,303	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,356,190	770,088	67,799	260,350	0	52.00
53.00	05300	ANESTHESIOLOGY	1,682,640	386,087	7,715	29,625	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,355,478	1,917,189	418,573	1,607,322	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,653,468	379,393	18,999	72,956	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,161,425	1,413,757	68,407	262,682	0	56.00
57.00	05700	CT SCAN	5,844,157	1,340,959	53,071	203,794	0	57.00
58.00	05800	MRI	2,670,178	612,680	95,581	367,031	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,567,897	2,424,836	341,750	1,312,323	0	59.00
60.00	06000	LABORATORY	22,749,509	5,219,943	390,069	1,497,868	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.	8,243,961	1,891,602	34,889	133,974	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,134,737	1,866,540	52,537	201,744	0	65.00
66.00	06600	PHYSICAL THERAPY	2,283,081	523,860	69,903	268,430	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,075,670	246,816	38,888	149,329	0	67.00
68.00	06800	SPEECH PATHOLOGY	483,570	110,957	7,746	29,745	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,252,602	746,319	76,163	292,467	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,836,581	421,409	48,309	185,505	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,992,537	11,241,485	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,343,462	8,109,663	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,799,864	15,327,429	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,273,555	980,580	116,977	449,192	0	74.00
76.00	03560	PULMONARY LABS	742,669	170,408	34,554	132,687	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	1,028,380	235,965	13,399	51,451	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	4,236,635	972,109	130,470	501,005	0	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
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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	1,903,312	436,721	0	0	0	76.09
76.10	03954	BARIATRICS	825,266	189,360	0	0	0	76.10
76.11	03955	HEPATOLOGY	278,896	63,994	110,026	422,501	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	302,728	69,462	21,354	82,000	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	16,758,489	3,845,286	751,603	2,886,162	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	526,390	120,782	58,933	226,304	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	31,292,557	7,180,171	1,386,973	5,325,987	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	9,039,542	2,074,150	355,044	1,363,372	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,627,123	373,348	79,942	306,978	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,665,217	611,542	125,435	481,670	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,352,767	539,849	279,697	1,074,040	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	248,642	57,052	10,374	39,834	0	90.14
90.15	09013	OBT II PCC	1,744,866	400,365	68,815	264,249	0	90.15
90.16	09014	HICKORY HILLS PCC	3,676,845	843,663	191,821	736,594	0	90.16
90.18	09015	DARIEN PCC	1,281,774	294,107	59,425	228,193	0	90.18
90.20	09016	ORLAND PARK - FP	2,362,866	542,167	102,071	391,952	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	4,066,988	933,183	102,134	392,194	0	90.21
90.22	09018	HOMER GLEN PCC	5,368,618	1,231,846	125,340	481,308	0	90.22
90.23	09019	OAK PARK PCC	1,095,782	251,430	55,385	212,678	0	90.23
90.24	09020	PARK RIDGE PCC	1,050,478	241,035	46,257	177,627	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	4,635,452	1,063,618	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	5,062,562	1,161,620	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	19,023,393	4,364,975	819,706	3,147,678	0	90.29
90.30	09026	RIVER FOREST	2,389,113	548,189	88,693	340,582	0	90.30
90.31	09027	NORRIDGE	457,041	104,869	54,924	210,909	0	90.31
90.32	09028	ELMWOOD PARK	1,032,685	236,953	55,824	214,366	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	433,225	99,405	26,787	102,862	0	90.34
91.00	09100	EMERGENCY	10,367,743	2,378,910	165,725	636,385	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,715,619	852,560	11,849	45,502	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	636,784	146,112	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	605,698	138,979	10,164	39,030	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	6,425,102	1,474,259	17,732	68,092	0	105.00
106.00	10600	HEART ACQUISITION	3,464,284	794,890	2,774	10,652	0	106.00
107.00	10700	LIVER ACQUISITION	3,892,815	893,218	6,616	25,404	0	107.00
108.00	10800	LUNG ACQUISITION	3,230,154	741,169	2,774	10,652	0	108.00
109.00	10900	PANCREAS ACQUISITION	153,032	35,114	3,758	14,430	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)	929,826,758	163,324,171	17,959,171	45,112,231	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	367,555	84,337	8,427	32,358	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,421,309	555,577	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	18,590,387	4,265,620	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	16,912	3,881	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	19,135	4,391	2,167	8,321	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	217,143,143	49,823,907	1,196,471	4,594,457	0	192.01
193.00	19300	NONPAID WORKERS	109,268	25,072	8,008	30,750	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-35,982	201.00
202.00		TOTAL (sum lines 118 through 201)	1,168,494,467	218,086,956	19,174,244	49,778,117	-35,982	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
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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	20,791,681					9.00
10.00	01000	DIETARY	217,474	2,021,233				10.00
11.00	01100	CAFETERIA	203,228	1,183,195	7,386,253			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	16,851	0	52,636	0	1,650,388	12.01
13.00	01300	NURSING ADMINISTRATION	53,314	0	43,721	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	200,811	0	57,254	0	0	14.00
15.00	01500	PHARMACY	238,028	0	148,050	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	367,816	0	206,363	0	0	16.00
17.00	01700	SOCIAL SERVICE	39,463	0	74,464	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	94,080	0	745,152	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	110,742	0	13,055	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	4,697	0	2,539	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	3,223	0	17,191	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,455,892	491,080	926,964	0	493,564	30.00
31.00	03100	INTENSIVE CARE UNIT	474,787	100,227	244,852	0	99,578	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	186,411	13,544	76,835	0	3,374	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	186,051	0	91,928	0	1,912	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	56,246	18,962	39,227	0	6,038	35.01
35.03	02400	HEART TRANSPLANT ICU	134,194	13,544	45,113	0	12,886	35.03
35.04	02401	BONE INTENSIVE CARE	158,279	13,544	72,556	0	6,205	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	16	0	11,616	41.00
43.00	04300	NURSERY	0	0	17,685	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,060,642	0	266,213	0	242	50.00
50.01	05001	AMBULATORY SURGERY CENTER	402,822	0	61,197	0	150	50.01
51.00	05100	RECOVERY ROOM	208,251	0	48,233	0	134	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	111,034	0	43,356	0	1,303	52.00
53.00	05300	ANESTHESIOLOGY	12,634	0	20,357	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	685,489	0	98,528	0	284,045	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	31,114	0	18,721	0	18,139	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	112,028	0	20,271	0	8,092	56.00
57.00	05700	CT SCAN	86,914	0	51,367	0	163,931	57.00
58.00	05800	MRI	156,531	0	26,036	0	54,299	58.00
59.00	05900	CARDIAC CATHETERIZATION	559,678	0	90,593	0	12,368	59.00
60.00	06000	LABORATORY	638,809	0	211,048	0	21,863	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.	57,137	0	28,516	0	1,687	63.00
65.00	06500	RESPIRATORY THERAPY	86,040	0	129,237	0	22,656	65.00
66.00	06600	PHYSICAL THERAPY	114,480	0	33,429	0	28,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,686	0	17,835	0	29,964	67.00
68.00	06800	SPEECH PATHOLOGY	12,686	0	6,784	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	124,731	0	57,612	0	47,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,114	0	28,362	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	191,571	0	76,063	0	67,819	74.00
76.00	03560	PULMONARY LABS	56,588	0	7,215	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	21,943	0	12,565	0	51,610	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	213,668	0	58,031	0	51,551	76.07

COST ALLOCATION - GENERAL SERVICE COSTS

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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	2,667	0	0	76.09
76.10	03954	BARIATRICS	0	0	13,899	0	0	76.10
76.11	03955	HEPATOLOGY	180,188	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	34,971	0	5,161	0	217	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	1,230,887	1,154	138,753	0	19,692	90.02
90.03	09003	PSYCH SOCIAL REHAB	96,514	0	10,821	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	2,271,421	6,318	530,447	0	33	90.07
90.08	09007	OBT OUTPATIENT CENTER	581,450	0	126,029	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	130,920	0	24,260	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	205,422	0	48,738	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	458,056	0	32,161	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	16,989	0	7,051	0	0	90.14
90.15	09013	OBT II PCC	112,697	0	25,190	0	0	90.15
90.16	09014	HICKORY HILLS PCC	314,142	0	53,053	0	0	90.16
90.18	09015	DARIEN PCC	97,320	0	25,450	0	0	90.18
90.20	09016	ORLAND PARK - FP	167,159	0	43,823	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	167,262	0	70,459	0	0	90.21
90.22	09018	HOMER GLEN PCC	205,268	0	67,831	0	0	90.22
90.23	09019	OAK PARK PCC	90,703	0	22,828	0	0	90.23
90.24	09020	PARK RIDGE PCC	75,754	0	9,651	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	49,779	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	15,648	0	0	90.28
90.29	09025	BURR RIDGE PCC	1,342,418	0	215,734	0	0	90.29
90.30	09026	RIVER FOREST	145,251	0	40,535	0	0	90.30
90.31	09027	NORRIDGE	89,948	0	7,912	0	0	90.31
90.32	09028	ELMWOOD PARK	91,423	0	16,830	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	43,868	0	7,448	0	0	90.34
91.00	09100	EMERGENCY	271,405	5,480	169,991	0	106,543	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	19,406	0	68,030	0	22,022	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	26	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	16,646	0	8,596	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	29,040	0	41,012	0	0	105.00
106.00	10600	HEART ACQUISITION	4,543	0	31,461	0	159	106.00
107.00	10700	LIVER ACQUISITION	10,834	0	19,960	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,543	0	19,079	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	6,154	0	46	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)	18,801,779	1,847,048	6,257,529	0	1,650,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,800	174,185	15,845	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	15,476	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	16,472	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	3,549	0	30	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	1,959,439	0	1,079,428	0	0	192.01
193.00	19300	NONPAID WORKERS	13,114	0	1,473	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)	20,791,681	2,021,233	7,386,253	0	1,650,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION	5,526,748					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,056,827				14.00
15.00	01500	PHARMACY	602	437,071	27,933,762			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,522	6,407	0	20,803,924		16.00
17.00	01700	SOCIAL SERVICE	233	232	0	0	6,180,832	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	8,489	4,565	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	3,236	321	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	58	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	21	23	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,678,908	52,965	0	3,334,465	4,381,271	30.00
31.00	03100	INTENSIVE CARE UNIT	476,008	37,684	0	1,084,800	876,929	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	143,679	15,578	0	374,717	92,128	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	168,857	2,612	0	303,546	229,767	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	76,313	2,506	0	146,017	93,766	35.01
35.03	02400	HEART TRANSPLANT ICU	86,341	5,683	0	191,335	135,760	35.03
35.04	02401	BONE INTENSIVE CARE	135,982	8,099	0	369,599	149,727	35.04
41.00	04100	SUBPROVIDER - IRF	33	3,045	0	269	0	41.00
43.00	04300	NURSERY	30,738	3,144	0	64,426	221,484	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	301,316	334,506	0	1,063,427	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	82,771	40,562	0	2,019	0	50.01
51.00	05100	RECOVERY ROOM	93,210	7,453	0	396,271	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	76,646	4,074	0	182,758	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,988	0	1,011,199	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,465	8,528	0	545,779	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,708	112	0	90,057	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,930	145,538	0	45,514	0	56.00
57.00	05700	CT SCAN	9,867	3,632	0	847,743	0	57.00
58.00	05800	MRI	4,747	1,147	0	253,403	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	122,414	33,236	0	512,555	0	59.00
60.00	06000	LABORATORY	253	299,249	0	2,881,674	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.	8,714	252,434	0	415,804	0	63.00
65.00	06500	RESPIRATORY THERAPY	10	24,380	0	1,214,412	0	65.00
66.00	06600	PHYSICAL THERAPY	0	51	0	164,924	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1	0	97,168	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	164	0	41,611	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,790	513	0	364,533	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	355	0	117,781	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,913,691	0	428,135	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,380,551	0	742,924	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,609,346	24,394,223	1,697,772	0	73.00
74.00	07400	RENAL DIALYSIS	53,483	2,932	0	148,246	0	74.00
76.00	03560	PULMONARY LABS	6,623	935	0	29,168	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	136	0	107,806	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 07/01/2017
To 06/30/2018Worksheet B
Part I
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.07	03340	GASTROINTESTINAL SERVICE	77,067	8,130	0	127,671	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	4	0	28,560	0	76.09
76.10	03954	BARIATRICS	2,327	73	0	4	0	76.10
76.11	03955	HEPATOLOGY	0	5	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	6,544	802	0	43	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	117,187	285,717	1,018,526	3,612	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	5,173	436	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	320,155	9,471	0	49,390	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	74,142	1,401	0	850	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	14,696	711	0	47	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	42,445	927	0	149	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	19,939	697	0	81	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	3,690	77	0	16	0	90.14
90.15	09013	OBST II PCC	26,215	460	0	74	0	90.15
90.16	09014	HICKORY HILLS PCC	18,261	1,097	0	80	0	90.16
90.18	09015	DARIEN PCC	27,394	500	0	46	0	90.18
90.20	09016	ORLAND PARK - FP	44,325	759	0	34	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	17,937	600	0	126	0	90.21
90.22	09018	HOMER GLEN PCC	48,106	1,031	0	285	0	90.22
90.23	09019	OAK PARK PCC	15,041	265	0	35	0	90.23
90.24	09020	PARK RIDGE PCC	5,199	1,176	0	130	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	20,796	1,197	0	68	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	14,033	140,186	0	56	0	90.28
90.29	09025	BURR RIDGE PCC	107,908	133,423	549,595	2,434	0	90.29
90.30	09026	RIVER FOREST	39,555	795	0	191	0	90.30
90.31	09027	NORRIDGE	3,816	28	0	7	0	90.31
90.32	09028	ELMWOOD PARK	14,122	455	0	6	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	766	0	0	0	0	90.34
91.00	09100	EMERGENCY	232,407	23,229	0	754,167	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	129,353	3,466	0	72,513	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	14,377	102	0	6,620	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	194,541	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	71,742	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	129,480	0	107.00
108.00	10800	LUNG ACQUISITION	2,228	0	0	81,986	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	6,995	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)	5,116,113	8,279,727	25,962,344	20,803,896	6,180,832	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	4,980	43,958	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	659,802	1,968,936	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	78	479	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	2,003	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	405,655	73,256	0	28	0	192.01
193.00	19300	NONPAID WORKERS	0	6	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)	5,526,748	9,056,827	27,933,762	20,803,924	6,180,832	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
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Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			17.01	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			62,323,044		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU	0					23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0					23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0					23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0					23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	14,554,344	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3,672,573	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	1,342,014	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	382,600	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	635,077	0	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	619,540	0	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0	619,540	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	7,805,432	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	1,538,169	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	638,962	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,242,015	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,689,656	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	563,219	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,209,949	0	56.00
57.00	05700	CT SCAN	0	0	0	563,219	0	57.00
58.00	05800	MRI	0	0	0	910,860	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	2,691,796	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	0	454,459	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

COST ALLOCATION - GENERAL SERVICE COSTS

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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		21.00	22.00	
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0	0	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	0	0	0	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC	0	0	0	0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	0	0	0	0	0	903,092	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	0	0	0	10,382,642	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	0	0	0	1,208,007	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	0	0	0	0	221,403	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	0	0	0	0	3,474,476	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS											
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0	0	0	99.20
99.30	09931	OOT	0	0	0	0	0	0	0	0	99.30
99.40	09941	OSP	0	0	0	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS											
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	0	62,323,044	0	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	0	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0	0	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

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

 Worksheet B
 Part I
 Date/Time Prepared:
 11/30/2018 10:55 am

Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
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	62,323,044		0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU		1,404,517				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				190,500		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					1,008,015	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	108,297	130,848	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,829	82,386	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	10,438	38,770	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	19,385	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	82,386	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	0	19,385	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	17,615	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	329,543	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 07/01/2017
To 06/30/2018Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	9,134	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 FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	0	92,078	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	0	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	1,404,517	0	37,187	126,002	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	48,462	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	38,770	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	1,404,517	0	190,500	1,008,015	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	1,404,517	0	190,500	1,008,015	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
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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	98,922,035	-14,554,344	84,367,691	30.00
31.00	03100	INTENSIVE CARE UNIT	30,363,529	-3,672,573	26,690,956	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,138,424	-1,342,014	7,796,410	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,667,821	-382,600	10,285,221	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,922,242	-635,077	4,287,165	35.01
35.03	02400	HEART TRANSPLANT ICU	6,551,368	-619,540	5,931,828	35.03
35.04	02401	BONE INTENSIVE CARE	7,672,911	-619,540	7,053,371	35.04
41.00	04100	SUBPROVIDER - IRF	117,037	0	117,037	41.00
43.00	04300	NURSERY	1,638,806	0	1,638,806	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,745,602	-7,805,432	39,940,170	50.00
50.01	05001	AMBULATORY SURGERY CENTER	9,779,296	-1,538,169	8,241,127	50.01
51.00	05100	RECOVERY ROOM	5,836,724	0	5,836,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,512,560	-638,962	4,873,598	52.00
53.00	05300	ANESTHESIOLOGY	9,411,260	-6,242,015	3,169,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,637,052	-1,689,656	13,947,396	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,847,886	-563,219	2,284,667	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,450,593	-1,209,949	8,240,644	56.00
57.00	05700	CT SCAN	9,168,654	-563,219	8,605,435	57.00
58.00	05800	MRI	5,152,493	-910,860	4,241,633	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,977,650	0	15,977,650	59.00
60.00	06000	LABORATORY	36,602,081	-2,691,796	33,910,285	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.	11,068,718	0	11,068,718	63.00
65.00	06500	RESPIRATORY THERAPY	11,732,293	0	11,732,293	65.00
66.00	06600	PHYSICAL THERAPY	3,487,011	0	3,487,011	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,719,357	0	1,719,357	67.00
68.00	06800	SPEECH PATHOLOGY	693,263	0	693,263	68.00
69.00	06900	ELECTROCARDIOLOGY	4,980,573	0	4,980,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,717,416	0	2,717,416	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,575,848	0	62,575,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,576,600	0	45,576,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,158,177	0	111,158,177	73.00
74.00	07400	RENAL DIALYSIS	6,814,877	-691,065	6,123,812	74.00
76.00	03560	PULMONARY LABS	1,180,847	0	1,180,847	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:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.04	03650	PERIPHERAL VASCULAR	1,523,255	0	1,523,255	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	6,385,471	0	6,385,471	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,371,264	0	2,371,264	76.09
76.10	03954	BARIATRICS	1,030,929	0	1,030,929	76.10
76.11	03955	HEPATOLOGY	1,055,610	0	1,055,610	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	523,282	0	523,282	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	90.01
90.02	09002	CANCER CENTER	27,960,160	-903,092	27,057,068	90.02
90.03	09003	PSYCH SOCIAL REHAB	1,045,353	0	1,045,353	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	58,847,643	-10,382,642	48,465,001	90.07
90.08	09007	OBT OUTPATIENT CENTER	14,823,987	-1,208,007	13,615,980	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	2,558,025	0	2,558,025	90.09
90.10	09009	LAGRANGE FAMILY PCC	4,181,545	0	4,181,545	90.10
90.12	09010	NORTH RIVERSIDE PCC	4,757,287	0	4,757,287	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	90.13
90.14	09012	WHEATON PCC	383,725	0	383,725	90.14
90.15	09013	OBT II PCC	2,864,334	-221,403	2,642,931	90.15
90.16	09014	HICKORY HILLS PCC	5,835,556	0	5,835,556	90.16
90.18	09015	DARIEN PCC	2,014,209	0	2,014,209	90.18
90.20	09016	ORLAND PARK - FP	3,655,156	0	3,655,156	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	5,750,883	0	5,750,883	90.21
90.22	09018	HOMER GLEN PCC	7,529,633	0	7,529,633	90.22
90.23	09019	OAK PARK PCC	1,744,147	0	1,744,147	90.23
90.24	09020	PARK RIDGE PCC	1,607,307	0	1,607,307	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	5,770,910	0	5,770,910	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	6,394,105	0	6,394,105	90.28
90.29	09025	BURR RIDGE PCC	29,707,264	0	29,707,264	90.29
90.30	09026	RIVER FOREST	3,592,904	0	3,592,904	90.30
90.31	09027	NORRIDGE	929,454	0	929,454	90.31
90.32	09028	ELMWOOD PARK	1,662,664	0	1,662,664	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	714,361	0	714,361	90.34
91.00	09100	EMERGENCY	20,154,167	-3,474,476	16,679,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,940,320	0	4,940,320	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	782,922	0	782,922	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	840,212	0	840,212	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	8,249,778	0	8,249,778	105.00
106.00	10600	HEART ACQUISITION	4,428,967	0	4,428,967	106.00
107.00	10700	LIVER ACQUISITION	4,978,327	0	4,978,327	107.00
108.00	10800	LUNG ACQUISITION	4,131,355	0	4,131,355	108.00
109.00	10900	PANCREAS ACQUISITION	219,529	0	219,529	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)	862,767,004	-62,559,650	800,207,354	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	696,507	0	696,507	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	3,041,300	0	3,041,300	190.02
190.03	19003	OP HOSPITAL PHARMACY	25,501,217	0	25,501,217	190.03
190.04	19004	HOSPITALIST	0	0	0	190.04
190.05	19005	STUDENT HEALTH	21,350	0	21,350	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	39,596	0	39,596	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	276,275,784	0	276,275,784	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
193.00	19300	NONPAID WORKERS	187,691	0	187,691		193.00
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	-35,982	0	-35,982		201.00
202.00		TOTAL (sum lines 118 through 201)	1,168,494,467	-62,559,650	1,105,934,817		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
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	0	9,090	9,589	3,077	21,756	4.00
6.00	00600	0	1,800,789	1,899,516	2,077,607	5,777,912	5.00
7.00	00700	0	0	0	1,973	1,973	6.00
8.00	00800	0	6,827,685	7,202,010	1,410,825	15,440,520	7.00
9.00	00900	0	5,028	5,304	0	10,332	8.00
10.00	01000	0	288,725	304,554	8,256	601,535	9.00
11.00	01100	0	145,973	153,976	43,991	343,940	10.00
12.00	01200	0	136,411	143,890	0	280,301	11.00
12.01	01201	0	0	0	0	0	12.00
13.00	01300	0	11,311	11,931	0	23,242	12.01
14.00	01400	0	35,786	37,748	16,707	90,241	13.00
15.00	01500	0	134,789	142,178	725,265	1,002,232	14.00
16.00	01600	0	159,770	168,529	532,663	860,962	15.00
17.00	01700	0	246,887	260,422	82,769	590,078	16.00
17.01	01701	0	26,488	27,940	3,653	58,081	17.00
19.00	01900	0	0	0	0	0	17.01
20.00	02000	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	20.00
22.00	02200	0	63,148	66,611	866	130,625	21.00
23.00	02300	0	0	0	0	0	22.00
23.01	02301	0	0	0	0	0	23.00
23.02	02302	0	74,333	78,408	6,901	159,642	23.01
23.03	02303	0	0	0	0	0	23.02
23.04	02304	0	3,153	3,326	1,799	8,278	23.03
		0	2,163	2,282	0	4,445	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,648,453	1,738,828	482,340	3,869,621	30.00
31.00	03100	0	318,688	336,160	474,149	1,128,997	31.00
33.00	03300	0	125,123	131,983	86,013	343,119	33.00
35.00	02060	0	124,882	131,728	345,995	602,605	35.00
35.01	02080	0	37,753	39,823	177,771	255,347	35.01
35.03	02400	0	90,074	95,012	775,393	960,479	35.03
35.04	02401	0	106,241	112,065	113,014	331,320	35.04
41.00	04100	0	0	0	4,679	4,679	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	711,927	750,958	3,192,026	4,654,911	50.00
50.01	05001	0	270,383	285,207	350,667	906,257	50.01
51.00	05100	0	139,783	147,446	138,833	426,062	51.00
52.00	05200	0	74,529	78,614	280,845	433,988	52.00
53.00	05300	0	8,480	8,945	483,562	500,987	53.00
54.00	05400	0	460,116	485,342	1,307,840	2,253,298	54.00
54.01	03630	0	20,885	22,030	282,189	325,104	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	75,196	79,318	734,443	888,957	56.00
57.00	05700	0	58,339	61,537	783,167	903,043	57.00
58.00	05800	0	105,067	110,827	492,976	708,870	58.00
59.00	05900	0	375,669	396,265	1,230,230	2,002,164	59.00
60.00	06000	0	428,784	452,291	268,258	1,149,333	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	0	38,352	40,454	68,757	147,563	63.00
65.00	06500	0	57,752	60,918	185,802	304,472	65.00
66.00	06600	0	76,841	81,054	5,184	163,079	66.00
67.00	06700	0	42,747	45,091	0	87,838	67.00
68.00	06800	0	8,515	8,982	2,833	20,330	68.00
69.00	06900	0	83,722	88,312	174,053	346,087	69.00
70.00	07000	0	53,103	56,014	192,393	301,510	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	0	128,587	135,636	184,400	448,623	74.00
76.00	03560	0	37,983	40,066	187,923	265,972	76.00
76.01	03950	0	0	0	0	0	76.01

ALLOCATION OF CAPITAL RELATED COSTS

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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		
76.03	03951	HYPERALIMENTATION	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	14,729	15,536	91,377	121,642	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	143,419	151,282	619,952	914,653	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	19,497	19,497	76.10
76.11	03955	HEPATOLOGY	0	120,946	127,577	30,243	278,766	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	23,474	24,760	683	48,917	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	826,200	871,496	191,792	1,889,488	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	64,782	68,334	0	133,116	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	1,524,630	1,608,216	3,139,858	6,272,704	90.07
90.08	09007	OB OUTPATIENT CENTER	0	390,282	411,679	217,224	1,019,185	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	87,876	92,694	61,741	242,311	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	137,884	145,443	42,892	326,219	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	307,457	324,314	2,110	633,881	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	11,403	12,028	14,717	38,148	90.14
90.15	09013	OB II PCC	0	75,645	79,792	72,130	227,567	90.15
90.16	09014	HICKORY HILLS PCC	0	210,859	222,419	7,557	440,835	90.16
90.18	09015	DARIEN PCC	0	65,323	68,904	40,684	174,911	90.18
90.20	09016	ORLAND PARK - FP	0	112,201	118,353	6,077	236,631	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	112,270	118,425	4,300	234,995	90.21
90.22	09018	HOMER GLEN PCC	0	137,781	145,334	241,450	524,565	90.22
90.23	09019	OAK PARK PCC	0	60,882	64,219	16,967	142,068	90.23
90.24	09020	PARK RIDGE PCC	0	50,848	53,636	19,023	123,507	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	12,337	12,337	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	21,040	21,040	90.28
90.29	09025	BURR RIDGE PCC	0	901,062	950,462	789,957	2,641,481	90.29
90.30	09026	RIVER FOREST	0	97,496	102,841	3,431	203,768	90.30
90.31	09027	NORRIDGE	0	60,375	63,685	473	124,533	90.31
90.32	09028	ELMWOOD PARK	0	61,365	64,729	0	126,094	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	29,445	31,060	473	60,978	90.34
91.00	09100	EMERGENCY	0	182,173	192,161	125,335	499,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	13,026	13,740	186,081	212,847	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	11,173	11,785	0	22,958	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	19,492	20,561	0	40,053	105.00
106.00	10600	HEART ACQUISITION	0	3,049	3,216	1,875	8,140	106.00
107.00	10700	LIVER ACQUISITION	0	7,272	7,671	0	14,943	107.00
108.00	10800	LUNG ACQUISITION	0	3,049	3,216	0	6,265	108.00
109.00	10900	PANCREAS ACQUISITION	0	4,131	4,357	0	8,488	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	21,551,502	22,733,045	23,903,363	68,187,910	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,263	9,771	0	19,034	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	2,629	2,629	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	1,103	1,103	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	2,382	2,512	4,035	8,929	190.06

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	NEW CAPITAL-BLDG INTEREST	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	1,315,221	1,387,326	417,874	3,120,421	192.01
193.00	19300	NONPAID WORKERS	0	8,803	9,285	0	18,088	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	22,887,171	24,141,939	24,329,004	71,358,114	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,756					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,757	5,780,669				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	94,853	96,826			6.00
7.00	00700	OPERATION OF PLANT	409	215,522	31,365	15,687,816		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	23	5,536	15,891	8.00
9.00	00900	HOUSEKEEPING	208	96,566	1,326	317,866	0	9.00
10.00	01000	DIETARY	73	5,744	671	160,706	0	10.00
11.00	01100	CAFETERIA	74	26,709	627	150,179	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	38	7,574	52	12,453	0	12.01
13.00	01300	NURSING ADMINISTRATION	119	26,081	164	39,397	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	59	40,591	619	148,393	0	14.00
15.00	01500	PHARMACY	326	130,631	734	175,895	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	409	94,505	1,134	271,805	0	16.00
17.00	01700	SOCIAL SERVICE	138	29,433	122	29,162	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	1,513	302,715	290	69,522	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	22	4,699	341	81,835	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	4	838	14	3,471	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	24	4,838	10	2,382	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,704	311,929	7,573	1,814,830	0	30.00
31.00	03100	INTENSIVE CARE UNIT	494	107,856	1,464	350,853	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	138	31,116	575	137,752	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	204	43,193	574	137,486	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	82	17,806	173	41,564	0	35.01
35.03	02400	HEART TRANSPLANT ICU	91	24,195	414	99,165	0	35.03
35.04	02401	BONE INTENSIVE CARE	124	28,057	488	116,964	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	505	0	0	0	41.00
43.00	04300	NURSERY	30	6,438	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	456	167,016	3,271	783,782	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	104	31,963	1,242	297,673	0	50.01
51.00	05100	RECOVERY ROOM	95	22,101	642	153,891	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	87	20,412	342	82,051	0	52.00
53.00	05300	ANESTHESIOLOGY	22	10,234	39	9,336	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	184	50,818	2,114	506,555	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	42	10,056	96	22,992	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	49	37,474	345	82,785	0	56.00
57.00	05700	CT SCAN	105	35,544	268	64,227	0	57.00
58.00	05800	MRI	61	16,240	483	115,672	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	246	64,274	1,726	413,585	0	59.00
60.00	06000	LABORATORY	322	138,363	1,970	472,061	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.	51	50,140	176	42,222	0	63.00
65.00	06500	RESPIRATORY THERAPY	224	49,475	265	63,581	0	65.00
66.00	06600	PHYSICAL THERAPY	72	13,886	353	84,597	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31	6,542	196	47,062	0	67.00
68.00	06800	SPEECH PATHOLOGY	15	2,941	39	9,374	0	68.00
69.00	06900	ELECTROCARDIOLOGY	86	19,782	385	92,172	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44	11,170	244	58,463	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	297,973	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	214,959	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	406,277	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	115	25,992	591	141,565	0	74.00
76.00	03560	PULMONARY LABS	14	4,517	174	41,817	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	27	6,255	68	16,215	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 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			EMPLOYEE BENEFITS & GENERAL 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	98	25,767	659	157,894	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	6	11,576	0	0	0	76.09
76.10	03954	BARIATRICS	16	5,019	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	1,696	556	133,153	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	1,841	108	25,843	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	235	101,925	3,795	909,588	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	12	3,202	298	71,321	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	853	190,321	7,004	1,678,511	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	267	54,978	1,793	429,673	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	34	9,896	404	96,746	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	82	16,210	633	151,801	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	99	14,310	1,412	338,489	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	10	1,512	52	12,554	0	90.14
90.15	09013	OBST II PCC	35	10,612	348	83,279	0	90.15
90.16	09014	HICKORY HILLS PCC	133	22,363	969	232,141	0	90.16
90.18	09015	DARIEN PCC	34	7,796	300	71,916	0	90.18
90.20	09016	ORLAND PARK - FP	130	14,371	515	123,526	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	115	24,735	516	123,602	0	90.21
90.22	09018	HOMER GLEN PCC	156	32,652	633	151,687	0	90.22
90.23	09019	OAK PARK PCC	62	6,665	280	67,026	0	90.23
90.24	09020	PARK RIDGE PCC	25	6,389	234	55,980	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	130	28,193	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	26	30,791	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	423	115,700	4,139	992,006	0	90.29
90.30	09026	RIVER FOREST	105	14,531	448	107,336	0	90.30
90.31	09027	NORRIDGE	8	2,780	277	66,469	0	90.31
90.32	09028	ELMWOOD PARK	21	6,281	282	67,558	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	8	2,635	135	32,417	0	90.34
91.00	09100	EMERGENCY	543	63,057	837	200,560	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	108	22,598	60	14,340	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,873	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	18	3,684	51	12,301	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	68	39,077	90	21,460	0	105.00
106.00	10600	HEART ACQUISITION	68	21,070	14	3,357	0	106.00
107.00	10700	LIVER ACQUISITION	55	23,676	33	8,006	0	107.00
108.00	10800	LUNG ACQUISITION	42	19,646	14	3,357	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	931	19	4,548	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)	15,524	4,329,157	90,690	14,217,339	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10	2,235	43	10,198	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	32	14,726	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	29	113,067	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	103	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	116	11	2,622	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	6,158	1,320,600	6,042	1,447,966	0	192.01
193.00	19300	NONPAID WORKERS	3	665	40	9,691	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	15,891	201.00
202.00		TOTAL (sum lines 118 through 201)	21,756	5,780,669	96,826	15,687,816	15,891	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	PATIENT TRANSPORTATION	
			9.00	10.00	11.00	12.00	12.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	1,017,501					9.00
10.00	01000	DIETARY	10,643	521,777				10.00
11.00	01100	CAFETERIA	9,946	305,440	773,276			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
12.01	01201	PATIENT TRANSPORTATION	825	0	5,511	0	49,695	12.01
13.00	01300	NURSING ADMINISTRATION	2,609	0	4,577	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,827	0	5,994	0	0	14.00
15.00	01500	PHARMACY	11,649	0	15,500	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,000	0	21,605	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,931	0	7,796	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	4,604	0	78,011	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	5,420	0	1,367	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	230	0	266	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	158	0	1,800	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	120,188	126,771	97,045	0	14,861	30.00
31.00	03100	INTENSIVE CARE UNIT	23,235	25,873	25,634	0	2,998	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	9,123	3,496	8,044	0	102	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,105	0	9,624	0	58	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,753	4,895	4,107	0	182	35.01
35.03	02400	HEART TRANSPLANT ICU	6,567	3,496	4,723	0	388	35.03
35.04	02401	BONE INTENSIVE CARE	7,746	3,496	7,596	0	187	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	2	0	350	41.00
43.00	04300	NURSERY	0	0	1,851	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,906	0	27,870	0	7	50.00
50.01	05001	AMBULATORY SURGERY CENTER	19,713	0	6,407	0	5	50.01
51.00	05100	RECOVERY ROOM	10,191	0	5,050	0	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,434	0	4,539	0	39	52.00
53.00	05300	ANESTHESIOLOGY	618	0	2,131	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,546	0	10,315	0	8,553	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,523	0	1,960	0	546	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,482	0	2,122	0	244	56.00
57.00	05700	CT SCAN	4,253	0	5,378	0	4,936	57.00
58.00	05800	MRI	7,660	0	2,726	0	1,635	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,389	0	9,484	0	372	59.00
60.00	06000	LABORATORY	31,262	0	22,095	0	658	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.	2,796	0	2,985	0	51	63.00
65.00	06500	RESPIRATORY THERAPY	4,211	0	13,530	0	682	65.00
66.00	06600	PHYSICAL THERAPY	5,602	0	3,500	0	869	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,117	0	1,867	0	902	67.00
68.00	06800	SPEECH PATHOLOGY	621	0	710	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,104	0	6,032	0	1,441	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,872	0	2,969	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	9,375	0	7,963	0	2,042	74.00
76.00	03560	PULMONARY LABS	2,769	0	755	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	1,074	0	1,315	0	1,554	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	10,456	0	6,075	0	1,552	76.07

ALLOCATION OF CAPITAL RELATED COSTS

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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	279	0	0	76.09
76.10	03954	BARIATRICS	0	0	1,455	0	0	76.10
76.11	03955	HEPATOLOGY	8,818	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	1,711	0	540	0	7	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	60,237	298	14,526	0	593	90.02
90.03	09003	PSYCH SOCIAL REHAB	4,723	0	1,133	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	111,159	1,631	55,533	0	1	90.07
90.08	09007	OBT OUTPATIENT CENTER	28,455	0	13,194	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	6,407	0	2,540	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	10,053	0	5,103	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	22,416	0	3,367	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	831	0	738	0	0	90.14
90.15	09013	OBT II PCC	5,515	0	2,637	0	0	90.15
90.16	09014	HICKORY HILLS PCC	15,373	0	5,554	0	0	90.16
90.18	09015	DARIEN PCC	4,763	0	2,664	0	0	90.18
90.20	09016	ORLAND PARK - FP	8,180	0	4,588	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	8,185	0	7,377	0	0	90.21
90.22	09018	HOMER GLEN PCC	10,045	0	7,101	0	0	90.22
90.23	09019	OAK PARK PCC	4,439	0	2,390	0	0	90.23
90.24	09020	PARK RIDGE PCC	3,707	0	1,010	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	5,211	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	1,638	0	0	90.28
90.29	09025	BURR RIDGE PCC	65,695	0	22,586	0	0	90.29
90.30	09026	RIVER FOREST	7,108	0	4,244	0	0	90.30
90.31	09027	NORRIDGE	4,402	0	828	0	0	90.31
90.32	09028	ELMWOOD PARK	4,474	0	1,762	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	2,147	0	780	0	0	90.34
91.00	09100	EMERGENCY	13,282	1,415	17,797	0	3,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	950	0	7,122	0	663	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	3	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	815	0	900	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	1,421	0	4,294	0	0	105.00
106.00	10600	HEART ACQUISITION	222	0	3,294	0	5	106.00
107.00	10700	LIVER ACQUISITION	530	0	2,090	0	0	107.00
108.00	10800	LUNG ACQUISITION	222	0	1,997	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	301	0	5	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)	920,119	476,811	655,111	0	49,695	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	675	44,966	1,659	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	1,620	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	1,724	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	174	0	3	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	95,891	0	113,005	0	0	192.01
193.00	19300	NONPAID WORKERS	642	0	154	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)	1,017,501	521,777	773,276	0	49,695	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION	163,188					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,207,715				14.00
15.00	01500	PHARMACY	18	58,286	1,254,001			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	960	854	0	999,350		16.00
17.00	01700	SOCIAL SERVICE	7	31	0	0	126,701	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	251	609	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	96	43	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	8	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	1	3	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,574	7,063	0	159,715	89,812	30.00
31.00	03100	INTENSIVE CARE UNIT	14,055	5,025	0	52,139	17,976	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,242	2,077	0	18,010	1,889	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,986	348	0	14,589	4,710	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,253	334	0	7,018	1,922	35.01
35.03	02400	HEART TRANSPLANT ICU	2,549	758	0	9,196	2,783	35.03
35.04	02401	BONE INTENSIVE CARE	4,015	1,080	0	17,764	3,069	35.04
41.00	04100	SUBPROVIDER - IRF	1	406	0	13	0	41.00
43.00	04300	NURSERY	908	419	0	3,097	4,540	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,897	44,608	0	51,112	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	2,444	5,409	0	97	0	50.01
51.00	05100	RECOVERY ROOM	2,752	994	0	19,046	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,263	543	0	8,784	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,532	0	48,601	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	781	1,137	0	26,232	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	50	15	0	4,328	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	87	19,408	0	2,188	0	56.00
57.00	05700	CT SCAN	291	484	0	40,745	0	57.00
58.00	05800	MRI	140	153	0	12,179	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,614	4,432	0	24,635	0	59.00
60.00	06000	LABORATORY	7	39,907	0	138,502	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.	257	33,663	0	19,985	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,251	0	58,368	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7	0	7,927	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,670	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	22	0	2,000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	525	68	0	17,521	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	47	0	5,661	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	255,201	0	20,577	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	184,104	0	35,707	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	347,910	1,095,107	81,600	0	73.00
74.00	07400	RENAL DIALYSIS	1,579	391	0	7,125	0	74.00
76.00	03560	PULMONARY LABS	196	125	0	1,402	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	18	0	5,181	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 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
76.07	03340	GASTROINTESTINAL SERVICE	2,276	1,084	0	6,136	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	1	0	1,373	0	76.09
76.10	03954	BARIATRICS	69	10	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	1	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	193	107	0	2	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	3,460	38,102	45,723	174	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	153	58	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	9,453	1,263	0	2,374	0	90.07
90.08	09007	OBST OUTPATIENT CENTER	2,189	187	0	41	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	434	95	0	2	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	1,253	124	0	7	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	589	93	0	4	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	109	10	0	1	0	90.14
90.15	09013	OBST II PCC	774	61	0	4	0	90.15
90.16	09014	HICKORY HILLS PCC	539	146	0	4	0	90.16
90.18	09015	DARIEN PCC	809	67	0	2	0	90.18
90.20	09016	ORLAND PARK - FP	1,309	101	0	2	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	530	80	0	6	0	90.21
90.22	09018	HOMER GLEN PCC	1,420	137	0	14	0	90.22
90.23	09019	OAK PARK PCC	444	35	0	2	0	90.23
90.24	09020	PARK RIDGE PCC	154	157	0	6	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	614	160	0	3	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	414	18,695	0	3	0	90.28
90.29	09025	BURR RIDGE PCC	3,186	17,793	24,672	117	0	90.29
90.30	09026	RIVER FOREST	1,168	106	0	9	0	90.30
90.31	09027	NORRIDGE	113	4	0	0	0	90.31
90.32	09028	ELMWOOD PARK	417	61	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	23	0	0	0	0	90.34
91.00	09100	EMERGENCY	6,862	3,098	0	36,248	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,819	462	0	3,485	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	425	14	0	318	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	9,350	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	3,448	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	6,223	0	107.00
108.00	10800	LUNG ACQUISITION	66	0	0	3,941	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)	151,063	1,104,085	1,165,502	999,349	126,701	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	147	5,862	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	87,988	88,387	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	10	22	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	90	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	11,978	9,769	0	1	0	192.01
193.00	19300	NONPAID WORKERS	0	1	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)	163,188	1,207,715	1,254,001	999,350	126,701	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			17.01	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			588,140		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU	0					23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0					23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0					23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0					23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
35.00	02060	NEONATAL INTENSIVE CARE 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 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
76.04	03650	PERIPHERAL VASCULAR	0					76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0					76.05
76.07	03340	GASTROINTESTINAL SERVICE	0					76.07
76.09	03953	BONE MARROW PROCUREMENT	0					76.09
76.10	03954	BARIATRICS	0					76.10
76.11	03955	HEPATOLOGY	0					76.11
76.97	07697	CARDIAC REHABILITATION	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98
76.99	07699	LITHOTRIPSY	0					76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0					90.00
90.01	09001	CARDIAC REHABILITATION	0					90.01
90.02	09002	CANCER CENTER	0					90.02
90.03	09003	PSYCH SOCIAL REHAB	0					90.03
90.04	09004	WELLNESS ASSESSMENT	0					90.04
90.06	09005	HEART FAILURE CLINIC	0					90.06
90.07	09006	LOC OUTPATIENT CENTER	0					90.07
90.08	09007	OBT OUTPATIENT CENTER	0					90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0					90.09
90.10	09009	LAGRANGE FAMILY PCC	0					90.10
90.12	09010	NORTH RIVERSIDE PCC	0					90.12
90.13	09011	GLENDALE HEIGHTS PCC	0					90.13
90.14	09012	WHEATON PCC	0					90.14
90.15	09013	OBT II PCC	0					90.15
90.16	09014	HICKORY HILLS PCC	0					90.16
90.18	09015	DARIEN PCC	0					90.18
90.20	09016	ORLAND PARK - FP	0					90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0					90.21
90.22	09018	HOMER GLEN PCC	0					90.22
90.23	09019	OAK PARK PCC	0					90.23
90.24	09020	PARK RIDGE PCC	0					90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0					90.25
90.26	09022	WOODRIDGE PCC	0					90.26
90.27	09023	NEUROLOGY - NILES	0					90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0					90.28
90.29	09025	BURR RIDGE PCC	0					90.29
90.30	09026	RIVER FOREST	0					90.30
90.31	09027	NORRIDGE	0					90.31
90.32	09028	ELMWOOD PARK	0					90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0					90.33
90.34	09034	CHICAGO AND BELMONT	0					90.34
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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 07/01/2017
 To 06/30/2018

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Cost Center Description			HOSPITAL MEDICAL ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
193.00	19300	NONPAID WORKERS	0					193.00
200.00		Cross Foot Adjustments		0	0	588,140	0	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	588,140	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0					23.00
23.01	02301	PARAMEDICAL ED-MICU		253,465				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK			0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION				13,109		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM					13,661	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

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Cost Center Description			PARAMED ED PRGM	PARAMEDICAL ED-MICU	PARAMEDICAL ED-SOCIAL WORK	CLINICAL PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	
			23.00	23.01	23.02	23.03	23.04	
76.07	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 II PCC						90.15
90.16	09014	HICKORY HILLS PCC						90.16
90.18	09015	DARIEN PCC						90.18
90.20	09016	ORLAND PARK - FP						90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC						90.21
90.22	09018	HOMER GLEN PCC						90.22
90.23	09019	OAK PARK PCC						90.23
90.24	09020	PARK RIDGE PCC						90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB						90.25
90.26	09022	WOODRIDGE PCC						90.26
90.27	09023	NEUROLOGY - NILES						90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER						90.28
90.29	09025	BURR RIDGE PCC						90.29
90.30	09026	RIVER FOREST						90.30
90.31	09027	NORRIDGE						90.31
90.32	09028	ELMWOOD PARK						90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC						90.33
90.34	09034	CHICAGO AND BELMONT						90.34
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
99.10	09910	CORF						99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	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	253,465	0	13,109	13,661	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	253,465	0	13,109	13,661	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
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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	6,670,686	0	6,670,686	30.00
31.00	03100	INTENSIVE CARE UNIT	1,756,599	0	1,756,599	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	559,683	0	559,683	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	827,482	0	827,482	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	338,436	0	338,436	35.01
35.03	02400	HEART TRANSPLANT ICU	1,114,804	0	1,114,804	35.03
35.04	02401	BONE INTENSIVE CARE	521,906	0	521,906	35.04
41.00	04100	SUBPROVIDER - IRF	5,956	0	5,956	41.00
43.00	04300	NURSERY	17,283	0	17,283	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,793,836	0	5,793,836	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,271,314	0	1,271,314	50.01
51.00	05100	RECOVERY ROOM	640,828	0	640,828	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	558,482	0	558,482	52.00
53.00	05300	ANESTHESIOLOGY	574,500	0	574,500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,893,533	0	2,893,533	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	366,712	0	366,712	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,039,141	0	1,039,141	56.00
57.00	05700	CT SCAN	1,059,274	0	1,059,274	57.00
58.00	05800	MRI	865,819	0	865,819	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,551,921	0	2,551,921	59.00
60.00	06000	LABORATORY	1,994,480	0	1,994,480	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.	299,889	0	299,889	63.00
65.00	06500	RESPIRATORY THERAPY	498,059	0	498,059	65.00
66.00	06600	PHYSICAL THERAPY	279,892	0	279,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	152,225	0	152,225	67.00
68.00	06800	SPEECH PATHOLOGY	36,052	0	36,052	68.00
69.00	06900	ELECTROCARDIOLOGY	490,203	0	490,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	383,980	0	383,980	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	573,751	0	573,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	434,770	0	434,770	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,930,894	0	1,930,894	73.00
74.00	07400	RENAL DIALYSIS	645,361	0	645,361	74.00
76.00	03560	PULMONARY LABS	317,741	0	317,741	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 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
76.04	03650	PERIPHERAL VASCULAR	153,349	0	153,349	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	1,126,650	0	1,126,650	76.07
76.09	03953	BONE MARROW PROCUREMENT	13,235	0	13,235	76.09
76.10	03954	BARIASTRICS	26,066	0	26,066	76.10
76.11	03955	HEPATOLOGY	422,990	0	422,990	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	79,276	0	79,276	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	90.01
90.02	09002	CANCER CENTER	3,068,144	0	3,068,144	90.02
90.03	09003	PSYCH SOCIAL REHAB	214,016	0	214,016	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	8,330,807	0	8,330,807	90.07
90.08	09007	OBST OUTPATIENT CENTER	1,549,962	0	1,549,962	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	358,869	0	358,869	90.09
90.10	09009	LAGRANGE FAMILY PCC	511,485	0	511,485	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,014,660	0	1,014,660	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	90.13
90.14	09012	WHEATON PCC	53,965	0	53,965	90.14
90.15	09013	OBST II PCC	330,832	0	330,832	90.15
90.16	09014	HICKORY HILLS PCC	718,057	0	718,057	90.16
90.18	09015	DARIEN PCC	263,262	0	263,262	90.18
90.20	09016	ORLAND PARK - FP	389,353	0	389,353	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	400,141	0	400,141	90.21
90.22	09018	HOMER GLEN PCC	728,410	0	728,410	90.22
90.23	09019	OAK PARK PCC	223,411	0	223,411	90.23
90.24	09020	PARK RIDGE PCC	191,169	0	191,169	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	46,648	0	46,648	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	72,607	0	72,607	90.28
90.29	09025	BURR RIDGE PCC	3,887,798	0	3,887,798	90.29
90.30	09026	RIVER FOREST	338,823	0	338,823	90.30
90.31	09027	NORRIDGE	199,414	0	199,414	90.31
90.32	09028	ELMWOOD PARK	206,950	0	206,950	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	99,123	0	99,123	90.34
91.00	09100	EMERGENCY	846,576	0	846,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	266,454	0	266,454	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,876	0	3,876	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	41,484	0	41,484	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	115,813	0	115,813	105.00
106.00	10600	HEART ACQUISITION	39,618	0	39,618	106.00
107.00	10700	LIVER ACQUISITION	55,556	0	55,556	107.00
108.00	10800	LUNG ACQUISITION	35,550	0	35,550	108.00
109.00	10900	PANCREAS ACQUISITION	14,628	0	14,628	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)	63,904,519	0	63,904,519	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,820	0	78,820	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	25,016	0	25,016	190.02
190.03	19003	OP HOSPITAL PHARMACY	292,298	0	292,298	190.03
190.04	19004	HOSPITALIST	0	0	0	190.04
190.05	19005	STUDENT HEALTH	135	0	135	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	11,945	0	11,945	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	6,131,831	0	6,131,831	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet B
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
193.00	19300	NONPAID WORKERS	29,284	0	29,284		193.00
200.00		Cross Foot Adjustments	868,375	0	868,375		200.00
201.00		Negative Cost Centers	15,891	0	15,891		201.00
202.00		TOTAL (sum lines 118 through 201)	71,358,114	0	71,358,114		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

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	1,989,040					1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST	0	1,989,040				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			15,417,080			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	790	790	1,950	589,126,342		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	156,500	156,500	1,316,562	74,515,153	-218,086,956	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	1,250	0	0	6.00
7.00	00700	OPERATION OF PLANT	593,369	593,369	894,028	11,052,722	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	437	437	0	0	58,122	8.00
9.00	00900	HOUSEKEEPING	25,092	25,092	5,232	5,633,918	0	9.00
10.00	01000	DIETARY	12,686	12,686	27,877	1,984,558	0	10.00
11.00	01100	CAFETERIA	11,855	11,855	0	2,009,855	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	983	983	0	1,021,116	0	12.01
13.00	01300	NURSING ADMINISTRATION	3,110	3,110	10,587	3,223,613	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,714	11,714	459,594	1,585,959	0	14.00
15.00	01500	PHARMACY	13,885	13,885	337,544	8,801,847	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,456	21,456	52,450	11,044,080	0	16.00
17.00	01700	SOCIAL SERVICE	2,302	2,302	2,315	3,734,467	0	17.00
17.01	01701	HOSPITAL MEDICAL ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,488	5,488	549	40,889,694	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	6,460	6,460	4,373	598,244	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	274	274	1,140	107,835	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	188	188	0	659,504	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	143,261	143,261	305,655	46,064,848	0	30.00
31.00	03100	INTENSIVE CARE UNIT	27,696	27,696	300,464	13,348,082	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	10,874	10,874	54,506	3,727,956	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,853	10,853	219,254	5,517,875	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,281	3,281	112,652	2,224,212	0	35.01
35.03	02400	HEART TRANSPLANT ICU	7,828	7,828	491,360	2,447,987	0	35.03
35.04	02401	BONE INTENSIVE CARE	9,233	9,233	71,616	3,339,307	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	2,965	828	0	41.00
43.00	04300	NURSERY	0	0	0	823,933	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,871	61,871	2,022,755	12,318,513	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	23,498	23,498	222,215	2,804,752	0	50.01
51.00	05100	RECOVERY ROOM	12,148	12,148	87,977	2,564,246	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,477	6,477	177,969	2,339,614	0	52.00
53.00	05300	ANESTHESIOLOGY	737	737	306,429	583,688	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,987	39,987	828,767	4,975,096	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,815	1,815	178,821	1,129,148	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,535	6,535	465,410	1,321,215	0	56.00
57.00	05700	CT SCAN	5,070	5,070	496,286	2,843,939	0	57.00
58.00	05800	MRI	9,131	9,131	312,395	1,640,310	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,648	32,648	779,586	6,640,981	0	59.00
60.00	06000	LABORATORY	37,264	37,264	169,993	8,692,592	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.	3,333	3,333	43,571	1,387,405	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,019	5,019	117,741	6,046,912	0	65.00
66.00	06600	PHYSICAL THERAPY	6,678	6,678	3,285	1,937,904	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,715	3,715	0	842,413	0	67.00
68.00	06800	SPEECH PATHOLOGY	740	740	1,795	392,386	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,276	7,276	110,296	2,333,870	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,615	4,615	121,918	1,202,621	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,175	11,175	116,853	3,107,551	0	74.00
76.00	03560	PULMONARY LABS	3,301	3,301	119,085	372,803	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

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	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	1,280	1,280	57,905	732,846	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	12,464	12,464	392,858	2,647,113	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	156,194	0	76.09
76.10	03954	BARIATRICS	0	0	12,355	443,232	0	76.10
76.11	03955	HEPATOLOGY	10,511	10,511	19,165	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	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	2,040	2,040	433	199,171	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	71,802	71,802	121,537	6,348,342	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	5,630	5,630	0	320,674	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	132,500	132,500	1,989,701	23,055,795	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	33,918	33,918	137,653	7,212,064	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	7,637	7,637	39,125	918,435	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	11,983	11,983	27,180	2,214,442	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	26,720	26,720	1,337	2,680,611	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	991	991	9,326	275,103	0	90.14
90.15	09013	OBT II PCC	6,574	6,574	45,708	945,035	0	90.15
90.16	09014	HICKORY HILLS PCC	18,325	18,325	4,789	3,598,988	0	90.16
90.18	09015	DARIEN PCC	5,677	5,677	25,781	917,896	0	90.18
90.20	09016	ORLAND PARK - FP	9,751	9,751	3,851	3,525,204	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	9,757	9,757	2,725	3,114,673	0	90.21
90.22	09018	HOMER GLEN PCC	11,974	11,974	153,005	4,229,378	0	90.22
90.23	09019	OAK PARK PCC	5,291	5,291	10,752	1,679,439	0	90.23
90.24	09020	PARK RIDGE PCC	4,419	4,419	12,055	673,375	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	7,818	3,516,484	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	13,333	699,700	0	90.28
90.29	09025	BURR RIDGE PCC	78,308	78,308	500,589	11,426,477	0	90.29
90.30	09026	RIVER FOREST	8,473	8,473	2,174	2,842,855	0	90.30
90.31	09027	NORRIDGE	5,247	5,247	300	222,984	0	90.31
90.32	09028	ELMWOOD PARK	5,333	5,333	0	565,661	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	2,559	2,559	300	220,138	0	90.34
91.00	09100	EMERGENCY	15,832	15,832	79,424	14,670,248	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	1,132	1,132	117,918	2,906,207	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	384	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	971	971	0	483,430	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	1,694	1,694	0	1,835,200	0	105.00
106.00	10600	HEART ACQUISITION	265	265	1,188	1,842,546	0	106.00
107.00	10700	LIVER ACQUISITION	632	632	0	1,486,895	0	107.00
108.00	10800	LUNG ACQUISITION	265	265	0	1,126,528	0	108.00
109.00	10900	PANCREAS ACQUISITION	359	359	0	2,077	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)	1,872,962	1,872,962	15,147,355	419,571,376	-218,028,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	805	805	0	274,643	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	1,666	870,672	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	699	790,338	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

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	2,557	955		190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	114,301	114,301	264,803	167,547,227		192.01
193.00	19300	NONPAID WORKERS	765	765	0	71,131		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)	22,887,171	24,141,939	24,329,004	77,469,168		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.506642	12.137483	1.578055	0.131498		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				21,756		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000037		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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY COST)	HOUSEKEEPING (SQUARE FEET)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	950,465,633					5.00
6.00	00600	MAINTENANCE & REPAIRS	15,595,752	1,831,750				6.00
7.00	00700	OPERATION OF PLANT	35,436,001	593,369	1,238,381			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	437	437	3,471,542		8.00
9.00	00900	HOUSEKEEPING	15,877,324	25,092	25,092	610	1,212,852	9.00
10.00	01000	DIETARY	944,353	12,686	12,686	0	12,686	10.00
11.00	01100	CAFETERIA	4,391,555	11,855	11,855	0	11,855	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	PATIENT TRANSPORTATION	1,245,349	983	983	0	983	12.01
13.00	01300	NURSING ADMINISTRATION	4,288,206	3,110	3,110	0	3,110	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,673,932	11,714	11,714	0	11,714	14.00
15.00	01500	PHARMACY	21,478,287	13,885	13,885	0	13,885	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,538,433	21,456	21,456	0	21,456	16.00
17.00	01700	SOCIAL SERVICE	4,839,398	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	49,772,309	5,488	5,488	22,737	5,488	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED-MICU	772,600	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	137,723	274	274	0	274	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	795,502	188	188	0	188	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,287,265	143,261	143,261	1,546,957	143,261	30.00
31.00	03100	INTENSIVE CARE UNIT	17,733,651	27,696	27,696	410,630	27,696	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,116,110	10,874	10,874	93,119	10,874	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,101,783	10,853	10,853	299,562	10,853	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,927,705	3,281	3,281	0	3,281	35.01
35.03	02400	HEART TRANSPLANT ICU	3,978,185	7,828	7,828	0	7,828	35.03
35.04	02401	BONE INTENSIVE CARE	4,613,109	9,233	9,233	0	9,233	35.04
41.00	04100	SUBPROVIDER - IRF	83,011	0	0	0	0	41.00
43.00	04300	NURSERY	1,058,462	0	0	4,939	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,460,657	61,871	61,871	131,870	61,871	50.00
50.01	05001	AMBULATORY SURGERY CENTER	5,255,270	23,498	23,498	0	23,498	50.01
51.00	05100	RECOVERY ROOM	3,633,898	12,148	12,148	94,745	12,148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,356,190	6,477	6,477	164,451	6,477	52.00
53.00	05300	ANESTHESIOLOGY	1,682,640	737	737	0	737	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,355,478	39,987	39,987	91,314	39,987	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,653,468	1,815	1,815	0	1,815	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,161,425	6,535	6,535	38,006	6,535	56.00
57.00	05700	CT SCAN	5,844,157	5,070	5,070	10,091	5,070	57.00
58.00	05800	MRI	2,670,178	9,131	9,131	41,039	9,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,567,897	32,648	32,648	94,914	32,648	59.00
60.00	06000	LABORATORY	22,749,509	37,264	37,264	0	37,264	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.	8,243,961	3,333	3,333	35,350	3,333	63.00
65.00	06500	RESPIRATORY THERAPY	8,134,737	5,019	5,019	14,491	5,019	65.00
66.00	06600	PHYSICAL THERAPY	2,283,081	6,678	6,678	62,896	6,678	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,075,670	3,715	3,715	0	3,715	67.00
68.00	06800	SPEECH PATHOLOGY	483,570	740	740	0	740	68.00
69.00	06900	ELECTROCARDIOLOGY	3,252,602	7,276	7,276	0	7,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,836,581	4,615	4,615	7,445	4,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,992,537	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,343,462	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,799,864	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,273,555	11,175	11,175	0	11,175	74.00
76.00	03560	PULMONARY LABS	742,669	3,301	3,301	56,421	3,301	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	1,028,380	1,280	1,280	0	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY COST)	HOUSEKEEPING (SQUARE FEET)	
			5.00	6.00	7.00	8.00	9.00	
76.07	03340	GASTROINTESTINAL SERVICE	4,236,635	12,464	12,464	0	12,464	76.07
76.09	03953	BONE MARROW PROCUREMENT	1,903,312	0	0	0	0	76.09
76.10	03954	BARIATRICS	825,266	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	278,896	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	302,728	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	16,758,489	71,802	71,802	0	71,802	90.02
90.03	09003	PSYCH SOCIAL REHAB	526,390	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	31,292,557	132,500	132,500	0	132,500	90.07
90.08	09007	OBST OUTPATIENT CENTER	9,039,542	33,918	33,918	0	33,918	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	1,627,123	7,637	7,637	0	7,637	90.09
90.10	09009	LAGRANGE FAMILY PCC	2,665,217	11,983	11,983	0	11,983	90.10
90.12	09010	NORTH RIVERSIDE PCC	2,352,767	26,720	26,720	0	26,720	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	248,642	991	991	0	991	90.14
90.15	09013	OBST II PCC	1,744,866	6,574	6,574	0	6,574	90.15
90.16	09014	HICKORY HILLS PCC	3,676,845	18,325	18,325	0	18,325	90.16
90.18	09015	DARIEN PCC	1,281,774	5,677	5,677	0	5,677	90.18
90.20	09016	ORLAND PARK - FP	2,362,866	9,751	9,751	0	9,751	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	4,066,988	9,757	9,757	0	9,757	90.21
90.22	09018	HOMER GLEN PCC	5,368,618	11,974	11,974	0	11,974	90.22
90.23	09019	OAK PARK PCC	1,095,782	5,291	5,291	0	5,291	90.23
90.24	09020	PARK RIDGE PCC	1,050,478	4,419	4,419	0	4,419	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	4,635,452	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	5,062,562	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	19,023,393	78,308	78,308	0	78,308	90.29
90.30	09026	RIVER FOREST	2,389,113	8,473	8,473	0	8,473	90.30
90.31	09027	NORRIDGE	457,041	5,247	5,247	0	5,247	90.31
90.32	09028	ELMWOOD PARK	1,032,685	5,333	5,333	0	5,333	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	433,225	2,559	2,559	0	2,559	90.34
91.00	09100	EMERGENCY	10,367,743	15,832	15,832	249,955	15,832	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	3,715,619	1,132	1,132	0	1,132	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	636,784	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	605,698	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	6,425,102	1,694	1,694	0	1,694	105.00
106.00	10600	HEART ACQUISITION	3,464,284	265	265	0	265	106.00
107.00	10700	LIVER ACQUISITION	3,892,815	632	632	0	632	107.00
108.00	10800	LUNG ACQUISITION	3,230,154	265	265	0	265	108.00
109.00	10900	PANCREAS ACQUISITION	153,032	359	359	0	359	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)	711,797,924	1,715,672	1,122,303	3,471,542	1,096,774	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	367,555	805	805	0	805	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	2,421,309	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	18,590,387	0	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	16,912	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	19,135	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	217,143,143	114,301	114,301	0	114,301	192.01
193.00	19300	NONPAID WORKERS	109,268	765	765	0	765	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LAUNDRY COST)	HOUSEKEEPING (SQUARE FEET)	
			5.00	6.00	7.00	8.00	9.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	218,086,956	19,174,244	49,778,117	-35,982	20,791,681	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.229453	10.467719	40.196125	0.000000	17.142801	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,780,669	96,826	15,687,816	15,891	1,017,501	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006082	0.052860	12.668004	0.004578	0.838933	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	NURSING ADMINISTRATION (RN FTES)	
			10.00	11.00	12.00	12.01	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,566,947					10.00
11.00	01100	CAFETERIA	917,264	9,229,334				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
12.01	01201	PATIENT TRANSPORTATION	0	65,770	0	197,626		12.01
13.00	01300	NURSING ADMINISTRATION	0	54,631	0	0	3,361,348	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	71,540	0	0	0	14.00
15.00	01500	PHARMACY	0	184,993	0	0	366	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	257,857	0	0	19,780	16.00
17.00	01700	SOCIAL SERVICE	0	93,045	0	0	142	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	931,089	0	0	5,163	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	16,312	0	0	1,968	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	0	3,173	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	0	21,481	0	0	13	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	380,706	1,158,268	0	59,102	1,021,106	30.00
31.00	03100	INTENSIVE CARE UNIT	77,700	305,949	0	11,924	289,506	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	10,500	96,008	0	404	87,385	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	114,867	0	229	102,698	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	14,700	49,015	0	723	46,413	35.01
35.03	02400	HEART TRANSPLANT ICU	10,500	56,370	0	1,543	52,512	35.03
35.04	02401	BONE INTENSIVE CARE	10,500	90,661	0	743	82,704	35.04
41.00	04100	SUBPROVIDER - IRF	0	20	0	1,391	20	41.00
43.00	04300	NURSERY	0	22,098	0	0	18,695	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	332,641	0	29	183,259	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	76,467	0	18	50,341	50.01
51.00	05100	RECOVERY ROOM	0	60,268	0	16	56,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	54,175	0	156	46,616	52.00
53.00	05300	ANESTHESIOLOGY	0	25,437	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	123,113	0	34,013	16,096	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	23,393	0	2,172	1,039	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	25,329	0	969	1,782	56.00
57.00	05700	CT SCAN	0	64,184	0	19,630	6,001	57.00
58.00	05800	MRI	0	32,533	0	6,502	2,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	113,198	0	1,481	74,452	59.00
60.00	06000	LABORATORY	0	263,710	0	2,618	154	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	35,631	0	202	5,300	63.00
65.00	06500	RESPIRATORY THERAPY	0	161,485	0	2,713	6	65.00
66.00	06600	PHYSICAL THERAPY	0	41,770	0	3,455	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,285	0	3,588	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,477	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	71,988	0	5,729	10,820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35,439	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	95,043	0	8,121	32,528	74.00
76.00	03560	PULMONARY LABS	0	9,015	0	0	4,028	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:

11/30/2018 10:55 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	NURSING ADMINISTRATION (RN FTES)	
			10.00	11.00	12.00	12.01	13.00	
76.04	03650	PERIPHERAL VASCULAR	0	15,700	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	72,512	0	6,173	46,872	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	3,332	0	0	0	76.09
76.10	03954	BARIATRICS	0	17,367	0	0	1,415	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	6,449	0	26	3,980	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	895	173,376	0	2,358	71,273	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	13,521	0	0	3,146	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	4,898	662,809	0	4	194,717	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	157,477	0	0	45,093	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	30,313	0	0	8,938	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	60,900	0	0	25,815	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	40,186	0	0	12,127	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	8,811	0	0	2,244	90.14
90.15	09013	OBT II PCC	0	31,475	0	0	15,944	90.15
90.16	09014	HICKORY HILLS PCC	0	66,291	0	0	11,106	90.16
90.18	09015	DARIEN PCC	0	31,801	0	0	16,661	90.18
90.20	09016	ORLAND PARK - FP	0	54,758	0	0	26,958	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	88,041	0	0	10,909	90.21
90.22	09018	HOMER GLEN PCC	0	84,757	0	0	29,258	90.22
90.23	09019	OAK PARK PCC	0	28,524	0	0	9,148	90.23
90.24	09020	PARK RIDGE PCC	0	12,059	0	0	3,162	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	62,200	0	0	12,648	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	19,552	0	0	8,535	90.28
90.29	09025	BURR RIDGE PCC	0	269,566	0	0	65,629	90.29
90.30	09026	RIVER FOREST	0	50,650	0	0	24,057	90.30
90.31	09027	NORRIDGE	0	9,886	0	0	2,321	90.31
90.32	09028	ELMWOOD PARK	0	21,030	0	0	8,589	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	9,307	0	0	466	90.34
91.00	09100	EMERGENCY	4,248	212,409	0	12,758	141,349	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	85,005	0	2,637	78,672	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	33	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	10,741	0	0	8,744	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	51,246	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	39,312	0	19	0	106.00
107.00	10700	LIVER ACQUISITION	0	24,940	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	23,840	0	0	1,355	108.00
109.00	10900	PANCREAS ACQUISITION	0	58	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)	1,431,911	7,818,962	0	197,626	3,111,601	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,036	19,799	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	19,338	0	0	3,029	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	20,582	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	37	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	1,348,776	0	0	246,718	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	NURSING ADMINISTRATION (RN FTES)	
			10.00	11.00	12.00	12.01	13.00	
193.00	19300	NONPAID WORKERS	0	1,840	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)	2,021,233	7,386,253	0	1,650,388	5,526,748	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.289918	0.800302	0.000000	8.351067	1.644206	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	521,777	773,276	0	49,695	163,188	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.332990	0.083785	0.000000	0.251460	0.048548	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	HOSPITAL MEDICAL ADMIN (MED ADMIN COMPENSATI)	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	231,861,598					14.00
15.00	01500	PHARMACY	11,189,440	74,748,017				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	164,020	0	1,577,144,039			16.00
17.00	01700	SOCIAL SERVICE	5,932	0	0	128,342	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	116,880	0	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	8,209	0	0	0	0	23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK	0	0	0	0	0	23.02
23.03	02303	CLINICAL PASTORAL EDUCATION	1,474	0	0	0	0	23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM	579	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,355,949	0	252,797,204	90,975	0	30.00
31.00	03100	INTENSIVE CARE UNIT	964,739	0	82,237,917	18,209	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	398,808	0	28,406,987	1,913	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	66,873	0	23,011,572	4,771	0	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	64,162	0	11,069,444	1,947	0	35.01
35.03	02400	HEART TRANSPLANT ICU	145,485	0	14,504,948	2,819	0	35.03
35.04	02401	BONE INTENSIVE CARE	207,333	0	28,019,028	3,109	0	35.04
41.00	04100	SUBPROVIDER - IRF	77,951	0	20,430	0	0	41.00
43.00	04300	NURSERY	80,482	0	4,884,122	4,599	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,563,693	0	80,617,631	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,038,417	0	153,093	0	0	50.01
51.00	05100	RECOVERY ROOM	190,804	0	30,041,031	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,299	0	13,854,780	0	0	52.00
53.00	05300	ANESTHESIOLOGY	486,120	0	76,658,274	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	218,325	0	41,375,080	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,873	0	6,827,129	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,725,926	0	3,450,387	0	0	56.00
57.00	05700	CT SCAN	92,975	0	64,266,754	0	0	57.00
58.00	05800	MRI	29,369	0	19,210,326	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	850,874	0	38,856,392	0	0	59.00
60.00	06000	LABORATORY	7,661,073	0	218,457,580	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.	6,462,551	0	31,521,788	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	624,145	0	92,063,686	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,293	0	12,502,795	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16	0	7,366,203	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,204	0	3,154,474	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,130	0	27,634,957	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,086	0	8,928,916	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,992,362	0	32,456,571	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,343,462	0	56,320,522	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,799,864	65,276,565	128,706,861	0	0	73.00
74.00	07400	RENAL DIALYSIS	75,072	0	11,238,385	0	0	74.00
76.00	03560	PULMONARY LABS	23,926	0	2,211,207	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	HOSPITAL MEDICAL ADMIN (MED ADMIN COMPENSATI)	
			14.00	15.00	16.00	17.00	17.01	
76.04	03650	PERIPHERAL VASCULAR	3,475	0	8,172,687	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	208,130	0	9,678,632	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	109	0	2,165,146	0	0	76.09
76.10	03954	BARITRICS	1,878	0	309	0	0	76.10
76.11	03955	HEPATOLOGY	130	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	20,533	0	3,293	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	7,314,630	2,725,473	273,849	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	11,154	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	242,474	0	3,744,184	0	0	90.07
90.08	09007	OB OUTPATIENT CENTER	35,878	0	64,443	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	18,198	0	3,585	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	23,727	0	11,280	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	17,840	0	6,152	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	1,984	0	1,195	0	0	90.14
90.15	09013	OB II PCC	11,773	0	5,607	0	0	90.15
90.16	09014	HICKORY HILLS PCC	28,075	0	6,053	0	0	90.16
90.18	09015	DARIEN PCC	12,811	0	3,462	0	0	90.18
90.20	09016	ORLAND PARK - FP	19,439	0	2,608	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	15,358	0	9,559	0	0	90.21
90.22	09018	HOMER GLEN PCC	26,387	0	21,586	0	0	90.22
90.23	09019	OAK PARK PCC	6,775	0	2,662	0	0	90.23
90.24	09020	PARK RIDGE PCC	30,106	0	9,885	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	30,643	0	5,119	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	3,588,890	0	4,240	0	0	90.28
90.29	09025	BURR RIDGE PCC	3,415,760	1,470,662	184,495	0	0	90.29
90.30	09026	RIVER FOREST	20,365	0	14,485	0	0	90.30
90.31	09027	NORRIDGE	705	0	537	0	0	90.31
90.32	09028	ELMWOOD PARK	11,650	0	451	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	594,678	0	57,172,862	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	88,737	0	5,497,191	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	2,606	0	501,847	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	14,747,996	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,438,695	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	9,815,754	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	6,215,330	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	530,293	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)	211,967,073	69,472,700	1,577,141,946	128,342	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	1,125,361	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	16,891,572	5,268,676	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	2,006	1,282	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	5,359	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	1,875,427	0	2,093	0	0	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	HOSPITAL MEDICAL ADMIN (MED ADMIN COMPENSATI)	
			14.00	15.00	16.00	17.00	17.01	
193.00	19300	NONPAID WORKERS	159	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)	9,056,827	27,933,762	20,803,924	6,180,832	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.039061	0.373706	0.013191	48.159075	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,207,715	1,254,001	999,350	126,701	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.005209	0.016776	0.000634	0.987214	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
12.01	01201	PATIENT TRANSPORTATION						12.01
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	HOSPITAL MEDICAL ADMIN						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			32,090			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				32,090		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
23.01	02301	PARAMEDICAL ED-MICU						23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK						23.02
23.03	02303	CLINICAL PASTORAL EDUCATION						23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	7,494	7,494	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,891	1,891	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	691	691	0	33.00
35.00	02060	NEONATAL INTENSIVE CARE 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 - 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	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
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	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	0	465	465	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	5,346	5,346	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	622	622	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	114	114	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	1,789	1,789	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
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	62,323,044	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,942.132876	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	588,140	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	18.327828	0.000000	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 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		PARAMEDICAL ED-MICU (TIME SPENT)	PARAMEDICAL ED-SOCIAL WORK (TIME SPENT)	CLINICAL PASTORAL EDUCATION (TIME SPENT)	PHARMACY RESIDENCY PROGRAM (PROGRAM FTES)		
		23.01	23.02	23.03	23.04		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAPITAL-BLDG INTEREST					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
12.01	01201	PATIENT TRANSPORTATION					12.01
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	HOSPITAL MEDICAL ADMIN					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMEDICAL ED-MICU	393,015				23.01
23.02	02302	PARAMEDICAL ED-SOCIAL WORK		0			23.02
23.03	02303	CLINICAL PASTORAL EDUCATION			5,840		23.03
23.04	02304	PHARMACY RESIDENCY PROGRAM				8,320	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	3,320	1,080	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	240	680	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	320	320	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	160	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	680	35.01
35.03	02400	HEART TRANSPLANT ICU	0	0	0	160	35.03
35.04	02401	BONE INTENSIVE CARE	0	0	0	0	35.04
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	540	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	03420	LABORATORY - 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.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,720	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03560	PULMONARY LABS	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			PARAMEDICAL ED-MICU (TIME SPENT)	PARAMEDICAL ED-SOCIAL WORK (TIME SPENT)	CLINICAL PASTORAL EDUCATION (TIME SPENT)	PHARMACY RESIDENCY PROGRAM (PROGRAM FTES)	
			23.01	23.02	23.03	23.04	
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	0	280	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0	76.09
76.10	03954	BARIATRICS	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0	0	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	760	90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0	0	0	0	90.14
90.15	09013	OBT II PCC	0	0	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0	0	0	0	90.30
90.31	09027	NORRIDGE	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	0	0	0	0	90.34
91.00	09100	EMERGENCY	393,015	0	1,140	1,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	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	400	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	320	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	393,015	0	5,840	8,320	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	HINES RADIATION THERAPY	0	0	0	0	190.01
190.02	19002	HOME INFUSION THERAPY	0	0	0	0	190.02
190.03	19003	OP HOSPITAL PHARMACY	0	0	0	0	190.03
190.04	19004	HOSPITALIST	0	0	0	0	190.04
190.05	19005	STUDENT HEALTH	0	0	0	0	190.05
190.06	19006	DISCONTINUED HHA AND HOSPICE	0	0	0	0	190.06
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19202	FACULTY CLINICAL OPERATIONS	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

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

Worksheet B-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		PARAMEDICAL ED-MICU (TIME SPENT)	PARAMEDICAL ED-SOCIAL WORK (TIME SPENT)	CLINICAL PASTORAL EDUCATION (TIME SPENT)	PHARMACY RESIDENCY PROGRAM (PROGRAM FTES)		
		23.01	23.02	23.03	23.04		
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,404,517	0	190,500	1,008,015		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.573698	0.000000	32.619863	121.155649		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	253,465	0	13,109	13,661		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.644924	0.000000	2.244692	1.641947		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 07/01/2017
To 06/30/2018

Worksheet B-2

Date/Time Prepared:
11/30/2018 10:55 am

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	-236,606 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 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 10:55 am

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,367,691		84,367,691	0	84,367,691	30.00
31.00	03100	INTENSIVE CARE UNIT	26,690,956		26,690,956	0	26,690,956	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,796,410		7,796,410	0	7,796,410	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,285,221		10,285,221	0	10,285,221	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,287,165		4,287,165	0	4,287,165	35.01
35.03	02400	HEART TRANSPLANT ICU	5,931,828		5,931,828	0	5,931,828	35.03
35.04	02401	BONE INTENSIVE CARE	7,053,371		7,053,371	0	7,053,371	35.04
41.00	04100	SUBPROVIDER - IRF	117,037		117,037	0	117,037	41.00
43.00	04300	NURSERY	1,638,806		1,638,806	0	1,638,806	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,940,170		39,940,170	0	39,940,170	50.00
50.01	05001	AMBULATORY SURGERY CENTER	8,241,127		8,241,127	0	8,241,127	50.01
51.00	05100	RECOVERY ROOM	5,836,724		5,836,724	0	5,836,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,873,598		4,873,598	0	4,873,598	52.00
53.00	05300	ANESTHESIOLOGY	3,169,245		3,169,245	0	3,169,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,947,396		13,947,396	0	13,947,396	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,284,667		2,284,667	0	2,284,667	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	8,240,644		8,240,644	0	8,240,644	56.00
57.00	05700	CT SCAN	8,605,435		8,605,435	0	8,605,435	57.00
58.00	05800	MRI	4,241,633		4,241,633	0	4,241,633	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,977,650		15,977,650	0	15,977,650	59.00
60.00	06000	LABORATORY	33,910,285		33,910,285	0	33,910,285	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.	11,068,718		11,068,718	0	11,068,718	63.00
65.00	06500	RESPIRATORY THERAPY	11,732,293	0	11,732,293	0	11,732,293	65.00
66.00	06600	PHYSICAL THERAPY	3,487,011	0	3,487,011	0	3,487,011	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,719,357	0	1,719,357	0	1,719,357	67.00
68.00	06800	SPEECH PATHOLOGY	693,263	0	693,263	0	693,263	68.00
69.00	06900	ELECTROCARDIOLOGY	4,980,573		4,980,573	0	4,980,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,717,416		2,717,416	0	2,717,416	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,575,848		62,575,848	0	62,575,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,576,600		45,576,600	0	45,576,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,158,177		111,158,177	0	111,158,177	73.00
74.00	07400	RENAL DIALYSIS	6,123,812		6,123,812	0	6,123,812	74.00
76.00	03560	PULMONARY LABS	1,180,847		1,180,847	0	1,180,847	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	1,523,255		1,523,255	0	1,523,255	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	6,385,471		6,385,471	0	6,385,471	76.07
76.09	03953	BONE MARROW PROCUREMENT	2,371,264		2,371,264	0	2,371,264	76.09
76.10	03954	BARIATRICS	1,030,929		1,030,929	0	1,030,929	76.10
76.11	03955	HEPATOLOGY	1,055,610		1,055,610	0	1,055,610	76.11
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	523,282		523,282	0	523,282	90.00
90.01	09001	CARDIAC REHABILITATION	0		0	0	0	90.01
90.02	09002	CANCER CENTER	27,057,068		27,057,068	0	27,057,068	90.02
90.03	09003	PSYCH SOCIAL REHAB	1,045,353		1,045,353	0	1,045,353	90.03
90.04	09004	WELLNESS ASSESSMENT	0		0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0		0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	48,465,001		48,465,001	0	48,465,001	90.07
90.08	09007	OBT OUTPATIENT CENTER	13,615,980		13,615,980	0	13,615,980	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	2,558,025		2,558,025	0	2,558,025	90.09
90.10	09009	LAGRANGE FAMILY PCC	4,181,545		4,181,545	0	4,181,545	90.10
90.12	09010	NORTH RIVERSIDE PCC	4,757,287		4,757,287	0	4,757,287	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0		0	0	0	90.13
90.14	09012	WHEATON PCC	383,725		383,725	0	383,725	90.14
90.15	09013	OBT II PCC	2,642,931		2,642,931	0	2,642,931	90.15
90.16	09014	HICKORY HILLS PCC	5,835,556		5,835,556	0	5,835,556	90.16
90.18	09015	DARIEN PCC	2,014,209		2,014,209	0	2,014,209	90.18
90.20	09016	ORLAND PARK - FP	3,655,156		3,655,156	0	3,655,156	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	5,750,883		5,750,883	0	5,750,883	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 10:55 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
90.22	09018	HOMER GLEN PCC	7,529,633		7,529,633	0	7,529,633	90.22	
90.23	09019	OAK PARK PCC	1,744,147		1,744,147	0	1,744,147	90.23	
90.24	09020	PARK RIDGE PCC	1,607,307		1,607,307	0	1,607,307	90.24	
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	5,770,910		5,770,910	0	5,770,910	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	6,394,105		6,394,105	0	6,394,105	90.28	
90.29	09025	BURR RIDGE PCC	29,707,264		29,707,264	0	29,707,264	90.29	
90.30	09026	RIVER FOREST	3,592,904		3,592,904	0	3,592,904	90.30	
90.31	09027	NORRIDGE	929,454		929,454	0	929,454	90.31	
90.32	09028	ELMWOOD PARK	1,662,664		1,662,664	0	1,662,664	90.32	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0		0	0	0	90.33	
90.34	09034	CHICAGO AND BELMONT	714,361		714,361	0	714,361	90.34	
91.00	09100	EMERGENCY	16,679,691		16,679,691	0	16,679,691	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,339,841		9,339,841		9,339,841	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	4,940,320		4,940,320	0	4,940,320	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	782,922		782,922	0	782,922	95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	840,212		840,212	0	840,212	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	8,249,778		8,249,778		8,249,778	105.00	
106.00	10600	HEART ACQUISITION	4,428,967		4,428,967		4,428,967	106.00	
107.00	10700	LIVER ACQUISITION	4,978,327		4,978,327		4,978,327	107.00	
108.00	10800	LUNG ACQUISITION	4,131,355		4,131,355		4,131,355	108.00	
109.00	10900	PANCREAS ACQUISITION	219,529		219,529		219,529	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)	809,547,195	0	809,547,195	0	809,547,195	200.00	
201.00		Less Observation Beds	9,339,841		9,339,841		9,339,841	201.00	
202.00		Total (see instructions)	800,207,354	0	800,207,354	0	800,207,354	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet C
Part I
Date/Time Prepared:
11/30/2018 10:55 am

			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	246,983,582		246,983,582			30.00	
31.00	03100	INTENSIVE CARE UNIT	82,237,917		82,237,917			31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	28,406,987		28,406,987			33.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	23,011,572		23,011,572			35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,069,444		11,069,444			35.01	
35.03	02400	HEART TRANSPLANT ICU	14,504,948		14,504,948			35.03	
35.04	02401	BONE INTENSIVE CARE	28,019,028		28,019,028			35.04	
41.00	04100	SUBPROVIDER - IRF	20,430		20,430			41.00	
43.00	04300	NURSERY	4,884,122		4,884,122			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	80,617,631	29,777,027	110,394,658	0.361794	0.000000	50.00	
50.01	05001	AMBULATORY SURGERY CENTER	153,093	55,149,205	55,302,298	0.149020	0.000000	50.01	
51.00	05100	RECOVERY ROOM	30,041,031	26,994,881	57,035,912	0.102334	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,854,780	999,799	14,854,579	0.328087	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	76,658,274	35,811,098	112,469,372	0.028179	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,375,080	57,737,552	99,112,632	0.140723	0.000000	54.00	
54.01	03630	RADIOLOGY-ULTRASOUND	6,827,129	19,743,114	26,570,243	0.085986	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,450,387	37,536,466	40,986,853	0.201056	0.000000	56.00	
57.00	05700	CT SCAN	64,266,754	87,557,166	151,823,920	0.056680	0.000000	57.00	
58.00	05800	MRI	19,210,326	51,770,090	70,980,416	0.059758	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	38,856,392	79,289,912	118,146,304	0.135236	0.000000	59.00	
60.00	06000	LABORATORY	218,457,580	291,368,062	509,825,642	0.066513	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.	31,521,788	10,345,110	41,866,898	0.264379	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	92,063,686	2,627,480	94,691,166	0.123901	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	12,502,795	1,533,792	14,036,587	0.248423	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	7,366,203	513,712	7,879,915	0.218195	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	3,154,474	70,390	3,224,864	0.214974	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	27,634,957	31,065,535	58,700,492	0.084847	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	8,928,916	4,827,129	13,756,045	0.197543	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,456,571	25,251,396	57,707,967	1.084354	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,320,522	33,239,695	89,560,217	0.508893	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	128,706,861	210,726,974	339,433,835	0.327481	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	11,238,385	32,561,304	43,799,689	0.139814	0.000000	74.00	
76.00	03560	PULMONARY LABS	2,211,207	2,842,393	5,053,600	0.233665	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	8,172,687	8,802,039	16,974,726	0.089737	0.000000	76.04	
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000	76.05	
76.07	03340	GASTROINTESTINAL SERVICE	9,678,632	53,065,263	62,743,895	0.101770	0.000000	76.07	
76.09	03953	BONE MARROW PROCUREMENT	2,165,146	784,114	2,949,260	0.804020	0.000000	76.09	
76.10	03954	BARIATRICS	309	375,913	376,222	2.740215	0.000000	76.10	
76.11	03955	HEPATOLOGY	0	73,489	73,489	14.364191	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	3,293	1,233,954	1,237,247	0.422941	0.000000	90.00	
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	90.01	
90.02	09002	CANCER CENTER	273,849	29,354,142	29,627,991	0.913227	0.000000	90.02	
90.03	09003	PSYCH SOCIAL REHAB	0	3,132	3,132	333.765326	0.000000	90.03	
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0.000000	0.000000	90.04	
90.06	09005	HEART FAILURE CLINIC	0	0	0	0.000000	0.000000	90.06	
90.07	09006	LOC OUTPATIENT CENTER	3,744,184	158,447,136	162,191,320	0.298814	0.000000	90.07	
90.08	09007	OBT OUTPATIENT CENTER	64,443	32,354,631	32,419,074	0.419999	0.000000	90.08	
90.09	09008	ELMHURST IMMEDIATE CARE	3,585	3,137,381	3,140,966	0.814407	0.000000	90.09	
90.10	09009	LAGRANGE FAMILY PCC	11,280	10,223,477	10,234,757	0.408563	0.000000	90.10	
90.12	09010	NORTH RIVERSIDE PCC	6,152	2,649,291	2,655,443	1.791523	0.000000	90.12	
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000	90.13	
90.14	09012	WHEATON PCC	1,195	505,298	506,493	0.757612	0.000000	90.14	
90.15	09013	OBT II PCC	5,607	4,397,273	4,402,880	0.600273	0.000000	90.15	
90.16	09014	HICKORY HILLS PCC	6,053	11,657,062	11,663,115	0.500343	0.000000	90.16	
90.18	09015	DARIEN PCC	3,462	1,086,025	1,089,487	1.848768	0.000000	90.18	
90.20	09016	ORLAND PARK - FP	2,608	4,422,210	4,424,818	0.826058	0.000000	90.20	
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	9,559	21,731,801	21,741,360	0.264513	0.000000	90.21	
90.22	09018	HOMER GLEN PCC	21,586	17,242,330	17,263,916	0.436149	0.000000	90.22	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
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					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	2,662	1,642,246	1,644,908	1.060331	0.000000	90.23	
90.24	09020	PARK RIDGE PCC	9,885	5,035,806	5,045,691	0.318550	0.000000	90.24	
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	5,119	2,022,170	2,027,289	2.846614	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	4,240	4,488,442	4,492,682	1.423227	0.000000	90.28	
90.29	09025	BURR RIDGE PCC	184,495	102,825,601	103,010,096	0.288392	0.000000	90.29	
90.30	09026	RIVER FOREST	14,485	10,532,033	10,546,518	0.340672	0.000000	90.30	
90.31	09027	NORRIDGE	537	917,210	917,747	1.012756	0.000000	90.31	
90.32	09028	ELMWOOD PARK	451	1,381,552	1,382,003	1.203083	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	0	392,694	392,694	1.819129	0.000000	90.34	
91.00	09100	EMERGENCY	57,172,862	83,480,661	140,653,523	0.118587	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,813,622	15,135,627	20,949,249	0.445832	0.000000	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	5,497,191	12,731,576	18,228,767	0.271018	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	501,847	4,006,471	4,508,318	0.186369	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	14,747,996	2,725,085	17,473,081			105.00	
106.00	10600	HEART ACQUISITION	5,438,695	517,210	5,955,905			106.00	
107.00	10700	LIVER ACQUISITION	9,815,754	906,508	10,722,262			107.00	
108.00	10800	LUNG ACQUISITION	6,215,330	533,894	6,749,224			108.00	
109.00	10900	PANCREAS ACQUISITION	530,293	38,930	569,223			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)	1,577,141,946	1,740,198,959	3,317,340,905			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,577,141,946	1,740,198,959	3,317,340,905			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
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	0.361794			50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.149020			50.01
51.00	05100	RECOVERY ROOM	0.102334			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328087			52.00
53.00	05300	ANESTHESIOLOGY	0.028179			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140723			54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.085986			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.201056			56.00
57.00	05700	CT SCAN	0.056680			57.00
58.00	05800	MRI	0.059758			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135236			59.00
60.00	06000	LABORATORY	0.066513			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.	0.264379			63.00
65.00	06500	RESPIRATORY THERAPY	0.123901			65.00
66.00	06600	PHYSICAL THERAPY	0.248423			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218195			67.00
68.00	06800	SPEECH PATHOLOGY	0.214974			68.00
69.00	06900	ELECTROCARDIOLOGY	0.084847			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197543			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.084354			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.508893			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327481			73.00
74.00	07400	RENAL DIALYSIS	0.139814			74.00
76.00	03560	PULMONARY LABS	0.233665			76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000			76.01
76.03	03951	HYPERALIMENTATION	0.000000			76.03
76.04	03650	PERIPHERAL VASCULAR	0.089737			76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000			76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.101770			76.07
76.09	03953	BONE MARROW PROCUREMENT	0.804020			76.09
76.10	03954	BARIATRICS	2.740215			76.10
76.11	03955	HEPATOLOGY	14.364191			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	0.422941			90.00
90.01	09001	CARDIAC REHABILITATION	0.000000			90.01
90.02	09002	CANCER CENTER	0.913227			90.02
90.03	09003	PSYCH SOCIAL REHAB	333.765326			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	0.298814			90.07
90.08	09007	OBT OUTPATIENT CENTER	0.419999			90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.814407			90.09
90.10	09009	LAGRANGE FAMILY PCC	0.408563			90.10
90.12	09010	NORTH RIVERSIDE PCC	1.791523			90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000			90.13
90.14	09012	WHEATON PCC	0.757612			90.14
90.15	09013	OBT II PCC	0.600273			90.15
90.16	09014	HICKORY HILLS PCC	0.500343			90.16
90.18	09015	DARIEN PCC	1.848768			90.18
90.20	09016	ORLAND PARK - FP	0.826058			90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.264513			90.21
90.22	09018	HOMER GLEN PCC	0.436149			90.22
90.23	09019	OAK PARK PCC	1.060331			90.23
90.24	09020	PARK RIDGE PCC	0.318550			90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.846614			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	1.423227			90.28
90.29	09025	BURR RIDGE PCC	0.288392			90.29
90.30	09026	RIVER FOREST	0.340672			90.30
90.31	09027	NORRIDGE	1.012756			90.31
90.32	09028	ELMWOOD PARK	1.203083			90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000			90.33
90.34	09034	CHICAGO AND BELMONT	1.819129			90.34
91.00	09100	EMERGENCY	0.118587			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.445832			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.271018			92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.186369			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

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			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,367,691		84,367,691	0
31.00	03100	INTENSIVE CARE UNIT	26,690,956		26,690,956	0
33.00	03300	BURN INTENSIVE CARE UNIT	7,796,410		7,796,410	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,285,221		10,285,221	0
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,287,165		4,287,165	0
35.03	02400	HEART TRANSPLANT ICU	5,931,828		5,931,828	0
35.04	02401	BONE INTENSIVE CARE	7,053,371		7,053,371	0
41.00	04100	SUBPROVIDER - IRF	117,037		117,037	0
43.00	04300	NURSERY	1,638,806		1,638,806	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,940,170		39,940,170	0
50.01	05001	AMBULATORY SURGERY CENTER	8,241,127		8,241,127	0
51.00	05100	RECOVERY ROOM	5,836,724		5,836,724	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,873,598		4,873,598	0
53.00	05300	ANESTHESIOLOGY	3,169,245		3,169,245	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,947,396		13,947,396	0
54.01	03630	RADIOLOGY-ULTRASOUND	2,284,667		2,284,667	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0
56.00	05600	RADIOISOTOPE	8,240,644		8,240,644	0
57.00	05700	CT SCAN	8,605,435		8,605,435	0
58.00	05800	MRI	4,241,633		4,241,633	0
59.00	05900	CARDIAC CATHETERIZATION	15,977,650		15,977,650	0
60.00	06000	LABORATORY	33,910,285		33,910,285	0
60.01	03420	LABORATORY - PATHOLOGICAL	0		0	0
60.02	03956	LABORATORY-NEUROSURGICAL	0		0	0
60.03	03957	LABORATORY-HLA	0		0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,068,718		11,068,718	0
65.00	06500	RESPIRATORY THERAPY	11,732,293	0	11,732,293	0
66.00	06600	PHYSICAL THERAPY	3,487,011	0	3,487,011	0
67.00	06700	OCCUPATIONAL THERAPY	1,719,357	0	1,719,357	0
68.00	06800	SPEECH PATHOLOGY	693,263	0	693,263	0
69.00	06900	ELECTROCARDIOLOGY	4,980,573		4,980,573	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,717,416		2,717,416	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,575,848		62,575,848	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	45,576,600		45,576,600	0
73.00	07300	DRUGS CHARGED TO PATIENTS	111,158,177		111,158,177	0
74.00	07400	RENAL DIALYSIS	6,123,812		6,123,812	0
76.00	03560	PULMONARY LABS	1,180,847		1,180,847	0
76.01	03950	OCCUPATIONAL HEALTH	0		0	0
76.03	03951	HYPERALIMENTATION	0		0	0
76.04	03650	PERIPHERAL VASCULAR	1,523,255		1,523,255	0
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0
76.07	03340	GASTROINTESTINAL SERVICE	6,385,471		6,385,471	0
76.09	03953	BONE MARROW PROCUREMENT	2,371,264		2,371,264	0
76.10	03954	BARIATRICS	1,030,929		1,030,929	0
76.11	03955	HEPATOLOGY	1,055,610		1,055,610	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	523,282		523,282	0
90.01	09001	CARDIAC REHABILITATION	0		0	0
90.02	09002	CANCER CENTER	27,057,068		27,057,068	0
90.03	09003	PSYCH SOCIAL REHAB	1,045,353		1,045,353	0
90.04	09004	WELLNESS ASSESSMENT	0		0	0
90.06	09005	HEART FAILURE CLINIC	0		0	0
90.07	09006	LOC OUTPATIENT CENTER	48,465,001		48,465,001	0
90.08	09007	OBT OUTPATIENT CENTER	13,615,980		13,615,980	0
90.09	09008	ELMHURST IMMEDIATE CARE	2,558,025		2,558,025	0
90.10	09009	LAGRANGE FAMILY PCC	4,181,545		4,181,545	0
90.12	09010	NORTH RIVERSIDE PCC	4,757,287		4,757,287	0
90.13	09011	GLENDALE HEIGHTS PCC	0		0	0
90.14	09012	WHEATON PCC	383,725		383,725	0
90.15	09013	OBT II PCC	2,642,931		2,642,931	0
90.16	09014	HICKORY HILLS PCC	5,835,556		5,835,556	0
90.18	09015	DARIEN PCC	2,014,209		2,014,209	0
90.20	09016	ORLAND PARK - FP	3,655,156		3,655,156	0
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	5,750,883		5,750,883	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

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				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	7,529,633		7,529,633	0	7,529,633	90.22
90.23	09019	OAK PARK PCC	1,744,147		1,744,147	0	1,744,147	90.23
90.24	09020	PARK RIDGE PCC	1,607,307		1,607,307	0	1,607,307	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	5,770,910		5,770,910	0	5,770,910	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	6,394,105		6,394,105	0	6,394,105	90.28
90.29	09025	BURR RIDGE PCC	29,707,264		29,707,264	0	29,707,264	90.29
90.30	09026	RIVER FOREST	3,592,904		3,592,904	0	3,592,904	90.30
90.31	09027	NORRIDGE	929,454		929,454	0	929,454	90.31
90.32	09028	ELMWOOD PARK	1,662,664		1,662,664	0	1,662,664	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0		0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	714,361		714,361	0	714,361	90.34
91.00	09100	EMERGENCY	16,679,691		16,679,691	0	16,679,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,339,841		9,339,841		9,339,841	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4,940,320		4,940,320	0	4,940,320	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	782,922		782,922	0	782,922	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	840,212		840,212	0	840,212	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	8,249,778		8,249,778		8,249,778	105.00
106.00	10600	HEART ACQUISITION	4,428,967		4,428,967		4,428,967	106.00
107.00	10700	LIVER ACQUISITION	4,978,327		4,978,327		4,978,327	107.00
108.00	10800	LUNG ACQUISITION	4,131,355		4,131,355		4,131,355	108.00
109.00	10900	PANCREAS ACQUISITION	219,529		219,529		219,529	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)	809,547,195	0	809,547,195	0	809,547,195	200.00
201.00		Less Observation Beds	9,339,841		9,339,841		9,339,841	201.00
202.00		Total (see instructions)	800,207,354	0	800,207,354	0	800,207,354	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet C
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			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	246,983,582		246,983,582			30.00	
31.00	03100	INTENSIVE CARE UNIT	82,237,917		82,237,917			31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	28,406,987		28,406,987			33.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	23,011,572		23,011,572			35.00	
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	11,069,444		11,069,444			35.01	
35.03	02400	HEART TRANSPLANT ICU	14,504,948		14,504,948			35.03	
35.04	02401	BONE INTENSIVE CARE	28,019,028		28,019,028			35.04	
41.00	04100	SUBPROVIDER - IRF	20,430		20,430			41.00	
43.00	04300	NURSERY	4,884,122		4,884,122			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	80,617,631	29,777,027	110,394,658	0.361794	0.000000	50.00	
50.01	05001	AMBULATORY SURGERY CENTER	153,093	55,149,205	55,302,298	0.149020	0.000000	50.01	
51.00	05100	RECOVERY ROOM	30,041,031	26,994,881	57,035,912	0.102334	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,854,780	999,799	14,854,579	0.328087	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	76,658,274	35,811,098	112,469,372	0.028179	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,375,080	57,737,552	99,112,632	0.140723	0.000000	54.00	
54.01	03630	RADIOLOGY-ULTRASOUND	6,827,129	19,743,114	26,570,243	0.085986	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,450,387	37,536,466	40,986,853	0.201056	0.000000	56.00	
57.00	05700	CT SCAN	64,266,754	87,557,166	151,823,920	0.056680	0.000000	57.00	
58.00	05800	MRI	19,210,326	51,770,090	70,980,416	0.059758	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	38,856,392	79,289,912	118,146,304	0.135236	0.000000	59.00	
60.00	06000	LABORATORY	218,457,580	291,368,062	509,825,642	0.066513	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.	31,521,788	10,345,110	41,866,898	0.264379	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	92,063,686	2,627,480	94,691,166	0.123901	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	12,502,795	1,533,792	14,036,587	0.248423	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	7,366,203	513,712	7,879,915	0.218195	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	3,154,474	70,390	3,224,864	0.214974	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	27,634,957	31,065,535	58,700,492	0.084847	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	8,928,916	4,827,129	13,756,045	0.197543	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,456,571	25,251,396	57,707,967	1.084354	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,320,522	33,239,695	89,560,217	0.508893	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	128,706,861	210,726,974	339,433,835	0.327481	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	11,238,385	32,561,304	43,799,689	0.139814	0.000000	74.00	
76.00	03560	PULMONARY LABS	2,211,207	2,842,393	5,053,600	0.233665	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	8,172,687	8,802,039	16,974,726	0.089737	0.000000	76.04	
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0.000000	0.000000	76.05	
76.07	03340	GASTROINTESTINAL SERVICE	9,678,632	53,065,263	62,743,895	0.101770	0.000000	76.07	
76.09	03953	BONE MARROW PROCUREMENT	2,165,146	784,114	2,949,260	0.804020	0.000000	76.09	
76.10	03954	BARIATRICS	309	375,913	376,222	2.740215	0.000000	76.10	
76.11	03955	HEPATOLOGY	0	73,489	73,489	14.364191	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	3,293	1,233,954	1,237,247	0.422941	0.000000	90.00	
90.01	09001	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	90.01	
90.02	09002	CANCER CENTER	273,849	29,354,142	29,627,991	0.913227	0.000000	90.02	
90.03	09003	PSYCH SOCIAL REHAB	0	3,132	3,132	333.765326	0.000000	90.03	
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0.000000	0.000000	90.04	
90.06	09005	HEART FAILURE CLINIC	0	0	0	0.000000	0.000000	90.06	
90.07	09006	LOC OUTPATIENT CENTER	3,744,184	158,447,136	162,191,320	0.298814	0.000000	90.07	
90.08	09007	OBT OUTPATIENT CENTER	64,443	32,354,631	32,419,074	0.419999	0.000000	90.08	
90.09	09008	ELMHURST IMMEDIATE CARE	3,585	3,137,381	3,140,966	0.814407	0.000000	90.09	
90.10	09009	LAGRANGE FAMILY PCC	11,280	10,223,477	10,234,757	0.408563	0.000000	90.10	
90.12	09010	NORTH RIVERSIDE PCC	6,152	2,649,291	2,655,443	1.791523	0.000000	90.12	
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0.000000	0.000000	90.13	
90.14	09012	WHEATON PCC	1,195	505,298	506,493	0.757612	0.000000	90.14	
90.15	09013	OBT II PCC	5,607	4,397,273	4,402,880	0.600273	0.000000	90.15	
90.16	09014	HICKORY HILLS PCC	6,053	11,657,062	11,663,115	0.500343	0.000000	90.16	
90.18	09015	DARIEN PCC	3,462	1,086,025	1,089,487	1.848768	0.000000	90.18	
90.20	09016	ORLAND PARK - FP	2,608	4,422,210	4,424,818	0.826058	0.000000	90.20	
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	9,559	21,731,801	21,741,360	0.264513	0.000000	90.21	
90.22	09018	HOMER GLEN PCC	21,586	17,242,330	17,263,916	0.436149	0.000000	90.22	

COMPUTATION OF RATIO OF COSTS TO CHARGES

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			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		
90.23	09019	OAK PARK PCC	2,662	1,642,246	1,644,908	1.060331	0.000000
90.24	09020	PARK RIDGE PCC	9,885	5,035,806	5,045,691	0.318550	0.000000
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	5,119	2,022,170	2,027,289	2.846614	0.000000
90.26	09022	WOODRIDGE PCC	0	0	0	0.000000	0.000000
90.27	09023	NEUROLOGY - NILES	0	0	0	0.000000	0.000000
90.28	09024	MARJORIE WEINBERG CANCER CENTER	4,240	4,488,442	4,492,682	1.423227	0.000000
90.29	09025	BURR RIDGE PCC	184,495	102,825,601	103,010,096	0.288392	0.000000
90.30	09026	RIVER FOREST	14,485	10,532,033	10,546,518	0.340672	0.000000
90.31	09027	NORRIDGE	537	917,210	917,747	1.012756	0.000000
90.32	09028	ELMWOOD PARK	451	1,381,552	1,382,003	1.203083	0.000000
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0.000000	0.000000
90.34	09034	CHICAGO AND BELMONT	0	392,694	392,694	1.819129	0.000000
91.00	09100	EMERGENCY	57,172,862	83,480,661	140,653,523	0.118587	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,813,622	15,135,627	20,949,249	0.445832	0.000000
92.01	09201	OBSERVATION BEDS-DISTINCT	5,497,191	12,731,576	18,228,767	0.271018	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	501,847	4,006,471	4,508,318	0.186369	0.000000
99.10	09910	CORF	0	0	0		
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		
99.30	09931	OOT	0	0	0		
99.40	09941	OSP	0	0	0		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	14,747,996	2,725,085	17,473,081		
106.00	10600	HEART ACQUISITION	5,438,695	517,210	5,955,905		
107.00	10700	LIVER ACQUISITION	9,815,754	906,508	10,722,262		
108.00	10800	LUNG ACQUISITION	6,215,330	533,894	6,749,224		
109.00	10900	PANCREAS ACQUISITION	530,293	38,930	569,223		
110.00	11000	INTESTINAL ACQUISITION	0	0	0		
111.00	11100	ISLET ACQUISITION	0	0	0		
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0		
200.00		Subtotal (see instructions)	1,577,141,946	1,740,198,959	3,317,340,905		
201.00		Less Observation Beds					
202.00		Total (see instructions)	1,577,141,946	1,740,198,959	3,317,340,905		

COMPUTATION OF RATIO OF COSTS TO CHARGES

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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	OB II PCC	0.000000			90.15
90.16	09014	HICKORY HILLS PCC	0.000000			90.16
90.18	09015	DARIEN PCC	0.000000			90.18
90.20	09016	ORLAND PARK - FP	0.000000			90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.000000			90.21
90.22	09018	HOMER GLEN PCC	0.000000			90.22
90.23	09019	OAK PARK PCC	0.000000			90.23
90.24	09020	PARK RIDGE PCC	0.000000			90.24

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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 07/01/2017
To 06/30/2018Worksheet D
Part I
Date/Time Prepared:
11/30/2018 10:55 am

			Title XVIII		Hospital	PPS		
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	6,670,686	0	6,670,686	102,300	65.21	30.00	
31.00	INTENSIVE CARE UNIT	1,756,599		1,756,599	18,209	96.47	31.00	
33.00	BURN INTENSIVE CARE UNIT	559,683		559,683	1,913	292.57	33.00	
35.00	NEONATAL INTENSIVE CARE UNIT	827,482		827,482	4,771	173.44	35.00	
35.01	PEDIATRIC INTENSIVE CARE UNIT	338,436		338,436	1,947	173.82	35.01	
35.03	HEART TRANSPLANT ICU	1,114,804		1,114,804	2,819	395.46	35.03	
35.04	BONE INTENSIVE CARE	521,906		521,906	3,109	167.87	35.04	
41.00	SUBPROVIDER - IRF	5,956	0	5,956	0	0.00	41.00	
43.00	NURSERY	17,283		17,283	4,599	3.76	43.00	
200.00	Total (lines 30 through 199)	11,812,835		11,812,835	139,667		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	30,142	1,965,560					30.00
31.00	INTENSIVE CARE UNIT	6,475	624,643					31.00
33.00	BURN INTENSIVE CARE UNIT	1,267	370,686					33.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0					35.01
35.03	HEART TRANSPLANT ICU	1,289	509,748					35.03
35.04	BONE INTENSIVE CARE	1,964	329,697					35.04
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	41,137	3,800,334					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part II
Date/Time Prepared:
11/30/2018 10:55 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,793,836	110,394,658	0.052483	27,011,704	1,417,655	50.00
50.01	05001	AMBULATORY SURGERY CENTER	1,271,314	55,302,298	0.022988	64,250	1,477	50.01
51.00	05100	RECOVERY ROOM	640,828	57,035,912	0.011236	9,915,685	111,413	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	558,482	14,854,579	0.037597	98,721	3,712	52.00
53.00	05300	ANESTHESIOLOGY	574,500	112,469,372	0.005108	25,919,312	132,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,893,533	99,112,632	0.029194	15,024,401	438,622	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	366,712	26,570,243	0.013802	2,332,807	32,197	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	1,039,141	40,986,853	0.025353	1,389,515	35,228	56.00
57.00	05700	CT SCAN	1,059,274	151,823,920	0.006977	22,271,118	155,386	57.00
58.00	05800	MRI	865,819	70,980,416	0.012198	6,976,911	85,104	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,551,921	118,146,304	0.021600	16,093,717	347,624	59.00
60.00	06000	LABORATORY	1,994,480	509,825,642	0.003912	81,169,648	317,536	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.	299,889	41,866,898	0.007163	11,295,654	80,911	63.00
65.00	06500	RESPIRATORY THERAPY	498,059	94,691,166	0.005260	31,511,793	165,752	65.00
66.00	06600	PHYSICAL THERAPY	279,892	14,036,587	0.019940	4,900,747	97,721	66.00
67.00	06700	OCCUPATIONAL THERAPY	152,225	7,879,915	0.019318	2,733,404	52,804	67.00
68.00	06800	SPEECH PATHOLOGY	36,052	3,224,864	0.011179	1,152,848	12,888	68.00
69.00	06900	ELECTROCARDIOLOGY	490,203	58,700,492	0.008351	11,665,391	97,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	383,980	13,756,045	0.027914	2,617,610	73,068	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	573,751	57,707,967	0.009942	11,234,262	111,691	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	434,770	89,560,217	0.004854	23,694,898	115,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,930,894	339,433,835	0.005689	41,229,578	234,555	73.00
74.00	07400	RENAL DIALYSIS	645,361	43,799,689	0.014734	4,935,808	72,724	74.00
76.00	03560	PULMONARY LABS	317,741	5,053,600	0.062874	1,116,214	70,181	76.00
76.01	03950	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.01
76.03	03951	HYPERALIMENTATION	0	0	0.000000	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	153,349	16,974,726	0.009034	3,509,973	31,709	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0.000000	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	1,126,650	62,743,895	0.017956	3,973,579	71,350	76.07
76.09	03953	BONE MARROW PROCUREMENT	13,235	2,949,260	0.004488	750,779	3,369	76.09
76.10	03954	BARIATRICS	26,066	376,222	0.069284	204	14	76.10
76.11	03955	HEPATOLOGY	422,990	73,489	5.755827	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	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	79,276	1,237,247	0.064075	1,783	114	90.00
90.01	09001	CARDIAC REHABILITATION	0	0	0.000000	0	0	90.01
90.02	09002	CANCER CENTER	3,068,144	29,627,991	0.103556	249,101	25,796	90.02
90.03	09003	PSYCH SOCIAL REHAB	214,016	3,132	68.332056	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	8,330,807	162,191,320	0.051364	1,989,449	102,186	90.07
90.08	09007	OBST OUTPATIENT CENTER	1,549,962	32,419,074	0.047810	57,499	2,749	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	358,869	3,140,966	0.114254	3,222	368	90.09
90.10	09009	LAGRANGE FAMILY PCC	511,485	10,234,757	0.049975	10,521	526	90.10
90.12	09010	NORTH RIVERSIDE PCC	1,014,660	2,655,443	0.382106	6,003	2,294	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0.000000	0	0	90.13
90.14	09012	WHEATON PCC	53,965	506,493	0.106546	1,173	125	90.14
90.15	09013	OBST II PCC	330,832	4,402,880	0.075140	3,789	285	90.15
90.16	09014	HICKORY HILLS PCC	718,057	11,663,115	0.061566	5,001	308	90.16
90.18	09015	DARIEN PCC	263,262	1,089,487	0.241638	2,992	723	90.18
90.20	09016	ORLAND PARK - FP	389,353	4,424,818	0.087993	2,586	228	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	400,141	21,741,360	0.018405	8,131	150	90.21
90.22	09018	HOMER GLEN PCC	728,410	17,263,916	0.042193	17,410	735	90.22
90.23	09019	OAK PARK PCC	223,411	1,644,908	0.135820	1,953	265	90.23
90.24	09020	PARK RIDGE PCC	191,169	5,045,691	0.037888	9,709	368	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	46,648	2,027,289	0.023010	197	5	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	72,607	4,492,682	0.016161	4,172	67	90.28
90.29	09025	BURR RIDGE PCC	3,887,798	103,010,096	0.037742	152,818	5,768	90.29
90.30	09026	RIVER FOREST	338,823	10,546,518	0.032127	11,579	372	90.30
90.31	09027	NORRIDGE	199,414	917,747	0.217286	506	110	90.31

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description			Title XVIII		Hospital		PPS	
			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	206,950	1,382,003	0.149746	447	67	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	99,123	392,694	0.252418	0	0	90.34
91.00	09100	EMERGENCY	846,576	140,653,523	0.006019	20,314,144	122,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	738,473	20,949,249	0.035251	2,606,287	91,874	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	266,454	18,228,767	0.014617	3,929,041	57,431	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	41,484	4,508,318	0.009202	275,136	2,532	97.00
200.00		Total (lines 50 through 199)	52,565,116	2,836,733,180		394,255,180	4,787,237	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0276		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/30/2018 10:55 am	
					Title XVIII		Hospital		PPS	
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	239,145	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	90,215	0	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	49,208	0	33.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	19,385	0	35.00		
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	82,386	0	35.01		
35.03	02400	HEART TRANSPLANT ICU	0	0	0	19,385	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	499,724	0	200.00		
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 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	239,145	102,300	2.34	30,142	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	90,215	18,209	4.95	6,475	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	49,208	1,913	25.72	1,267	33.00		
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	19,385	4,771	4.06	0	35.00		
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	82,386	1,947	42.31	0	35.01		
35.03	02400	HEART TRANSPLANT ICU	0	19,385	2,819	6.88	1,289	35.03		
35.04	02401	BONE INTENSIVE CARE	0	0	3,109	0.00	1,964	35.04		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00		
43.00	04300	NURSERY	0	0	4,599	0.00	0	43.00		
200.00		Total (lines 30 through 199)	0	499,724	139,667		41,137	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	70,532					30.00		
31.00	03100	INTENSIVE CARE UNIT	32,051					31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	32,587					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	8,868					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)	144,038					200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:55 am
				Title XVIII	Hospital	PPS
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments
				1.00	2A	3A
						3.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	17,615
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0
60.01	03420	LABORATORY - PATHOLOGICAL	0	0	0	0
60.02	03956	LABORATORY-NEUROSURGICAL	0	0	0	0
60.03	03957	LABORATORY-HLA	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	329,543
74.00	07400	RENAL DIALYSIS	0	0	0	0
76.00	03560	PULMONARY LABS	0	0	0	0
76.01	03950	OCCUPATIONAL HEALTH	0	0	0	0
76.03	03951	HYPERALIMENTATION	0	0	0	0
76.04	03650	PERIPHERAL VASCULAR	0	0	0	0
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0
76.07	03340	GASTROINTESTINAL SERVICE	0	0	0	9,134
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	0
76.10	03954	BIATRICS	0	0	0	0
76.11	03955	HEPATOLOGY	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	CARDIAC REHABILITATION	0	0	0	0
90.02	09002	CANCER CENTER	0	0	0	0
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	0
90.04	09004	WELLNESS ASSESSMENT	0	0	0	0
90.06	09005	HEART FAILURE CLINIC	0	0	0	0
90.07	09006	LOC OUTPATIENT CENTER	0	0	0	92,078
90.08	09007	OBT OUTPATIENT CENTER	0	0	0	0
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	0
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	0
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	0
90.13	09011	GLENDALE HEIGHTS PCC	0	0	0	0
90.14	09012	WHEATON PCC	0	0	0	0
90.15	09013	OBT II PCC	0	0	0	0
90.16	09014	HICKORY HILLS PCC	0	0	0	0
90.18	09015	DARIEN PCC	0	0	0	0
90.20	09016	ORLAND PARK - FP	0	0	0	0
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	0
90.22	09018	HOMER GLEN PCC	0	0	0	0
90.23	09019	OAK PARK PCC	0	0	0	0
90.24	09020	PARK RIDGE PCC	0	0	0	0
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	0
90.26	09022	WOODRIDGE PCC	0	0	0	0
90.27	09023	NEUROLOGY - NILES	0	0	0	0
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0	0	0	0
90.29	09025	BURR RIDGE PCC	0	0	0	0
90.30	09026	RIVER FOREST	0	0	0	0
90.31	09027	NORRIDGE	0	0	0	0
90.32	09028	ELMWOOD PARK	0	0	0	0
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 10:55 am

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	CHICAGO AND BELMONT	0	0	0	0	0	90.34
91.00	09100	EMERGENCY	0	0	0	0	1,567,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	26,478	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
200.00		Total (lines 50 through 199)	0	0	0	0	2,042,554	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 10:55 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	17,615	17,615	110,394,658	0.000160	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0	0	55,302,298	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	57,035,912	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,854,579	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	112,469,372	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	99,112,632	0.000000	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	0	26,570,243	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	40,986,853	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	151,823,920	0.000000	57.00
58.00	05800	MRI	0	0	0	70,980,416	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	118,146,304	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	509,825,642	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	41,866,898	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	94,691,166	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,036,587	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,879,915	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,224,864	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	58,700,492	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,756,045	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	57,707,967	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	89,560,217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	329,543	329,543	339,433,835	0.000971	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	43,799,689	0.000000	74.00
76.00	03560	PULMONARY LABS	0	0	0	5,053,600	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	16,974,726	0.000000	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0	0	0	0	0.000000	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0	9,134	9,134	62,743,895	0.000146	76.07
76.09	03953	BONE MARROW PROCUREMENT	0	0	0	2,949,260	0.000000	76.09
76.10	03954	BARITRICS	0	0	0	376,222	0.000000	76.10
76.11	03955	HEPATOLOGY	0	0	0	73,489	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	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	1,237,247	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	29,627,991	0.000000	90.02
90.03	09003	PSYCH SOCIAL REHAB	0	0	0	3,132	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	92,078	92,078	162,191,320	0.000568	90.07
90.08	09007	OBST OUTPATIENT CENTER	0	0	0	32,419,074	0.000000	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0	0	3,140,966	0.000000	90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0	0	10,234,757	0.000000	90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0	0	2,655,443	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	506,493	0.000000	90.14
90.15	09013	OBST II PCC	0	0	0	4,402,880	0.000000	90.15
90.16	09014	HICKORY HILLS PCC	0	0	0	11,663,115	0.000000	90.16
90.18	09015	DARIEN PCC	0	0	0	1,089,487	0.000000	90.18
90.20	09016	ORLAND PARK - FP	0	0	0	4,424,818	0.000000	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0	0	21,741,360	0.000000	90.21
90.22	09018	HOMER GLEN PCC	0	0	0	17,263,916	0.000000	90.22
90.23	09019	OAK PARK PCC	0	0	0	1,644,908	0.000000	90.23
90.24	09020	PARK RIDGE PCC	0	0	0	5,045,691	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	0	0	2,027,289	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	4,492,682	0.000000	90.28
90.29	09025	BURR RIDGE PCC	0	0	0	103,010,096	0.000000	90.29
90.30	09026	RIVER FOREST	0	0	0	10,546,518	0.000000	90.30
90.31	09027	NORRIDGE	0	0	0	917,747	0.000000	90.31

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 10:55 am

				Title XVIII		Hospital	PPS		
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
90.32	09028	ELMWOOD PARK	0	0	0	1,382,003	0.000000	90.32	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0	0	0.000000	90.33	
90.34	09034	CHICAGO AND BELMONT	0	0	0	392,694	0.000000	90.34	
91.00	09100	EMERGENCY	0	1,567,706	1,567,706	140,653,523	0.011146	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	26,478	26,478	20,949,249	0.001264	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0	0	18,228,767	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	4,508,318	0.000000	97.00	
200.00		Total (lines 50 through 199)	0	2,042,554	2,042,554	2,836,733,180		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000160	27,011,704	4,322	6,347,514	1,016	50.00
50.01	05001 AMBULATORY SURGERY CENTER	0.000000	64,250	0	10,641,023	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	9,915,685	0	6,085,498	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	98,721	0	11,664	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	25,919,312	0	9,110,732	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	15,024,401	0	13,222,021	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.000000	2,332,807	0	3,813,629	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,389,515	0	14,014,706	0	56.00
57.00	05700 CT SCAN	0.000000	22,271,118	0	26,767,079	0	57.00
58.00	05800 MRI	0.000000	6,976,911	0	13,686,754	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	16,093,717	0	33,263,396	0	59.00
60.00	06000 LABORATORY	0.000000	81,169,648	0	52,805,401	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	11,295,654	0	2,501,755	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	31,511,793	0	700,819	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,900,747	0	82,726	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,733,404	0	50,606	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,152,848	0	2,148	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	11,665,391	0	10,243,118	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,617,610	0	998,763	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,234,262	0	7,213,048	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	23,694,898	0	13,292,835	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000971	41,229,578	40,034	71,672,033	69,594	73.00
74.00	07400 RENAL DIALYSIS	0.000000	4,935,808	0	287,108	0	74.00
76.00	03560 PULMONARY LABS	0.000000	1,116,214	0	1,212,572	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	0.000000	3,509,973	0	3,787,424	0	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340 GASTROINTESTINAL SERVICE	0.000146	3,973,579	580	15,100,938	2,205	76.07
76.09	03953 BONE MARROW PROCUREMENT	0.000000	750,779	0	122,472	0	76.09
76.10	03954 BARIATRICS	0.000000	204	0	46,666	0	76.10
76.11	03955 HEPATOLOGY	0.000000	0	0	8,211	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	0.000000	1,783	0	132,492	0	90.00
90.01	09001 CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002 CANCER CENTER	0.000000	249,101	0	9,172,562	0	90.02
90.03	09003 PSYCH SOCIAL REHAB	0.000000	0	0	346	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	0.000568	1,989,449	1,130	54,866,750	31,164	90.07
90.08	09007 OBT OUTPATIENT CENTER	0.000000	57,499	0	6,357,535	0	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	0.000000	3,222	0	843,954	0	90.09
90.10	09009 LAGRANGE FAMILY PCC	0.000000	10,521	0	3,381,424	0	90.10
90.12	09010 NORTH RIVERSIDE PCC	0.000000	6,003	0	335,044	0	90.12
90.13	09011 GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012 WHEATON PCC	0.000000	1,173	0	120,724	0	90.14
90.15	09013 OBT II PCC	0.000000	3,789	0	618,055	0	90.15
90.16	09014 HICKORY HILLS PCC	0.000000	5,001	0	1,408,102	0	90.16
90.18	09015 DARIEN PCC	0.000000	2,992	0	180,446	0	90.18
90.20	09016 ORLAND PARK - FP	0.000000	2,586	0	1,017,953	0	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	0.000000	8,131	0	483,169	0	90.21
90.22	09018 HOMER GLEN PCC	0.000000	17,410	0	3,258,791	0	90.22
90.23	09019 OAK PARK PCC	0.000000	1,953	0	494,035	0	90.23
90.24	09020 PARK RIDGE PCC	0.000000	9,709	0	2,354,181	0	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	0.000000	197	0	505,907	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	4,172	0	1,980,090	0	90.28
90.29	09025 BURR RIDGE PCC	0.000000	152,818	0	27,164,312	0	90.29
90.30	09026 RIVER FOREST	0.000000	11,579	0	1,581,600	0	90.30
90.31	09027 NORRIDGE	0.000000	506	0	200,156	0	90.31

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 10:55 am

				Title XVIII		Hospital	PPS		
Cost Center Description				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	447	0	244,023	0	90.32	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33	
90.34	09034	CHICAGO AND BELMONT	0.000000	0	0	62,680	0	90.34	
91.00	09100	EMERGENCY	0.011146	20,314,144	226,421	13,274,121	147,953	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.001264	2,606,287	3,294	2,491,740	3,150	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000	3,929,041	0	3,641,416	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	275,136	0	2,219,383	0	97.00	
200.00		Total (lines 50 through 199)		394,255,180	275,781	455,483,650	255,082	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/30/2018 10:55 am

			Title XVIII		Hospital		PPS	
	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.)			
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.361794	6,347,514	4,931	11	2,296,492	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.149020	10,641,023	32,675	0	1,585,725	50.01
51.00	05100	RECOVERY ROOM	0.102334	6,085,498	2	13	622,753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328087	11,664	0	0	3,827	52.00
53.00	05300	ANESTHESIOLOGY	0.028179	9,110,732	0	0	256,731	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140723	13,222,021	77	0	1,860,642	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.085986	3,813,629	4	0	327,919	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.201056	14,014,706	0	0	2,817,741	56.00
57.00	05700	CT SCAN	0.056680	26,767,079	0	0	1,517,158	57.00
58.00	05800	MRI	0.059758	13,686,754	0	0	817,893	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135236	33,263,396	18,984	8	4,498,409	59.00
60.00	06000	LABORATORY	0.066513	52,805,401	22,317	72	3,512,246	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.	0.264379	2,501,755	15,442	0	661,411	63.00
65.00	06500	RESPIRATORY THERAPY	0.123901	700,819	11	0	86,832	65.00
66.00	06600	PHYSICAL THERAPY	0.248423	82,726	0	0	20,551	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218195	50,606	0	0	11,042	67.00
68.00	06800	SPEECH PATHOLOGY	0.214974	2,148	0	0	462	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084847	10,243,118	0	0	869,098	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197543	998,763	0	0	197,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.084354	7,213,048	0	0	7,821,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.508893	13,292,835	0	0	6,764,631	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327481	71,672,033	63,816	1,288,877	23,471,229	73.00
74.00	07400	RENAL DIALYSIS	0.139814	287,108	45	300	40,142	74.00
76.00	03560	PULMONARY LABS	0.233665	1,212,572	907	2	283,336	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	0.089737	3,787,424	0	0	339,872	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.101770	15,100,938	0	0	1,536,822	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.804020	122,472	25,219	0	98,470	76.09
76.10	03954	BARIATRICS	2.740215	46,666	0	0	127,875	76.10
76.11	03955	HEPATOLOGY	14.364191	8,211	1	10	117,944	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	0.422941	132,492	0	0	56,036	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.913227	9,172,562	108	626	8,376,631	90.02
90.03	09003	PSYCH SOCIAL REHAB	333.765326	346	0	0	115,483	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	0.298814	54,866,750	705	4,590	16,394,953	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.419999	6,357,535	27	179	2,670,158	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.814407	843,954	220	1,451	687,322	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.408563	3,381,424	126	835	1,381,525	90.10
90.12	09010	NORTH RIVERSIDE PCC	1.791523	335,044	124	822	600,239	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0.757612	120,724	56	372	91,462	90.14
90.15	09013	OBT II PCC	0.600273	618,055	310	2,050	371,002	90.15
90.16	09014	HICKORY HILLS PCC	0.500343	1,408,102	157	1,033	704,534	90.16
90.18	09015	DARIEN PCC	1.848768	180,446	201	1,328	333,603	90.18
90.20	09016	ORLAND PARK - FP	0.826058	1,017,953	195	1,291	840,888	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.264513	483,169	168	1,112	127,804	90.21
90.22	09018	HOMER GLEN PCC	0.436149	3,258,791	91	593	1,421,318	90.22
90.23	09019	OAK PARK PCC	1.060331	494,035	186	1,231	523,841	90.23
90.24	09020	PARK RIDGE PCC	0.318550	2,354,181	9	58	749,924	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.846614	505,907	101	670	1,440,122	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	1.423227	1,980,090	7	39	2,818,118	90.28
90.29	09025	BURR RIDGE PCC	0.288392	27,164,312	63	399	7,833,970	90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/30/2018 10:55 am

				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	
90.30	09026	RIVER FOREST	0.340672	1,581,600	6	36	538,807	90.30	
90.31	09027	NORRIDGE	1.012756	200,156	69	455	202,709	90.31	
90.32	09028	ELMWOOD PARK	1.203083	244,023	102	676	293,580	90.32	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33	
90.34	09034	CHICAGO AND BELMONT	1.819129	62,680	80	532	114,023	90.34	
91.00	09100	EMERGENCY	0.118587	13,274,121	28	176	1,574,138	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.445832	2,491,740	0	0	1,110,897	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.271018	3,641,416	15	99	986,889	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.186369	2,219,383	0	0	413,624	97.00	
200.00		Subtotal (see instructions)		455,483,650	187,585	1,309,946	115,339,649	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		455,483,650	187,585	1,309,946	115,339,649	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0276		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part V Date/Time Prepared: 11/30/2018 10:55 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost	Cost					
			Reimbursed	Reimbursed					
			Services	Services Not					
			Subject To	Subject To					
			Ded. & Coins.	Ded. & Coins.					
			(see inst.)	(see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,784	4					50.00
50.01	05001	AMBULATORY SURGERY CENTER	4,869	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	11	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	2,567	1					59.00
60.00	06000	LABORATORY	1,484	5					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.	4,083	0					63.00
65.00	06500	RESPIRATORY THERAPY	1	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	20,899	422,083					73.00
74.00	07400	RENAL DIALYSIS	6	42					74.00
76.00	03560	PULMONARY LABS	212	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	20,277	0					76.09
76.10	03954	BARITRICS	0	0					76.10
76.11	03955	HEPATOLOGY	14	144					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	99	572					90.02
90.03	09003	PSYCH SOCIAL 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	211	1,372					90.07
90.08	09007	OBT OUTPATIENT CENTER	11	75					90.08
90.09	09008	ELMHURST IMMEDIATE CARE	179	1,182					90.09
90.10	09009	LAGRANGE FAMILY PCC	51	341					90.10
90.12	09010	NORTH RIVERSIDE PCC	222	1,473					90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0					90.13
90.14	09012	WHEATON PCC	42	282					90.14
90.15	09013	OBT II PCC	186	1,231					90.15
90.16	09014	HICKORY HILLS PCC	79	517					90.16
90.18	09015	DARIEN PCC	372	2,455					90.18
90.20	09016	ORLAND PARK - FP	161	1,066					90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	44	294					90.21
90.22	09018	HOMER GLEN PCC	40	259					90.22
90.23	09019	OAK PARK PCC	197	1,305					90.23
90.24	09020	PARK RIDGE PCC	3	18					90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	288	1,907					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	10	56					90.28
90.29	09025	BURR RIDGE PCC	18	115					90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/30/2018 10:55 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
90.30	09026	RIVER FOREST	2	12		90.30
90.31	09027	NORRIDGE	70	461		90.31
90.32	09028	ELMWOOD PARK	123	813		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0		90.33
90.34	09034	CHICAGO AND BELMONT	146	968		90.34
91.00	09100	EMERGENCY	3	21		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	4	27		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)	58,768	439,102		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	58,768	439,102		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0276

Period:

Worksheet D

Component CCN: 14-T276

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,793,836	110,394,658	0.052483	0	0	50.00
50.01	05001 AMBULATORY SURGERY CENTER	1,271,314	55,302,298	0.022988	0	0	50.01
51.00	05100 RECOVERY ROOM	640,828	57,035,912	0.011236	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	558,482	14,854,579	0.037597	0	0	52.00
53.00	05300 ANESTHESIOLOGY	574,500	112,469,372	0.005108	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,893,533	99,112,632	0.029194	0	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	366,712	26,570,243	0.013802	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	1,039,141	40,986,853	0.025353	0	0	56.00
57.00	05700 CT SCAN	1,059,274	151,823,920	0.006977	0	0	57.00
58.00	05800 MRI	865,819	70,980,416	0.012198	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,551,921	118,146,304	0.021600	0	0	59.00
60.00	06000 LABORATORY	1,994,480	509,825,642	0.003912	0	0	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.	299,889	41,866,898	0.007163	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	498,059	94,691,166	0.005260	0	0	65.00
66.00	06600 PHYSICAL THERAPY	279,892	14,036,587	0.019940	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	152,225	7,879,915	0.019318	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	36,052	3,224,864	0.011179	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	490,203	58,700,492	0.008351	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	383,980	13,756,045	0.027914	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	573,751	57,707,967	0.009942	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	434,770	89,560,217	0.004854	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,930,894	339,433,835	0.005689	0	0	73.00
74.00	07400 RENAL DIALYSIS	645,361	43,799,689	0.014734	0	0	74.00
76.00	03560 PULMONARY LABS	317,741	5,053,600	0.062874	0	0	76.00
76.01	03950 OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.01
76.03	03951 HYPERALIMENTATION	0	0	0.000000	0	0	76.03
76.04	03650 PERIPHERAL VASCULAR	153,349	16,974,726	0.009034	0	0	76.04
76.05	03952 PEDIATRIC ENDO NUTRITION	0	0	0.000000	0	0	76.05
76.07	03340 GASTROINTESTINAL SERVICE	1,126,650	62,743,895	0.017956	0	0	76.07
76.09	03953 BONE MARROW PROCUREMENT	13,235	2,949,260	0.004488	0	0	76.09
76.10	03954 BARIATRICS	26,066	376,222	0.069284	0	0	76.10
76.11	03955 HEPATOLOGY	422,990	73,489	5.755827	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 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	79,276	1,237,247	0.064075	0	0	90.00
90.01	09001 CARDIAC REHABILITATION	0	0	0.000000	0	0	90.01
90.02	09002 CANCER CENTER	3,068,144	29,627,991	0.103556	0	0	90.02
90.03	09003 PSYCH SOCIAL REHAB	214,016	3,132	68.332056	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	8,330,807	162,191,320	0.051364	0	0	90.07
90.08	09007 OBT OUTPATIENT CENTER	1,549,962	32,419,074	0.047810	0	0	90.08
90.09	09008 ELMHURST IMMEDIATE CARE	358,869	3,140,966	0.114254	0	0	90.09
90.10	09009 LAGRANGE FAMILY PCC	511,485	10,234,757	0.049975	0	0	90.10
90.12	09010 NORTH RIVERSIDE PCC	1,014,660	2,655,443	0.382106	0	0	90.12
90.13	09011 GLENDALE HEIGHTS PCC	0	0	0.000000	0	0	90.13
90.14	09012 WHEATON PCC	53,965	506,493	0.106546	0	0	90.14
90.15	09013 OBT II PCC	330,832	4,402,880	0.075140	0	0	90.15
90.16	09014 HICKORY HILLS PCC	718,057	11,663,115	0.061566	0	0	90.16
90.18	09015 DARIEN PCC	263,262	1,089,487	0.241638	0	0	90.18
90.20	09016 ORLAND PARK - FP	389,353	4,424,818	0.087993	0	0	90.20
90.21	09017 FAMILY PRACTICE MAYWOOD PCC	400,141	21,741,360	0.018405	0	0	90.21
90.22	09018 HOMER GLEN PCC	728,410	17,263,916	0.042193	0	0	90.22
90.23	09019 OAK PARK PCC	223,411	1,644,908	0.135820	0	0	90.23
90.24	09020 PARK RIDGE PCC	191,169	5,045,691	0.037888	0	0	90.24
90.25	09021 LOYOLA CLINIC AT GOTTLIEB	46,648	2,027,289	0.023010	0	0	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	72,607	4,492,682	0.016161	0	0	90.28
90.29	09025 BURR RIDGE PCC	3,887,798	103,010,096	0.037742	0	0	90.29
90.30	09026 RIVER FOREST	338,823	10,546,518	0.032127	0	0	90.30

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0276

Period:

Worksheet D

Component CCN: 14-T276

From 07/01/2017
To 06/30/2018Part II
Date/Time Prepared:
11/30/2018 10:55 am

Title XVIII

Subprovider -
IRF

PPS

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	
90.31	09027	NORRIDGE	199,414	917,747	0.217286	0	0	90.31
90.32	09028	ELMWOOD PARK	206,950	1,382,003	0.149746	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	99,123	392,694	0.252418	0	0	90.34
91.00	09100	EMERGENCY	846,576	140,653,523	0.006019	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	20,949,249	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	266,454	18,228,767	0.014617	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	41,484	4,508,318	0.009202	0	0	97.00
200.00		Total (lines 50 through 199)	51,826,643	2,836,733,180		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0276 Component CCN: 14-T276		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:55 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				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	17,615	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	329,543	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	9,134	76.07
76.09	03953	BONE MARROW PROCUREMENT		0	0	0	0	0	76.09
76.10	03954	BARIATRICS		0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY		0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION		0	0	0	0	0	90.01
90.02	09002	CANCER CENTER		0	0	0	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB		0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT		0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC		0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER		0	0	0	0	92,078	90.07
90.08	09007	OBT OUTPATIENT CENTER		0	0	0	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE		0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC		0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC		0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC		0	0	0	0	0	90.13
90.14	09012	WHEATON PCC		0	0	0	0	0	90.14
90.15	09013	OBT II PCC		0	0	0	0	0	90.15
90.16	09014	HICKORY HILLS PCC		0	0	0	0	0	90.16
90.18	09015	DARIEN PCC		0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP		0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC		0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC		0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC		0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC		0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB		0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC		0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES		0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER		0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC		0	0	0	0	0	90.29
90.30	09026	RIVER FOREST		0	0	0	0	0	90.30
90.31	09027	NORRIDGE		0	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK		0	0	0	0	0	90.32

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276
Component CCN: 14-T276

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description				Title XVIII		Subprovider - IRF		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	
90.33	09033	OCCUPATIONAL HEALTH CLINIC		0	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT		0	0	0	0	0	90.34
91.00	09100	EMERGENCY		0	0	0	0	1,567,706	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							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	2,016,076	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0276 Component CCN: 14-T276		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:55 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		17,615	17,615	110,394,658	0.000160	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0		0	0	55,302,298	0.000000	50.01
51.00	05100	RECOVERY ROOM	0		0	0	57,035,912	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	14,854,579	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	112,469,372	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	99,112,632	0.000000	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0		0	0	26,570,243	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	40,986,853	0.000000	56.00
57.00	05700	CT SCAN	0		0	0	151,823,920	0.000000	57.00
58.00	05800	MRI	0		0	0	70,980,416	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	118,146,304	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	509,825,642	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	41,866,898	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	94,691,166	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	14,036,587	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	7,879,915	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	3,224,864	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	58,700,492	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	13,756,045	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	57,707,967	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	89,560,217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		329,543	329,543	339,433,835	0.000971	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	43,799,689	0.000000	74.00
76.00	03560	PULMONARY LABS	0		0	0	5,053,600	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	16,974,726	0.000000	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0		0	0	0	0.000000	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0		9,134	9,134	62,743,895	0.000146	76.07
76.09	03953	BONE MARROW PROCUREMENT	0		0	0	2,949,260	0.000000	76.09
76.10	03954	BARIATRICS	0		0	0	376,222	0.000000	76.10
76.11	03955	HEPATOLOGY	0		0	0	73,489	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	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	1,237,247	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	29,627,991	0.000000	90.02
90.03	09003	PSYCH SOCIAL REHAB	0		0	0	3,132	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		92,078	92,078	162,191,320	0.000568	90.07
90.08	09007	OBT OUTPATIENT CENTER	0		0	0	32,419,074	0.000000	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0		0	0	3,140,966	0.000000	90.09
90.10	09009	LAGRANGE FAMILY PCC	0		0	0	10,234,757	0.000000	90.10
90.12	09010	NORTH RIVERSIDE PCC	0		0	0	2,655,443	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	506,493	0.000000	90.14
90.15	09013	OBT II PCC	0		0	0	4,402,880	0.000000	90.15
90.16	09014	HICKORY HILLS PCC	0		0	0	11,663,115	0.000000	90.16
90.18	09015	DARIEN PCC	0		0	0	1,089,487	0.000000	90.18
90.20	09016	ORLAND PARK - FP	0		0	0	4,424,818	0.000000	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0		0	0	21,741,360	0.000000	90.21
90.22	09018	HOMER GLEN PCC	0		0	0	17,263,916	0.000000	90.22
90.23	09019	OAK PARK PCC	0		0	0	1,644,908	0.000000	90.23
90.24	09020	PARK RIDGE PCC	0		0	0	5,045,691	0.000000	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0		0	0	2,027,289	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	4,492,682	0.000000	90.28
90.29	09025	BURR RIDGE PCC	0		0	0	103,010,096	0.000000	90.29
90.30	09026	RIVER FOREST	0		0	0	10,546,518	0.000000	90.30

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0276 Component CCN: 14-T276		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:55 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
90.31	09027	NORRIDGE		0	0	0	917,747	0.000000	90.31
90.32	09028	ELMWOOD PARK		0	0	0	1,382,003	0.000000	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC		0	0	0	0	0.000000	90.33
90.34	09034	CHICAGO AND BELMONT		0	0	0	392,694	0.000000	90.34
91.00	09100	EMERGENCY		0	1,567,706	1,567,706	140,653,523	0.011146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	20,949,249	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0	0	0	18,228,767	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	4,508,318	0.000000	97.00
200.00		Total (lines 50 through 199)		0	2,016,076	2,016,076	2,836,733,180		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0276 Component CCN: 14-T276		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/30/2018 10:55 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				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	0.000160	0	0	0	0	0	50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.000000	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.000000	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
60.01	03420	LABORATORY - PATHOLOGICAL	0.000000	0	0	0	0	0	60.01
60.02	03956	LABORATORY-NEUROSURGICAL	0.000000	0	0	0	0	0	60.02
60.03	03957	LABORATORY-HLA	0.000000	0	0	0	0	0	60.03
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000971	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.00	03560	PULMONARY LABS	0.000000	0	0	0	0	0	76.00
76.01	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	0	76.01
76.03	03951	HYPERALIMENTATION	0.000000	0	0	0	0	0	76.03
76.04	03650	PERIPHERAL VASCULAR	0.000000	0	0	0	0	0	76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	0	76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.000146	0	0	0	0	0	76.07
76.09	03953	BONE MARROW PROCUREMENT	0.000000	0	0	0	0	0	76.09
76.10	03954	BARIATRICS	0.000000	0	0	0	0	0	76.10
76.11	03955	HEPATOLOGY	0.000000	0	0	0	0	0	76.11
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	90.01
90.02	09002	CANCER CENTER	0.000000	0	0	0	0	0	90.02
90.03	09003	PSYCH SOCIAL REHAB	0.000000	0	0	0	0	0	90.03
90.04	09004	WELLNESS ASSESSMENT	0.000000	0	0	0	0	0	90.04
90.06	09005	HEART FAILURE CLINIC	0.000000	0	0	0	0	0	90.06
90.07	09006	LOC OUTPATIENT CENTER	0.000568	0	0	0	0	0	90.07
90.08	09007	OBT OUTPATIENT CENTER	0.000000	0	0	0	0	0	90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.000000	0	0	0	0	0	90.09
90.10	09009	LAGRANGE FAMILY PCC	0.000000	0	0	0	0	0	90.10
90.12	09010	NORTH RIVERSIDE PCC	0.000000	0	0	0	0	0	90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	0	90.13
90.14	09012	WHEATON PCC	0.000000	0	0	0	0	0	90.14
90.15	09013	OBT II PCC	0.000000	0	0	0	0	0	90.15
90.16	09014	HICKORY HILLS PCC	0.000000	0	0	0	0	0	90.16
90.18	09015	DARIEN PCC	0.000000	0	0	0	0	0	90.18
90.20	09016	ORLAND PARK - FP	0.000000	0	0	0	0	0	90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.000000	0	0	0	0	0	90.21
90.22	09018	HOMER GLEN PCC	0.000000	0	0	0	0	0	90.22
90.23	09019	OAK PARK PCC	0.000000	0	0	0	0	0	90.23
90.24	09020	PARK RIDGE PCC	0.000000	0	0	0	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0.000000	0	0	0	0	0	90.25
90.26	09022	WOODRIDGE PCC	0.000000	0	0	0	0	0	90.26
90.27	09023	NEUROLOGY - NILES	0.000000	0	0	0	0	0	90.27
90.28	09024	MARJORIE WEINBERG CANCER CENTER	0.000000	0	0	0	0	0	90.28
90.29	09025	BURR RIDGE PCC	0.000000	0	0	0	0	0	90.29
90.30	09026	RIVER FOREST	0.000000	0	0	0	0	0	90.30

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0276
Component CCN: 14-T276

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 10:55 am

				Title XVIII		Subprovider - IRF	PPS		
Cost Center Description				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	
90.31	09027	NORRIDGE		0.000000	0	0	0	0	90.31
90.32	09028	ELMWOOD PARK		0.000000	0	0	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC		0.000000	0	0	0	0	90.33
90.34	09034	CHICAGO AND BELMONT		0.000000	0	0	0	0	90.34
91.00	09100	EMERGENCY		0.011146	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT		0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/30/2018 10:55 am

			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	0.361794	1,626,377	0	0	588,413	50.00	
50.01	05001	AMBULATORY SURGERY CENTER	0.149020	2,879,534	0	0	429,108	50.01	
51.00	05100	RECOVERY ROOM	0.102334	1,108,976	0	0	113,486	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328087	199,779	0	0	65,545	52.00	
53.00	05300	ANESTHESIOLOGY	0.028179	1,099,800	0	0	30,991	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140723	2,148,113	0	0	302,289	54.00	
54.01	03630	RADIOLOGY-ULTRASOUND	0.085986	774,729	0	0	66,616	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.201056	688,442	0	0	138,415	56.00	
57.00	05700	CT SCAN	0.056680	3,651,816	0	0	206,985	57.00	
58.00	05800	MRI	0.059758	1,249,742	0	0	74,682	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.135236	1,806,360	0	0	244,285	59.00	
60.00	06000	LABORATORY	0.066513	8,079,775	0	0	537,410	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.	0.264379	610,188	0	0	161,321	63.00	
65.00	06500	RESPIRATORY THERAPY	0.123901	293,252	0	0	36,334	65.00	
66.00	06600	PHYSICAL THERAPY	0.248423	69,428	0	0	17,248	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.218195	33,964	0	0	7,411	67.00	
68.00	06800	SPEECH PATHOLOGY	0.214974	2,902	0	0	624	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.084847	621,313	0	0	52,717	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197543	239,892	0	0	47,389	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.084354	6,816	0	0	7,391	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.508893	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327481	510,224	0	0	167,089	73.00	
74.00	07400	RENAL DIALYSIS	0.139814	651,248	0	0	91,054	74.00	
76.00	03560	PULMONARY LABS	0.233665	42,356	0	0	9,897	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	0.089737	171,479	0	0	15,388	76.04	
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0	0	0	76.05	
76.07	03340	GASTROINTESTINAL SERVICE	0.101770	770,455	0	0	78,409	76.07	
76.09	03953	BONE MARROW PROCUREMENT	0.804020	29,013	0	0	23,327	76.09	
76.10	03954	BARITRICS	2.740215	8,249	0	0	22,604	76.10	
76.11	03955	HEPATOLOGY	14.364191	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	0.422941	73,705	0	0	31,173	90.00	
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0	0	0	90.01	
90.02	09002	CANCER CENTER	0.913227	1,936,836	0	0	1,768,771	90.02	
90.03	09003	PSYCH SOCIAL REHAB	333.765326	540	0	0	180,233	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	0.298814	3,463,302	0	0	1,034,883	90.07	
90.08	09007	OBT OUTPATIENT CENTER	0.419999	1,406,296	0	0	590,643	90.08	
90.09	09008	ELMHURST IMMEDIATE CARE	0.814407	33,285	0	0	27,108	90.09	
90.10	09009	LAGRANGE FAMILY PCC	0.408563	168,749	0	0	68,945	90.10	
90.12	09010	NORTH RIVERSIDE PCC	1.791523	111,899	0	0	200,470	90.12	
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0	0	0	90.13	
90.14	09012	WHEATON PCC	0.757612	14,027	0	0	10,627	90.14	
90.15	09013	OBT II PCC	0.600273	28,953	0	0	17,380	90.15	
90.16	09014	HICKORY HILLS PCC	0.500343	604,465	0	0	302,440	90.16	
90.18	09015	DARIEN PCC	1.848768	40,939	0	0	75,687	90.18	
90.20	09016	ORLAND PARK - FP	0.826058	28,472	0	0	23,520	90.20	
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.264513	564,578	0	0	149,338	90.21	
90.22	09018	HOMER GLEN PCC	0.436149	291,401	0	0	127,094	90.22	
90.23	09019	OAK PARK PCC	1.060331	11,021	0	0	11,686	90.23	
90.24	09020	PARK RIDGE PCC	0.318550	44,770	0	0	14,261	90.24	
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.846614	33,491	0	0	95,336	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	1.423227	300,076	0	0	427,076	90.28	
90.29	09025	BURR RIDGE PCC	0.288392	1,546,601	0	0	446,027	90.29	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/30/2018 10:55 am

				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	
90.30	09026	RIVER FOREST	0.340672	181,377	0	0	61,790	90.30	
90.31	09027	NORRIDGE	1.012756	9,327	0	0	9,446	90.31	
90.32	09028	ELMWOOD PARK	1.203083	33,775	0	0	40,634	90.32	
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	0	0	90.33	
90.34	09034	CHICAGO AND BELMONT	1.819129	13,071	0	0	23,778	90.34	
91.00	09100	EMERGENCY	0.118587	8,948,431	0	0	1,061,168	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.445832	2,303,706	0	0	1,027,066	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0.271018	726,770	0	0	196,968	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0		95.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.186369	43,232	0	0	8,057	97.00	
200.00		Subtotal (see instructions)		52,337,317	0	0	11,568,033	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		52,337,317	0	0	11,568,033	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/30/2018 10:55 am

			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			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	AMBULATORY SURGERY CENTER	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	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	0	0		59.00
60.00	06000	LABORATORY	0	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.	0	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	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		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	0	0		76.09
76.10	03954	BARIATRICS	0	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	0	0		90.00
90.01	09001	CARDIAC REHABILITATION	0	0		90.01
90.02	09002	CANCER CENTER	0	0		90.02
90.03	09003	PSYCH SOCIAL 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	0	0		90.07
90.08	09007	OBT OUTPATIENT CENTER	0	0		90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0	0		90.09
90.10	09009	LAGRANGE FAMILY PCC	0	0		90.10
90.12	09010	NORTH RIVERSIDE PCC	0	0		90.12
90.13	09011	GLENDALE HEIGHTS PCC	0	0		90.13
90.14	09012	WHEATON PCC	0	0		90.14
90.15	09013	OBT II PCC	0	0		90.15
90.16	09014	HICKORY HILLS PCC	0	0		90.16
90.18	09015	DARIEN PCC	0	0		90.18
90.20	09016	ORLAND PARK - FP	0	0		90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0	0		90.21
90.22	09018	HOMER GLEN PCC	0	0		90.22
90.23	09019	OAK PARK PCC	0	0		90.23
90.24	09020	PARK RIDGE PCC	0	0		90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	0	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	0	0		90.28
90.29	09025	BURR RIDGE PCC	0	0		90.29

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0276

Period:
From 07/01/2017
To 06/30/2018Worksheet D
Part V
Date/Time Prepared:
11/30/2018 10:55 am

			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	0	0		90.30
90.31	09027	NORRIDGE	0	0		90.31
90.32	09028	ELMWOOD PARK	0	0		90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0	0		90.33
90.34	09034	CHICAGO AND BELMONT	0	0		90.34
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	0		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)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:55 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		102,300	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		102,300	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)		90,975	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		30,142	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)		84,367,691	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)		84,367,691	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)		84,367,691	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)		824.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		24,858,409	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)		24,858,409	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0276

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

Worksheet D-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	26,690,956	18,209	1,465.81	6,475	9,491,120	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	7,796,410	1,913	4,075.49	1,267	5,163,646	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	10,285,221	4,771	2,155.78	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	4,287,165	1,947	2,201.93	0	0	47.01
47.03	HEART TRANSPLANT ICU	5,931,828	2,819	2,104.23	1,289	2,712,352	47.03
47.04	BONE INTENSIVE CARE	7,053,371	3,109	2,268.69	1,964	4,455,707	47.04
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					79,519,645	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					126,200,879	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,944,372	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,063,018	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,007,390	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					117,193,489	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)					11,325	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					824.71	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,339,841	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0276

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

Worksheet D-1

Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		Title XVIII		Hospital	PPS	
		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	6,670,686	84,367,691	0.079067	9,339,841	738,473
91.00	Nursing School cost	0	84,367,691	0.000000	9,339,841	0
92.00	Allied health cost	239,145	84,367,691	0.002835	9,339,841	26,478
93.00	All other Medical Education	0	84,367,691	0.000000	9,339,841	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0276 Component CCN: 14-T276	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:55 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		0	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)		0	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)		0	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)		117,037	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)		117,037	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)		117,037	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)		0.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1
				Component CCN: 14-T276		Date/Time Prepared: 11/30/2018 10:55 am
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0
47.03	HEART TRANSPLANT ICU	0	0	0.00	0	0
47.04	BONE INTENSIVE CARE	0	0	0.00	0	0
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0276 Component CCN: 14-T276		Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 10:55 am	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,956	117,037	0.050890	0	0 90.00
91.00	Nursing School cost	0	117,037	0.000000	0	0 91.00
92.00	Allied health cost	0	117,037	0.000000	0	0 92.00
93.00	All other Medical Education	0	117,037	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 10:55 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		93,281,228	30.00
31.00	03100	INTENSIVE CARE UNIT		29,984,415	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		6,703,521	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		5,782,915	35.03
35.04	02401	BONE INTENSIVE CARE		9,155,139	35.04
41.00	04100	SUBPROVIDER - IRF		8,010	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.361794	27,011,704	9,772,672 50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.149020	64,250	9,575 50.01
51.00	05100	RECOVERY ROOM	0.102334	9,915,685	1,014,712 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328087	98,721	32,389 52.00
53.00	05300	ANESTHESIOLOGY	0.028179	25,919,312	730,380 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140723	15,024,401	2,114,279 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.085986	2,332,807	200,589 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.201056	1,389,515	279,370 56.00
57.00	05700	CT SCAN	0.056680	22,271,118	1,262,327 57.00
58.00	05800	MRI	0.059758	6,976,911	416,926 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135236	16,093,717	2,176,450 59.00
60.00	06000	LABORATORY	0.066513	81,169,648	5,398,837 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.	0.264379	11,295,654	2,986,334 63.00
65.00	06500	RESPIRATORY THERAPY	0.123901	31,511,793	3,904,343 65.00
66.00	06600	PHYSICAL THERAPY	0.248423	4,900,747	1,217,458 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218195	2,733,404	596,415 67.00
68.00	06800	SPEECH PATHOLOGY	0.214974	1,152,848	247,832 68.00
69.00	06900	ELECTROCARDIOLOGY	0.084847	11,665,391	989,773 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197543	2,617,610	517,091 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.084354	11,234,262	12,181,917 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.508893	23,694,898	12,058,168 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327481	41,229,578	13,501,903 73.00
74.00	07400	RENAL DIALYSIS	0.139814	4,935,808	690,095 74.00
76.00	03560	PULMONARY LABS	0.233665	1,116,214	260,820 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	0.089737	3,509,973	314,974 76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0 76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.101770	3,973,579	404,391 76.07
76.09	03953	BONE MARROW PROCUREMENT	0.804020	750,779	603,641 76.09
76.10	03954	BARIATRICS	2.740215	204	559 76.10
76.11	03955	HEPATOLOGY	14.364191	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	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.422941	1,783	754 90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0 90.01
90.02	09002	CANCER CENTER	0.913227	249,101	227,486 90.02
90.03	09003	PSYCH SOCIAL REHAB	333.765326	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	0.298814	1,989,449	594,475 90.07
90.08	09007	OBT OUTPATIENT CENTER	0.419999	57,499	24,150 90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.814407	3,222	2,624 90.09
90.10	09009	LAGRANGE FAMILY PCC	0.408563	10,521	4,298 90.10
90.12	09010	NORTH RIVERSIDE PCC	1.791523	6,003	10,755 90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0 90.13
90.14	09012	WHEATON PCC	0.757612	1,173	889 90.14
90.15	09013	OBT II PCC	0.600273	3,789	2,274 90.15
90.16	09014	HICKORY HILLS PCC	0.500343	5,001	2,502 90.16
90.18	09015	DARIEN PCC	1.848768	2,992	5,532 90.18
90.20	09016	ORLAND PARK - FP	0.826058	2,586	2,136 90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.264513	8,131	2,151 90.21
90.22	09018	HOMER GLEN PCC	0.436149	17,410	7,593 90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 10:55 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.23	09019	OAK PARK PCC	1.060331	1,953	2,071	90.23
90.24	09020	PARK RIDGE PCC	0.318550	9,709	3,093	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.846614	197	561	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	1.423227	4,172	5,938	90.28
90.29	09025	BURR RIDGE PCC	0.288392	152,818	44,071	90.29
90.30	09026	RIVER FOREST	0.340672	11,579	3,945	90.30
90.31	09027	NORRIDGE	1.012756	506	512	90.31
90.32	09028	ELMWOOD PARK	1.203083	447	538	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.819129	0	0	90.34
91.00	09100	EMERGENCY	0.118587	20,314,144	2,408,993	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.445832	2,606,287	1,161,966	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.271018	3,929,041	1,064,841	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.186369	275,136	51,277	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		394,255,180	79,519,645	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		394,255,180		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 10:55 am
Title XIX			Hospital		Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,338,824	30.00
31.00	03100	INTENSIVE CARE UNIT		6,332,461	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		5,325,233	33.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		7,782,280	35.00
35.01	02080	PEDIATRIC INTENSIVE CARE UNIT		4,625,565	35.01
35.03	02400	HEART TRANSPLANT ICU		525,557	35.03
35.04	02401	BONE INTENSIVE CARE		777,468	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	0.361794	7,676,520	2,777,319 50.00
50.01	05001	AMBULATORY SURGERY CENTER	0.149020	19,551	2,913 50.01
51.00	05100	RECOVERY ROOM	0.102334	1,796,930	183,887 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.328087	1,216,656	399,169 52.00
53.00	05300	ANESTHESIOLOGY	0.028179	4,515,795	127,251 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140723	3,428,468	482,464 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.085986	525,180	45,158 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.201056	100,842	20,275 56.00
57.00	05700	CT SCAN	0.056680	5,847,554	331,439 57.00
58.00	05800	MRI	0.059758	1,517,619	90,690 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135236	2,018,806	273,015 59.00
60.00	06000	LABORATORY	0.066513	14,802,257	984,543 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.	0.264379	2,077,129	549,149 63.00
65.00	06500	RESPIRATORY THERAPY	0.123901	11,240,027	1,392,651 65.00
66.00	06600	PHYSICAL THERAPY	0.248423	1,019,748	253,329 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.218195	729,099	159,086 67.00
68.00	06800	SPEECH PATHOLOGY	0.214974	290,421	62,433 68.00
69.00	06900	ELECTROCARDIOLOGY	0.084847	1,724,693	146,335 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197543	651,632	128,725 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.084354	98,667	106,990 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.508893	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.327481	10,389,488	3,402,360 73.00
74.00	07400	RENAL DIALYSIS	0.139814	635,434	88,843 74.00
76.00	03560	PULMONARY LABS	0.233665	83,305	19,465 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	0.089737	471,801	42,338 76.04
76.05	03952	PEDIATRIC ENDO NUTRITION	0.000000	0	0 76.05
76.07	03340	GASTROINTESTINAL SERVICE	0.101770	530,117	53,950 76.07
76.09	03953	BONE MARROW PROCUREMENT	0.804020	2,782	2,237 76.09
76.10	03954	BARIATRICS	2.740215	0	0 76.10
76.11	03955	HEPATOLOGY	14.364191	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	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.422941	937	396 90.00
90.01	09001	CARDIAC REHABILITATION	0.000000	0	0 90.01
90.02	09002	CANCER CENTER	0.913227	16,697	15,248 90.02
90.03	09003	PSYCH SOCIAL REHAB	333.765326	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	0.298814	188,148	56,221 90.07
90.08	09007	OBT OUTPATIENT CENTER	0.419999	546	229 90.08
90.09	09008	ELMHURST IMMEDIATE CARE	0.814407	0	0 90.09
90.10	09009	LAGRANGE FAMILY PCC	0.408563	413	169 90.10
90.12	09010	NORTH RIVERSIDE PCC	1.791523	0	0 90.12
90.13	09011	GLENDALE HEIGHTS PCC	0.000000	0	0 90.13
90.14	09012	WHEATON PCC	0.757612	0	0 90.14
90.15	09013	OBT II PCC	0.600273	0	0 90.15
90.16	09014	HICKORY HILLS PCC	0.500343	892	446 90.16
90.18	09015	DARIEN PCC	1.848768	0	0 90.18
90.20	09016	ORLAND PARK - FP	0.826058	0	0 90.20
90.21	09017	FAMILY PRACTICE MAYWOOD PCC	0.264513	1,216	322 90.21
90.22	09018	HOMER GLEN PCC	0.436149	0	0 90.22

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 10:55 am	
			Title XIX	Hospital	Cost	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.23	09019	OAK PARK PCC	1.060331	398	422	90.23
90.24	09020	PARK RIDGE PCC	0.318550	0	0	90.24
90.25	09021	LOYOLA CLINIC AT GOTTLIEB	2.846614	749	2,132	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	1.423227	0	0	90.28
90.29	09025	BURR RIDGE PCC	0.288392	3,763	1,085	90.29
90.30	09026	RIVER FOREST	0.340672	398	136	90.30
90.31	09027	NORRIDGE	1.012756	0	0	90.31
90.32	09028	ELMWOOD PARK	1.203083	0	0	90.32
90.33	09033	OCCUPATIONAL HEALTH CLINIC	0.000000	0	0	90.33
90.34	09034	CHICAGO AND BELMONT	1.819129	0	0	90.34
91.00	09100	EMERGENCY	0.118587	5,598,680	663,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.445832	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.271018	426,753	115,658	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.186369	5,982	1,115	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		79,656,093	12,983,524	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)		79,656,093		202.00

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

Provider CCN: 14-0276

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/30/2018 10:55 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	10,456	824.71	4	3,299	1.00
2.00	INTENSIVE CARE UNIT	43.00	16,340	1,465.81	4	5,863	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	4,075.49	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	2,155.78	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,201.93	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,104.23	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,268.69	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		26,796		8	9,162	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	0.361794	43,962	15,905	8.00
8.01	AMBULATORY SURGERY CENTER		50.01	0.149020	160	24	8.01
9.00	RECOVERY ROOM		51.00	0.102334	59,663	6,106	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.328087	332	109	10.00
11.00	ANESTHESIOLOGY		53.00	0.028179	134,687	3,795	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.140723	97,281	13,690	12.00
12.01	RADIOLOGY-ULTRASOUND		54.01	0.085986	94,388	8,116	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.201056	168,451	33,868	14.00
15.00	CT SCAN		57.00	0.056680	379,561	21,514	15.00
16.00	MRI		58.00	0.059758	24,777	1,481	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.135236	710,791	96,125	17.00
18.00	LABORATORY		60.00	0.066513	1,168,403	77,714	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	0.264379	50,314	13,302	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.123901	26,646	3,301	23.00
24.00	PHYSICAL THERAPY		66.00	0.248423	329	82	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.218195	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.214974	83	18	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.084847	536,163	45,492	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.197543	5,704	1,127	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	1.084354	36,894	40,006	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.508893	4,757	2,421	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.327481	59,385	19,447	31.00
32.00	RENAL DIALYSIS		74.00	0.139814	8	1	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS		76.00	0.233665	1,075	251	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	0.089737	185,987	16,690	34.04
34.05	PEDIATRIC ENDO NUTRITION		76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE		76.07	0.101770	124,507	12,671	34.07
34.09	BONE MARROW PROCUREMENT		76.09	0.804020	2,442	1,963	34.09
34.10	BARIATRICS		76.10	2.740215	38	104	34.10
34.11	HEPATOLOGY		76.11	14.364191	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	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.422941	336	142	37.00
37.01	CARDIAC REHABILITATION		90.01	0.000000	0	0	37.01
37.02	CANCER CENTER		90.02	0.913227	4,392	4,011	37.02
37.03	PSYCH SOCIAL REHAB		90.03	333.765326	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	0.298814	26,710	7,981	37.07
37.08	OBT OUTPATIENT CENTER		90.08	0.419999	1,237	520	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 HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276

Period:

From 07/01/2017

To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2018 10:55 am

Cost Center Description		Kidney		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	0.814407	214	174		37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.408563	1,419	580		37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.791523	329	589		37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0		37.13
37.14	WHEATON PCC	90.14	0.757612	68	52		37.14
37.15	OBT II PCC	90.15	0.600273	333	200		37.15
37.16	HICKORY HILLS PCC	90.16	0.500343	255	128		37.16
37.18	DARIEN PCC	90.18	1.848768	124	229		37.18
37.20	ORLAND PARK - FP	90.20	0.826058	60	50		37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.264513	260	69		37.21
37.22	HOMER GLEN PCC	90.22	0.436149	758	331		37.22
37.23	OAK PARK PCC	90.23	1.060331	230	244		37.23
37.24	PARK RIDGE PCC	90.24	0.318550	393	125		37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.846614	22	63		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	1.423227	129	184		37.28
37.29	BURR RIDGE PCC	90.29	0.288392	5,289	1,525		37.29
37.30	RIVER FOREST	90.30	0.340672	643	219		37.30
37.31	NORRIDGE	90.31	1.012756	80	81		37.31
37.32	ELMWOOD PARK	90.32	1.203083	22	26		37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0		37.33
37.34	CHICAGO AND BELMONT	90.34	1.819129	0	0		37.34
38.00	EMERGENCY	91.00	0.118587	31,759	3,766		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.445832	0	0		39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.271018	1,576	427		39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			3,993,426	457,039		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	4	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)			8	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	336	0.000000	0		51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0		51.01
51.02	CANCER CENTER	23.02	4,392	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	26,710	0.000000	0		51.07
51.08	OBT OUTPATIENT CENTER	23.08	1,237	0.000000	0		51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	214	0.000000	0		51.09
51.10	LAGRANGE FAMILY PCC	23.10	1,419	0.000000	0		51.10
51.12	NORTH RIVERSIDE PCC	23.12	329	0.000000	0		51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0		51.13
51.14	WHEATON PCC	23.14	68	0.000000	0		51.14
51.15	OBT II PCC	23.15	333	0.000000	0		51.15
51.16	HICKORY HILLS PCC	23.16	255	0.000000	0		51.16
51.18	DARIEN PCC	23.18	124	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 HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276

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

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2018 10:55 am

		Kidney		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	60	0.000000	0	51.20		
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	260	0.000000	0	51.21		
51.22	HOMER GLEN PCC	23.22	758	0.000000	0	51.22		
51.23	OAK PARK PCC	23.23	230	0.000000	0	51.23		
51.24	PARK RIDGE PCC	23.24	393	0.000000	0	51.24		
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	22	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	129	0.000000	0	51.28		
51.29	BURR RIDGE PCC	23.29	5,289	0.000000	0	51.29		
51.30	RIVER FOREST	23.30	643	0.000000	0	51.30		
51.31	NORRIDGE	23.31	80	0.000000	0	51.31		
51.32	ELMWOOD PARK	23.32	22	0.000000	0	51.32		
51.33	OCCUPATIONAL HEALTH CLINIC	23.33	0	0.000000	0	51.33		
51.34	CHICAGO AND BELMONT	23.34	0	0.000000	0	51.34		
52.00	EMERGENCY	24.00	31,759	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	1,576	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)		76,638		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	466,201		4,020,222		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)	8,249,778		13,009,329		59.00		
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00		
61.00	Total (sum of lines 56 thru 60)	8,715,979		17,029,551		61.00		
62.00	Total Usable Organs (see instructions)		120			62.00		
63.00	Medicare Usable Organs (see instructions)		80			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.666667			64.00		
65.00	Medicare Cost/Charges (see instructions)	5,810,656		11,353,040		65.00		
66.00	Revenue for Organs Sold	63,362		0		66.00		
67.00	Subtotal (line 65 minus line 66)	5,747,294		11,353,040		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,747,294	0	11,353,040	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	15		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			20	85		73.00	
74.00	Total (sum of lines 70 through 73)			20	100		74.00	
75.00	Organs Transplanted			20	85	0	75.00	
76.00	Organs Sold to Other Hospitals			0	0	0	76.00	
77.00	Organs Sold to OPOs			0	15	0	77.00	
78.00	Organs Sold to Transplant Hospitals			0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals			0	0	0	79.00	
80.00	Organs Sold Outside the U.S.			0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)			0	0		81.00	
82.00	Organs Used for Research			0	0		82.00	
83.00	Unusable/Discarded Organs			0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)			20	100		84.00	

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

Provider CCN: 14-0276

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/30/2018 10:55 am

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	824.71	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	15,848	1,465.81	3	4,397	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	4,075.49	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	2,155.78	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,201.93	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,104.23	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,268.69	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		15,848		3	4,397	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		0.361794	86,190	31,183	8.00
8.01	AMBULATORY SURGERY CENTER	50.01		0.149020	15	2	8.01
9.00	RECOVERY ROOM	51.00		0.102334	5,339	546	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.328087	317	104	10.00
11.00	ANESTHESIOLOGY	53.00		0.028179	39,402	1,110	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.140723	256,247	36,060	12.00
12.01	RADIOLOGY-ULTRASOUND	54.01		0.085986	102,118	8,781	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.201056	464,875	93,466	14.00
15.00	CT SCAN	57.00		0.056680	370,105	20,978	15.00
16.00	MRI	58.00		0.059758	166,994	9,979	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.135236	576,404	77,951	17.00
18.00	LABORATORY	60.00		0.066513	733,921	48,815	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		0.264379	37,086	9,805	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.123901	94,200	11,671	23.00
24.00	PHYSICAL THERAPY	66.00		0.248423	8,975	2,230	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.218195	4,783	1,044	25.00
26.00	SPEECH PATHOLOGY	68.00		0.214974	53	11	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.084847	464,567	39,417	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.197543	3,685	728	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		1.084354	22,268	24,146	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.508893	1,266	644	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.327481	45,674	14,957	31.00
32.00	RENAL DIALYSIS	74.00		0.139814	7,873	1,101	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	PULMONARY LABS	76.00		0.233665	976	228	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		0.089737	57,345	5,146	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05		0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE	76.07		0.101770	40,431	4,115	34.07
34.09	BONE MARROW PROCUREMENT	76.09		0.804020	1,517	1,220	34.09
34.10	BARIATRICS	76.10		2.740215	7	19	34.10
34.11	HEPATOLOGY	76.11		14.364191	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	LITHOTRIPSY	76.99		0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		0.422941	57	24	37.00
37.01	CARDIAC REHABILITATION	90.01		0.000000	0	0	37.01
37.02	CANCER CENTER	90.02		0.913227	1,670	1,525	37.02
37.03	PSYCH SOCIAL REHAB	90.03		333.765326	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		0.298814	41,283	12,336	37.07
37.08	OBT OUTPATIENT CENTER	90.08		0.419999	805	338	37.08

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

Provider CCN: 14-0276

Period:

From 07/01/2017

To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2018 10:55 am

Cost Center Description		Liver		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	0.814407	45	37		37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.408563	270	110		37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.791523	80	143		37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0		37.13
37.14	WHEATON PCC	90.14	0.757612	12	9		37.14
37.15	OBT II PCC	90.15	0.600273	61	37		37.15
37.16	HICKORY HILLS PCC	90.16	0.500343	62	31		37.16
37.18	DARIEN PCC	90.18	1.848768	28	52		37.18
37.20	ORLAND PARK - FP	90.20	0.826058	27	22		37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.264513	54	14		37.21
37.22	HOMER GLEN PCC	90.22	0.436149	284	124		37.22
37.23	OAK PARK PCC	90.23	1.060331	39	41		37.23
37.24	PARK RIDGE PCC	90.24	0.318550	250	80		37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.846614	4	11		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	1.423227	40	57		37.28
37.29	BURR RIDGE PCC	90.29	0.288392	2,525	728		37.29
37.30	RIVER FOREST	90.30	0.340672	155	53		37.30
37.31	NORRIDGE	90.31	1.012756	14	14		37.31
37.32	ELMWOOD PARK	90.32	1.203083	3	4		37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0		37.33
37.34	CHICAGO AND BELMONT	90.34	1.819129	0	0		37.34
38.00	EMERGENCY	91.00	0.118587	5,455	647		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.445832	0	0		39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.271018	1,058	287		39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			3,646,914	462,181		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0		42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	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)			3	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	57	0.000000	0		51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0		51.01
51.02	CANCER CENTER	23.02	1,670	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	41,283	0.000000	0		51.07
51.08	OBT OUTPATIENT CENTER	23.08	805	0.000000	0		51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	45	0.000000	0		51.09
51.10	LAGRANGE FAMILY PCC	23.10	270	0.000000	0		51.10
51.12	NORTH RIVERSIDE PCC	23.12	80	0.000000	0		51.12
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0		51.13
51.14	WHEATON PCC	23.14	12	0.000000	0		51.14
51.15	OBT II PCC	23.15	61	0.000000	0		51.15
51.16	HICKORY HILLS PCC	23.16	62	0.000000	0		51.16
51.18	DARIEN PCC	23.18	28	0.000000	0		51.18

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 (2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 14-0276

Period:

From 07/01/2017

To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2018 10:55 am

		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	27	0.000000	0	51.20		
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	54	0.000000	0	51.21		
51.22	HOMER GLEN PCC	23.22	284	0.000000	0	51.22		
51.23	OAK PARK PCC	23.23	39	0.000000	0	51.23		
51.24	PARK RIDGE PCC	23.24	250	0.000000	0	51.24		
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	4	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	40	0.000000	0	51.28		
51.29	BURR RIDGE PCC	23.29	2,525	0.000000	0	51.29		
51.30	RIVER FOREST	23.30	155	0.000000	0	51.30		
51.31	NORRIDGE	23.31	14	0.000000	0	51.31		
51.32	ELMWOOD PARK	23.32	3	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	5,455	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	1,058	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)		54,281		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	466,578		3,662,762		56.00		
57.00	Interns and Residents (inpatient)	0		0		57.00		
58.00	Interns and Residents (outpatient)	0		0		58.00		
59.00	Direct Organ Acquisition (see instructions)	4,978,327		9,105,130		59.00		
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00		
61.00	Total (sum of lines 56 thru 60)	5,444,905		12,767,892		61.00		
62.00	Total Usable Organs (see instructions)		64			62.00		
63.00	Medicare Usable Organs (see instructions)		30			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.468750			64.00		
65.00	Medicare Cost/Charges (see instructions)	2,552,299		5,984,949		65.00		
66.00	Revenue for Organs Sold	25,345		0		66.00		
67.00	Subtotal (line 65 minus line 66)	2,526,954		5,984,949		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,526,954	0	5,984,949	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	6			
71.00	Organs Purchased from Other Transplant Hospitals (2)			0	0			
72.00	Organs Purchased from Non-Transplant Hospitals			0	0			
73.00	Organs Purchased from OPOs			0	58			
74.00	Total (sum of lines 70 through 73)			0	64			
75.00	Organs Transplanted			0	58	0	75.00	
76.00	Organs Sold to Other Hospitals			0	0	0	76.00	
77.00	Organs Sold to OPOs			0	6	0	77.00	
78.00	Organs Sold to Transplant Hospitals			0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals			0	0	0	79.00	
80.00	Organs Sold Outside the U.S.			0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)			0	0		81.00	
82.00	Organs Used for Research			0	0		82.00	
83.00	Unusable/Discarded Organs			0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)			0	64		84.00	

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 14-0276

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/30/2018 10:55 am

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	824.71	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,085	1,465.81	1	1,466	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	4,075.49	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	2,155.78	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,201.93	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,104.23	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,268.69	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		4,085		1	1,466	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	0.361794	22,364	8,091	8.00	
8.01	AMBULATORY SURGERY CENTER	50.01	0.149020	59	9	8.01	
9.00	RECOVERY ROOM	51.00	0.102334	12,468	1,276	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.328087	99	32	10.00	
11.00	ANESTHESIOLOGY	53.00	0.028179	67,462	1,901	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.140723	70,172	9,875	12.00	
12.01	RADIOLOGY-ULTRASOUND	54.01	0.085986	28,265	2,430	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.201056	62,855	12,637	14.00	
15.00	CT SCAN	57.00	0.056680	436,865	24,762	15.00	
16.00	MRI	58.00	0.059758	14	1	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.135236	332,865	45,015	17.00	
18.00	LABORATORY	60.00	0.066513	519,977	34,585	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	0.264379	28,244	7,467	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.123901	69,276	8,583	23.00	
24.00	PHYSICAL THERAPY	66.00	0.248423	10,376	2,578	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.218195	1,489	325	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.214974	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.084847	296,190	25,131	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.197543	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.084354	48,215	52,282	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.508893	14,369	7,312	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.327481	10,240	3,353	31.00	
32.00	RENAL DIALYSIS	74.00	0.139814	4	1	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	PULMONARY LABS	76.00	0.233665	766	179	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	0.089737	93,818	8,419	34.04	
34.05	PEDIATRIC ENDO NUTRITION	76.05	0.000000	0	0	34.05	
34.07	GASTROINTESTINAL SERVICE	76.07	0.101770	68,840	7,006	34.07	
34.09	BONE MARROW PROCUREMENT	76.09	0.804020	2,374	1,909	34.09	
34.10	BARITRICS	76.10	2.740215	5	14	34.10	
34.11	HEPATOLOGY	76.11	14.364191	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	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.422941	40	17	37.00	
37.01	CARDIAC REHABILITATION	90.01	0.000000	0	0	37.01	
37.02	CANCER CENTER	90.02	0.913227	1,790	1,635	37.02	
37.03	PSYCH SOCIAL REHAB	90.03	333.765326	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	0.298814	2,952	882	37.07	
37.08	OBT OUTPATIENT CENTER	90.08	0.419999	631	265	37.08	

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

Provider CCN: 14-0276

Period:

From 07/01/2017

To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2018 10:55 am

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	0.814407	32	26		37.09
37.10	LAGRANGE FAMILY PCC	90.10	0.408563	222	91		37.10
37.12	NORTH RIVERSIDE PCC	90.12	1.791523	54	97		37.12
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0		37.13
37.14	WHEATON PCC	90.14	0.757612	10	8		37.14
37.15	OBT II PCC	90.15	0.600273	45	27		37.15
37.16	HICKORY HILLS PCC	90.16	0.500343	43	22		37.16
37.18	DARIEN PCC	90.18	1.848768	21	39		37.18
37.20	ORLAND PARK - FP	90.20	0.826058	17	14		37.20
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.264513	41	11		37.21
37.22	HOMER GLEN PCC	90.22	0.436149	213	93		37.22
37.23	OAK PARK PCC	90.23	1.060331	29	31		37.23
37.24	PARK RIDGE PCC	90.24	0.318550	197	63		37.24
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.846614	3	9		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	1.423227	32	46		37.28
37.29	BURR RIDGE PCC	90.29	0.288392	27,908	8,048		37.29
37.30	RIVER FOREST	90.30	0.340672	105	36		37.30
37.31	NORRIDGE	90.31	1.012756	10	10		37.31
37.32	ELMWOOD PARK	90.32	1.203083	3	4		37.32
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0		37.33
37.34	CHICAGO AND BELMONT	90.34	1.819129	0	0		37.34
38.00	EMERGENCY	91.00	0.118587	5,654	670		38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.445832	0	0		39.00
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.271018	1,540	417		39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			2,239,263	277,734		41.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0		42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0		43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0		46.00
47.00	NEONATAL INTENSIVE CARE 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)			1	0		48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0		49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0		50.00
51.00	CLINIC	23.00	40	0.000000	0		51.00
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0		51.01
51.02	CANCER CENTER	23.02	1,790	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	2,952	0.000000	0		51.07
51.08	OBT OUTPATIENT CENTER	23.08	631	0.000000	0		51.08
51.09	ELMHURST IMMEDIATE CARE	23.09	32	0.000000	0		51.09
51.10	LAGRANGE FAMILY PCC	23.10	222	0.000000	0		51.10
51.12	NORTH RIVERSIDE PCC	23.12	54	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	45	0.000000	0		51.15
51.16	HICKORY HILLS PCC	23.16	43	0.000000	0		51.16
51.18	DARIEN PCC	23.18	21	0.000000	0		51.18

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

Provider CCN: 14-0276

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

Worksheet D-4

Component CCN:

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Cost Center Description		Heart		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	17	0.000000	0	51.20		
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	41	0.000000	0	51.21		
51.22	HOMER GLEN PCC	23.22	213	0.000000	0	51.22		
51.23	OAK PARK PCC	23.23	29	0.000000	0	51.23		
51.24	PARK RIDGE PCC	23.24	197	0.000000	0	51.24		
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	3	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	32	0.000000	0	51.28		
51.29	BURR RIDGE PCC	23.29	27,908	0.000000	0	51.29		
51.30	RIVER FOREST	23.30	105	0.000000	0	51.30		
51.31	NORRIDGE	23.31	10	0.000000	0	51.31		
51.32	ELMWOOD PARK	23.32	3	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	5,654	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	1,540	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)		41,592		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	279,200		2,243,348		56.00		
57.00	Interns and Residents (inpatient)	0		0		57.00		
58.00	Interns and Residents (outpatient)	0		0		58.00		
59.00	Direct Organ Acquisition (see instructions)	4,428,967		5,301,952		59.00		
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00		
61.00	Total (sum of lines 56 thru 60)	4,708,167		7,545,300		61.00		
62.00	Total Usable Organs (see instructions)		35			62.00		
63.00	Medicare Usable Organs (see instructions)		16			63.00		
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.457143			64.00		
65.00	Medicare Cost/Charges (see instructions)	2,152,306		3,449,281		65.00		
66.00	Revenue for Organs Sold	12,672		0		66.00		
67.00	Subtotal (line 65 minus line 66)	2,139,634		3,449,281		67.00		
68.00	Organs Furnished Part B	0	0	0	0	68.00		
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,139,634	0	3,449,281	0	69.00		
Cost Center Description			Living Related		Cadaveric		Revenue	
			1.00		2.00		3.00	
PART IV - STATISTICS								
70.00	Organs Excised in Provider (1)			0	3		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)			0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals			0	0		72.00	
73.00	Organs Purchased from OPOs			0	32		73.00	
74.00	Total (sum of lines 70 through 73)			0	35		74.00	
75.00	Organs Transplanted			0	32	0	75.00	
76.00	Organs Sold to Other Hospitals			0	0	0	76.00	
77.00	Organs Sold to OPOs			0	3	0	77.00	
78.00	Organs Sold to Transplant Hospitals			0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals			0	0	0	79.00	
80.00	Organs Sold Outside the U.S.			0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)			0	0		81.00	
82.00	Organs Used for Research			0	0		82.00	
83.00	Unusable/Discarded Organs			0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)			0	35		84.00	

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

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

Provider CCN: 14-0276

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

Worksheet D-4

Component CCN:

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11/30/2018 10:55 am

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	824.71	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	14,273	1,465.81	3	4,397	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	4,075.49	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	2,155.78	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,201.93	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,104.23	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,268.69	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		14,273		3	4,397	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	0.361794	63,294	22,899	8.00
8.01	AMBULATORY SURGERY CENTER		50.01	0.149020	187	28	8.01
9.00	RECOVERY ROOM		51.00	0.102334	32,000	3,275	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.328087	224	73	10.00
11.00	ANESTHESIOLOGY		53.00	0.028179	191,441	5,395	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.140723	114,028	16,046	12.00
12.01	RADIOLOGY-ULTRASOUND		54.01	0.085986	39,028	3,356	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.201056	287,200	57,743	14.00
15.00	CT SCAN		57.00	0.056680	274,505	15,559	15.00
16.00	MRI		58.00	0.059758	70,431	4,209	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.135236	1,053,074	142,414	17.00
18.00	LABORATORY		60.00	0.066513	681,334	45,318	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	0.264379	45,890	12,132	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.123901	124,859	15,470	23.00
24.00	PHYSICAL THERAPY		66.00	0.248423	5,630	1,399	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.218195	1,052	230	25.00
26.00	SPEECH PATHOLOGY		68.00	0.214974	589	127	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.084847	231,637	19,654	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.197543	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	1.084354	120,140	130,274	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.508893	21,200	10,789	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.327481	73,302	24,005	31.00
32.00	RENAL DIALYSIS		74.00	0.139814	6	1	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	PULMONARY LABS		76.00	0.233665	2,073	484	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	0.089737	122,064	10,954	34.04
34.05	PEDIATRIC ENDO NUTRITION		76.05	0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE		76.07	0.101770	420,946	42,840	34.07
34.09	BONE MARROW PROCUREMENT		76.09	0.804020	2,673	2,149	34.09
34.10	BARIATRICS		76.10	2.740215	33	90	34.10
34.11	HEPATOLOGY		76.11	14.364191	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	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.422941	285	121	37.00
37.01	CARDIAC REHABILITATION		90.01	0.000000	0	0	37.01
37.02	CANCER CENTER		90.02	0.913227	3,950	3,607	37.02
37.03	PSYCH SOCIAL REHAB		90.03	333.765326	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	0.298814	16,828	5,028	37.07
37.08	OBT OUTPATIENT CENTER		90.08	0.419999	1,410	592	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 HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276

Period:

From 07/01/2017

To 06/30/2018

Worksheet D-4

Date/Time Prepared:

11/30/2018 10:55 am

		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	0.814407	178	145	37.09	
37.10	LAGRANGE FAMILY PCC	90.10	0.408563	1,210	494	37.10	
37.12	NORTH RIVERSIDE PCC	90.12	1.791523	278	498	37.12	
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13	
37.14	WHEATON PCC	90.14	0.757612	54	41	37.14	
37.15	OBT II PCC	90.15	0.600273	274	164	37.15	
37.16	HICKORY HILLS PCC	90.16	0.500343	213	107	37.16	
37.18	DARIEN PCC	90.18	1.848768	96	177	37.18	
37.20	ORLAND PARK - FP	90.20	0.826058	55	45	37.20	
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.264513	221	58	37.21	
37.22	HOMER GLEN PCC	90.22	0.436149	592	258	37.22	
37.23	OAK PARK PCC	90.23	1.060331	191	203	37.23	
37.24	PARK RIDGE PCC	90.24	0.318550	222	71	37.24	
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.846614	19	54	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	1.423227	109	155	37.28	
37.29	BURR RIDGE PCC	90.29	0.288392	3,237	934	37.29	
37.30	RIVER FOREST	90.30	0.340672	550	187	37.30	
37.31	NORRIDGE	90.31	1.012756	68	69	37.31	
37.32	ELMWOOD PARK	90.32	1.203083	17	20	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	1.819129	0	0	37.34	
38.00	EMERGENCY	91.00	0.118587	9,285	1,101	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.445832	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.271018	1,731	469	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			4,019,913	601,511	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	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)			3	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	285	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	3,950	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	16,828	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	1,410	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	178	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	1,210	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	278	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	54	0.000000	0	51.14	
51.15	OBT II PCC	23.15	274	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	213	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	96	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 HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0276

Period:

Worksheet D-4

Component CCN:

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

Date/Time Prepared:

11/30/2018 10:55 am

		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	55	0.000000	0	51.20	
51.21	FAMILY PRACTICE MAYWOOD PCC	23.21	221	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	592	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	191	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	222	0.000000	0	51.24	
51.25	LOYOLA CLINIC AT GOTTLIEB	23.25	19	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	109	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	3,237	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	550	0.000000	0	51.30	
51.31	NORRIDGE	23.31	68	0.000000	0	51.31	
51.32	ELMWOOD PARK	23.32	17	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	9,285	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	1,731	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)		41,073		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	605,908		4,034,186		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	4,131,355		6,074,176		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	4,737,263		10,108,362		61.00	
62.00	Total Usable Organs (see instructions)		60			62.00	
63.00	Medicare Usable Organs (see instructions)		26			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.433333			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,052,812		4,380,287		65.00	
66.00	Revenue for Organs Sold	16,897		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,035,915		4,380,287		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,035,915	0	4,380,287	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	4		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	56		73.00
74.00	Total (sum of lines 70 through 73)			0	60		74.00
75.00	Organs Transplanted			0	56	0	75.00
76.00	Organs Sold to Other Hospitals			0	0	0	76.00
77.00	Organs Sold to OPOs			0	4	0	77.00
78.00	Organs Sold to Transplant Hospitals			0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals			0	0	0	79.00
80.00	Organs Sold Outside the U.S.			0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)			0	0		81.00
82.00	Organs Used for Research			0	0		82.00
83.00	Unusable/Discarded Organs			0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)			0	60		84.00

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

Provider CCN: 14-0276

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/30/2018 10:55 am

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	824.71	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,085	1,465.81	1	1,466	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	4,075.49	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	2,155.78	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,201.93	0	0	6.01
6.03	HEART TRANSPLANT ICU	47.03	0	2,104.23	0	0	6.03
6.04	BONE INTENSIVE CARE	47.04	0	2,268.69	0	0	6.04
7.00	TOTAL (sum of lines 1 through 6)		4,085		1	1,466	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		0.361794	98	35	8.00
8.01	AMBULATORY SURGERY CENTER	50.01		0.149020	0	0	8.01
9.00	RECOVERY ROOM	51.00		0.102334	1	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.328087	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.028179	2,050	58	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.140723	474	67	12.00
12.01	RADIOLOGY-ULTRASOUND	54.01		0.085986	302	26	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.201056	7,355	1,479	14.00
15.00	CT SCAN	57.00		0.056680	10,775	611	15.00
16.00	MRI	58.00		0.059758	1	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.135236	14,202	1,921	17.00
18.00	LABORATORY	60.00		0.066513	52,766	3,510	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		0.264379	1,805	477	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.123901	0	0	23.00
24.00	PHYSICAL THERAPY	66.00		0.248423	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.218195	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.214974	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.084847	21,032	1,785	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.197543	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		1.084354	477	517	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.508893	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.327481	101	33	31.00
32.00	RENAL DIALYSIS	74.00		0.139814	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.000000	0	0	33.00
34.00	PULMONARY LABS	76.00		0.233665	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		0.089737	2,655	238	34.04
34.05	PEDIATRIC ENDO NUTRITION	76.05		0.000000	0	0	34.05
34.07	GASTROINTESTINAL SERVICE	76.07		0.101770	9,518	969	34.07
34.09	BONE MARROW PROCUREMENT	76.09		0.804020	2	2	34.09
34.10	BARIATRICS	76.10		2.740215	0	0	34.10
34.11	HEPATOLOGY	76.11		14.364191	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	LITHOTRIPSY	76.99		0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		0.422941	1	0	37.00
37.01	CARDIAC REHABILITATION	90.01		0.000000	0	0	37.01
37.02	CANCER CENTER	90.02		0.913227	33	30	37.02
37.03	PSYCH SOCIAL REHAB	90.03		333.765326	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		0.298814	531	159	37.07
37.08	OBT OUTPATIENT CENTER	90.08		0.419999	6	3	37.08

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

Provider CCN: 14-0276

Period:

From 07/01/2017

To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared:

11/30/2018 10:55 am

Cost Center Description		Pancreas		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	0.814407	1	1	37.09	
37.10	LAGRANGE FAMILY PCC	90.10	0.408563	4	2	37.10	
37.12	NORTH RIVERSIDE PCC	90.12	1.791523	2	4	37.12	
37.13	GLENDALE HEIGHTS PCC	90.13	0.000000	0	0	37.13	
37.14	WHEATON PCC	90.14	0.757612	0	0	37.14	
37.15	OBT II PCC	90.15	0.600273	1	1	37.15	
37.16	HICKORY HILLS PCC	90.16	0.500343	1	1	37.16	
37.18	DARIEN PCC	90.18	1.848768	1	2	37.18	
37.20	ORLAND PARK - FP	90.20	0.826058	0	0	37.20	
37.21	FAMILY PRACTICE MAYWOOD PCC	90.21	0.264513	1	0	37.21	
37.22	HOMER GLEN PCC	90.22	0.436149	14	6	37.22	
37.23	OAK PARK PCC	90.23	1.060331	1	1	37.23	
37.24	PARK RIDGE PCC	90.24	0.318550	24	8	37.24	
37.25	LOYOLA CLINIC AT GOTTLIEB	90.25	2.846614	0	0	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	1.423227	1	1	37.28	
37.29	BURR RIDGE PCC	90.29	0.288392	124	36	37.29	
37.30	RIVER FOREST	90.30	0.340672	2	1	37.30	
37.31	NORRIDGE	90.31	1.012756	0	0	37.31	
37.32	ELMWOOD PARK	90.32	1.203083	0	0	37.32	
37.33	OCCUPATIONAL HEALTH CLINIC	90.33	0.000000	0	0	37.33	
37.34	CHICAGO AND BELMONT	90.34	1.819129	0	0	37.34	
38.00	EMERGENCY	91.00	0.118587	335	40	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.445832	0	0	39.00	
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.271018	1	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			124,698	12,024	41.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE 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)			1	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	1	0.000000	0	51.00	
51.01	CARDIAC REHABILITATION	23.01	0	0.000000	0	51.01	
51.02	CANCER CENTER	23.02	33	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	531	0.000000	0	51.07	
51.08	OBT OUTPATIENT CENTER	23.08	6	0.000000	0	51.08	
51.09	ELMHURST IMMEDIATE CARE	23.09	1	0.000000	0	51.09	
51.10	LAGRANGE FAMILY PCC	23.10	4	0.000000	0	51.10	
51.12	NORTH RIVERSIDE PCC	23.12	2	0.000000	0	51.12	
51.13	GLENDALE HEIGHTS PCC	23.13	0	0.000000	0	51.13	
51.14	WHEATON PCC	23.14	0	0.000000	0	51.14	
51.15	OBT II PCC	23.15	1	0.000000	0	51.15	
51.16	HICKORY HILLS PCC	23.16	1	0.000000	0	51.16	
51.18	DARIEN PCC	23.18	1	0.000000	0	51.18	

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

Provider CCN: 14-0276

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/30/2018 10:55 am

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	1	0.000000	0	51.21	
51.22	HOMER GLEN PCC	23.22	14	0.000000	0	51.22	
51.23	OAK PARK PCC	23.23	1	0.000000	0	51.23	
51.24	PARK RIDGE PCC	23.24	24	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	1	0.000000	0	51.28	
51.29	BURR RIDGE PCC	23.29	124	0.000000	0	51.29	
51.30	RIVER FOREST	23.30	2	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	335	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	1	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)		1,084		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	13,490		128,783		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)	219,529		520,000		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)	233,019		648,783		61.00	
62.00	Total Usable Organs (see instructions)		5			62.00	
63.00	Medicare Usable Organs (see instructions)		3			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.600000			64.00	
65.00	Medicare Cost/Charges (see instructions)	139,811		389,270		65.00	
66.00	Revenue for Organs Sold	4,224		0		66.00	
67.00	Subtotal (line 65 minus line 66)	135,587		389,270		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	135,587	0	389,270	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	1		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	4		73.00	
74.00	Total (sum of lines 70 through 73)		0	5		74.00	
75.00	Organs Transplanted		0	4	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	1	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	5		84.00	

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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 10:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			91,503,312	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)			7,643,802	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			22,306,125	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			512.55	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			390.77	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			6.18	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 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			403.31	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.			321.59	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			321.93	14.00
15.00	Sum of lines 12 through 14 divided by 3.			351.81	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			351.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.686392	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.620172	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.620172	21.00
22.00	IME payment adjustment (see instructions)			26,661,137	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			6,499,291	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)			6.36	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)			26,661,137	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			6,499,291	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)			24.26	31.00
32.00	Sum of lines 30 and 31			29.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)			13.31	33.00
34.00	Disproportionate share adjustment (see instructions)			3,044,773	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 10:55 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		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)	5,327,353	5,281,496		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,342,786	3,950,269		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,293,055			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)	134,146,079			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)		140,645,370		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		10,247,197		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		7,342,315		52.00
53.00	Nursing and Allied Health Managed Care payment		101,255		53.00
54.00	Special add-on payments for new technologies		24,747		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		12,585,384		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).		144,038		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		275,781		58.00
59.00	Total (sum of amounts on lines 49 through 58)		171,366,087		59.00
60.00	Primary payer payments		50,011		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		171,316,076		61.00
62.00	Deductibles billed to program beneficiaries		5,923,308		62.00
63.00	Coinsurance billed to program beneficiaries		939,900		63.00
64.00	Allowable bad debts (see instructions)		1,655,045		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,075,779		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,169,957		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		165,528,647		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)				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)		26,820		70.93
70.94	HRR adjustment amount (see instructions)		-572,524		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 10:55 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		348,459	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		164,634,484	71.00
71.01	Sequestration adjustment (see instructions)		3,292,690	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		160,740,902	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		600,892	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,407,906	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	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	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/30/2018 10:55 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		497,870	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		115,084,567	2.00
3.00	OPPS payments		97,315,447	3.00
4.00	Outlier payment (see instructions)		909,673	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		255,082	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		497,870	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,497,531	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)		1,497,531	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)		1,497,531	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		999,661	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)		497,870	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)		98,480,202	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		19,651	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		18,090,882	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)		80,867,539	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,128,711	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)		86,996,250	30.00
31.00	Primary payer payments		32,640	31.00
32.00	Subtotal (line 30 minus line 31)		86,963,610	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		319,277	33.00
34.00	Allowable bad debts (see instructions)		2,487,565	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,616,917	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,515,084	36.00
37.00	Subtotal (see instructions)		88,899,804	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	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)		88,899,804	40.00
40.01	Sequestration adjustment (see instructions)		1,777,996	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		86,092,728	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,029,080	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		756,027	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 07/01/2017
To 06/30/2018Worksheet E-1
Part I
Date/Time Prepared:
11/30/2018 10:55 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		158,679,443		86,049,051	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	03/01/2018	2,168,610	03/01/2018	43,677	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	06/18/2018	107,151		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,061,459		43,677	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)		160,740,902		86,092,728	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		600,892		1,029,080	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		161,341,794		87,121,808	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 07/01/2017
To 06/30/2018Worksheet E-1
Part II
Date/Time Prepared:
11/30/2018 10:55 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276 Component CCN: 14-T276	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/30/2018 10:55 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		0	3.00
4.00	Outlier Payments		0	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		0.000000	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		0	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		0	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		0	19.00
20.00	Deductibles		0	20.00
21.00	Subtotal (line 19 minus line 20)		0	21.00
22.00	Coinsurance		0	22.00
23.00	Subtotal (line 21 minus line 22)		0	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		0	32.00
32.01	Sequestration adjustment (see instructions)		0	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		0	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		0	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2018 10:55 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		79,656,093	52,337,317	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)		79,656,093	52,337,317	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)		79,656,093	52,337,317	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		79,656,093	52,337,317	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	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	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	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	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0276 Component CCN: 14-T276	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2018 10:55 am	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	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	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	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	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/30/2018 10:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			322.44	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			6.17	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			7.84	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			320.77	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			403.31	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.	129.20	230.83	360.03	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.	102.76	183.59	286.35	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		14.96		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	102.76	198.55		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	104.12	198.04		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	104.00	199.99		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	103.63	198.86		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	103.63	198.86		17.00
18.00	Per resident amount	113,916.68	107,869.07		18.00
19.00	Approved amount for resident costs	11,805,186	21,450,843	33,256,029	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			82.54	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)			33,256,029	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	41,137	10,807		26.00
27.00	Total Inpatient Days (see instructions)	124,465	124,465		27.00
28.00	Ratio of inpatient days to total inpatient days	0.330511	0.086828		28.00
29.00	Program direct GME amount	10,991,483	2,887,554		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		408,011		30.00
31.00	Net Program direct GME amount			13,471,026	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/30/2018 10:55 am
		Title XVIII	Hospital	PPS
			1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		43,799,689	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)		126,200,879	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		12,585,384	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		50,011	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		138,736,252	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		115,837,519	42.00
43.00	Primary payer payments (see instructions)		32,640	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		115,804,879	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		254,541,131	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.545045	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.454955	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		13,471,026	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		7,342,315	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,128,711	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 07/01/2017
To 06/30/2018

Worksheet G

Date/Time Prepared:
11/30/2018 10:55 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	18,313,249	0	0	0	1.00
2.00	Temporary investments	88,602,319	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	144,600,198	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	25,856,000	0	0	0	7.00
8.00	Prepaid expenses	6,276,506	0	0	0	8.00
9.00	Other current assets	89,888,393	0	0	0	9.00
10.00	Due from other funds	41,730,593	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	415,267,258	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,850,000	0	0	0	12.00
13.00	Land improvements	371,576	0	0	0	13.00
14.00	Accumulated depreciation	-152,285	0	0	0	14.00
15.00	Buildings	434,483,180	0	0	0	15.00
16.00	Accumulated depreciation	-119,027,858	0	0	0	16.00
17.00	Leasehold improvements	11,638,286	0	0	0	17.00
18.00	Accumulated depreciation	-7,336,947	0	0	0	18.00
19.00	Fixed equipment	41,779,595	0	0	0	19.00
20.00	Accumulated depreciation	-14,894,925	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	229,672,043	0	0	0	23.00
24.00	Accumulated depreciation	-154,324,047	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)	431,058,618	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	72,427,183	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	105,472,048	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	177,899,231	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,024,225,107	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	67,839,605	0	0	0	37.00
38.00	Salaries, wages, and fees payable	56,291,635	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	93,866,502	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	217,997,742	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	604,307,315	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	604,307,315	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	822,305,057	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	201,920,050				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)	201,920,050	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,024,225,107	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0276

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

Worksheet G-1

Date/Time Prepared:
11/30/2018 10:55 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		198,824,117		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		2,102,975				2.00
3.00	Total (sum of line 1 and line 2)		200,927,092		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)		200,927,092		0		11.00
12.00	OTHER CHANGES IN FUND BALANCE	-992,961		0		0	12.00
13.00	ROUNDING	3		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)		-992,958		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		201,920,050		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	ROUNDING		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 07/01/2017
To 06/30/2018Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2018 10:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	246,983,582		246,983,582	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)	246,983,582		246,983,582	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	82,237,917		82,237,917	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	28,406,987		28,406,987	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	23,011,572		23,011,572	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	11,069,444		11,069,444	15.01
15.03	HEART TRANSPLANT ICU	14,504,948		14,504,948	15.03
15.04	BONE INTENSIVE CARE	28,019,028		28,019,028	15.04
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	187,249,896		187,249,896	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	434,233,478		434,233,478	17.00
18.00	Ancillary services	1,142,907,668	377,216,499	1,520,124,167	18.00
19.00	Outpatient services	0	538,976,337	538,976,337	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	0	9,257,309	9,257,309	27.00
27.01	PHYSICIAN REVENUE	0	819,774,798	819,774,798	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,577,141,146	1,745,224,943	3,322,366,089	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,259,409,620		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)		1,259,409,620		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0276

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

Worksheet G-3

Date/Time Prepared:
11/30/2018 10:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,322,366,089	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,191,552,973	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,130,813,116	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,259,409,620	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-128,596,504	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	12,823,462	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	3,712,723	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	411,473	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	49,699	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	59,402	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	85,701,787	24.00
24.01	INCENTIVE REVENUE	17,349,020	24.01
24.03	FACULTY & STRATEGIC SUP CAPITATION	10,591,913	24.03
25.00	Total other income (sum of lines 6-24)	130,699,479	25.00
26.00	Total (line 5 plus line 25)	2,102,975	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)	2,102,975	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0276

Period:

Worksheet I-1

Component CCN: 14-2329

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 10:55 am

		Renal Dialysis			
		Total Costs	Basis	Statistics	FTEs per 2080 Hours
		1.00	2.00	3.00	4.00
1.00	REGISTERED NURSES	1,548,300	HOURS OF SERVICE	35,824.00	17.22
2.00	LICENSED PRACTICAL NURSES	0	HOURS OF SERVICE	0.00	0.00
3.00	NURSES AIDES	145	HOURS OF SERVICE	2.00	0.00
4.00	TECHNICIANS	1,301,918	HOURS OF SERVICE	57,646.00	27.71
5.00	SOCIAL WORKERS	0	HOURS OF SERVICE	0.00	0.00
6.00	DIETICIANS	108,607	HOURS OF SERVICE	3,831.00	1.84
7.00	PHYSICIANS	0	ACCUMULATED COST		7.00
8.00	NON-PATIENT CARE SALARY	272,045	ACCUMULATED COST		8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	3,231,015			9.00
10.00	EMPLOYEE BENEFITS	0	SALARY		10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	SQUARE FEET		11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	PERCENTAGE OF TIME		12.00
13.00	MACHINE COSTS & REPAIRS	5,523	PERCENTAGE OF TIME		13.00
14.00	SUPPLIES	28,505	REQUISITIONS		14.00
15.00	DRUGS	23,151	REQUISITIONS		15.00
16.00	OTHER	128,101	ACCUMULATED COST		16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,416,295			17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	264,223	SQUARE FEET		18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	184,400	PERCENTAGE OF TIME		19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	408,637	SALARY		20.00
21.00	ADMINISTRATIVE & GENERAL	980,580	ACCUMULATED COST		21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	757,740	SQUARE FEET		22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0			23.00
24.00	CENTRAL SERVICE & SUPPLIES	2,932	REQUISITIONS		24.00
25.00	PHARMACY	0	REQUISITIONS		25.00
26.00	OTHER ALLOCATED COSTS	345,611	ACCUMULATED COST		26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	6,360,418			27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	CHARGES	0	28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	CHARGES	0	29.00
30.00	PULMONARY LABS	0	CHARGES	0	30.00
30.01	OCCUPATIONAL HEALTH	0	CHARGES	0	30.01
30.03	HYPERALIMENTATION	0	CHARGES	0	30.03
30.04	PERIPHERAL VASCULAR	0	CHARGES	0	30.04
30.05	PEDIATRIC ENDO NUTRITION	0	CHARGES	0	30.05
30.07	GASTROINTESTINAL SERVICE	0	CHARGES	0	30.07
30.09	BONE MARROW PROCUREMENT	0	CHARGES	0	30.09
30.10	BARIATRICS	0	CHARGES	0	30.10
30.11	HEPATOLOGY	0	CHARGES	0	30.11
30.97	CARDIAC REHABILITATION	0	CHARGES	0	30.97
30.98	HYPERBARIC OXYGEN THERAPY	0	CHARGES	0	30.98
30.99	LITHOTRIPSY	0	CHARGES	0	30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	6,360,418			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:

Worksheet I-2

Component CCN: 14-2329

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

Date/Time Prepared:

11/30/2018 10:55 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	1,021,963	189,923	1,548,300	1,410,670	408,637	-213,455	1.00
MAINTENANCE								
2.00	Hemodialysis	624,244	116,010	945,774	861,706	249,617	-130,390	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	1	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	457	85	735	661	191	-100	6.00
7.00	CCPD	1,646	306	2,420	2,202	641	-335	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	7,590	1,411	11,540	10,523	3,046	-1,591	10.00
11.00	CCPD	275,176	51,139	416,897	379,843	110,029	-57,475	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	112,850	20,972	170,934	155,735	45,113	-23,565	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						236,606	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	1,021,963	189,923	1,548,300	1,410,670	408,637	-213,455	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	31,437	0	4,397,475	1,726,337	6,123,812		1.00
MAINTENANCE								
2.00	Hemodialysis	19,204	0	2,686,165	1,054,521	3,740,686		2.00
3.00	Intermittent Peritoneal	0	0	1	0	1		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	15	0	2,044	802	2,846		6.00
7.00	CCPD	49	0	6,929	2,720	9,649		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	234	0	32,753	12,858	45,611		10.00
11.00	CCPD	8,464	0	1,184,073	464,837	1,648,910		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	3,471	0	485,510	190,599	676,109		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	31,437	0	4,397,475	1,726,337	6,123,812		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					6,123,812		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0276

Period:

Worksheet I-3

Component CCN: 14-2329

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 10:55 am

		Capital Related Costs		Direct Patient Care Salary		Renal Dialysis	
		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	1,021,963	189,923	1,548,300	1,410,670	408,637	1.00
MAINTENANCE							
2.00	Hemodialysis	6,826	6,826.00	21,883.00	35,213.00	1,898,257	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	5	5.00	17.00	27.00	1,453	6.00
7.00	CCPD	18	18.00	56.00	90.00	4,872	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	83	83.00	267.00	430.00	23,162	10.00
11.00	CCPD	3,009	3,009.00	9,646.00	15,522.00	836,737	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	676,326	1,234	1,234.00	3,955.00	6,364.00	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	11,175	11,175.00	35,824.00	57,646.00	3,107,552	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	91.450828	16.995347	43.219629	24.471256	0.131498	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	-213,455	31,437	0	4,397,475	1,726,337	1.00
MAINTENANCE							
2.00	Hemodialysis	198,719	1,074,831	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	152	823	0			6.00
7.00	CCPD	510	2,758	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	2,425	13,115	0			10.00
11.00	CCPD	87,594	473,777	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	35,914	194,253	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	325,314	1,759,557	0	4,397,475		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-0.656151	0.017866	0.000000	0.392575		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0276

Period:

Worksheet I-4

Component CCN: 14-2329

From 07/01/2017
To 06/30/2018Date/Time Prepared:
11/30/2018 10:55 am

		Rate 0		Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)
		1.00	2.00	3.00	4.00	5.00
1.00	Maintenance - Hemodialysis	25,928	3,740,686	144.27	14,343	2,069,265
2.00	Maintenance - Peritoneal Dialysis	0	1	0.00	0	0
3.00	Training - Hemodialysis	0	0	0.00	0	0
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0
5.00	Training - CAPD	17	2,846	167.41	0	0
6.00	Training - CCPD	57	9,649	169.28	0	0
7.00	Home Program - Hemodialysis	0	0	0.00	0	0
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0
		Patient Weeks			Patient Weeks	
		1.00	2.00	3.00	4.00	5.00
9.00	Home Program - CAPD	267	45,611	170.83	267	45,612
10.00	Home Program - CCPD	4,759	1,648,910	346.48	4,759	1,648,898
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)	26,002	5,447,703		14,343	3,763,775
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	41,080				
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00			
1.00	Maintenance - Hemodialysis	3,858,836	269.04			
2.00	Maintenance - Peritoneal Dialysis	0	0.00			
3.00	Training - Hemodialysis	0	0.00			
4.00	Training - Peritoneal Dialysis	0	0.00			
5.00	Training - CAPD	0	0.00			
6.00	Training - CCPD	0	0.00			
7.00	Home Program - Hemodialysis	0	0.00			
8.00	Home Program - Peritoneal Dialysis	0	0.00			
		6.00	7.00			
9.00	Home Program - CAPD	26,953	100.95			
10.00	Home Program - CCPD	552,703	116.14			
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)	4,438,492				
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)					

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet I-5 Date/Time Prepared: 11/30/2018 10:55 am	
			1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B					
1.00	Total expenses related to care of program beneficiaries (see instructions)		3,763,775		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)		4,438,492	4,253,744	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)				2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)				2.02
2.03	Total payment due (see instructions)		4,438,492	4,253,744	2.03
2.04	Outlier payments		22,378		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)		2,382	2,283	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)		2,382	2,283	3.03
4.00	Coinsurance billed to Medicare (Part B) patients		887,225	850,295	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)		887,225	850,295	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		491,196	491,196	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)		491,196	491,196	5.05
6.00	Adjusted reimbursable bad debts (see instructions)		319,277		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		300,558		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		0	361,382	8.00
9.00	Program payment (see instructions)		3,548,888	3,401,169	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)		319,277		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE					
12.00	Total allowable expenses (see instructions)		5,684,309		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)		5,447,703		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)		0.958376		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0276	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/30/2018 10:55 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,441,336	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		318,222	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)		344.25	3.00
4.00	Number of interns & residents (see instructions)		351.81	4.00
5.00	Indirect medical education percentage (see instructions)		33.43	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)		2,487,639	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)		10,247,197	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